

The background of the title section is dark blue and filled with various colorful geometric and abstract shapes, including a bar chart, a sun, a line graph, and several circles with different patterns and colors (green, yellow, red, blue).

COVID-19 RAPID GENDER ASSESSMENT

Gender Perspective

SOUTH AFRICA | 2020



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

Gender Perspective
SOUTH AFRICA | 2020

LIST OF ABBREVIATIONS/ ACRONYMS

CAPI	Computer-assisted personal interviewing
CATI	Computer-assisted telephone interviewing
COVID-19	Novel coronavirus or SARS-CoV-2
FGM	Female genital mutilation
GBV	Gender-based violence
IVR	Interactive voice response
MOH	Ministry of Health
RGA	Rapid gender assessment
SMS	Short message service

EXECUTIVE SUMMARY

Background and methodology

The first confirmed COVID-19 patient in South Africa was a traveler returning from Italy who was diagnosed on March 5, 2020¹ Like most of its neighbors, South Africa responded swiftly by adopting a series of lockdown measures ranging from Alert level 5 to Alert level 1. Alert level 5 was the most restrictive in terms of movement and activity controls, whilst Alert level 1 the most relaxed.²The primary aim of these measures was to slow down the spread of the pandemic and give its health services an opportunity to prepare for the expected increase in cases. Comprehensive closures³ of educational institutions were in effect between mid-March and 24 August 2020 affecting approximately 14.6 million learners of all ages.

This report summarizes the findings of a Computer Assisted Telephonic Interview (CATI) rapid gender assessment (RGA) survey measuring the effects of COVID-19 on women and men in South Africa. The study was commissioned by UN Women⁴ and United Nations Population Fund (UNFPA)⁵ to investigate the effects of COVID-19 and its associated movement restrictions on the socio-economic conditions of women and men, identify appropriate program interventions, and select advocacy messages that can be used to improve their well-being.

The work was guided by a steering committee consisting of members representing several organizations⁶ and used the uniform data collection methodology for RGAs across East and Southern Africa (ESA). The complete survey covers a broad range of topics including economic activities, agriculture, education, time use, feelings of safety, access to services, and contextual questions related to gender-based violence (GBV). Two interview waves were conducted with the same respondents. The length of one interview is about 15-20 minutes. If a respondent was not available for the second interview, they were replaced with someone with a similar demographic profile, making the survey a demographic panel survey.

The realized sample of the survey is 2,641 individuals for wave 1 and 2,460 for wave 2. By applying quotas the survey is representative of the population of South Africa by age, sex and location (rural/urban), but limited to owners of mobile phones. Soft quotas were also applied post collection by location and living standards measures (household monthly expenditure). The service provider made use of Random Direct Dialing (RDD) for sampling purposes and used an existing database to fill the gaps in the quota framework for certain hard to reach quotas.

1 The South African Response to the Pandemic, N Engl J Med 2020; 382:e95.

2 Further reference and details on the country's guidelines and regulations can be found here: <https://www.gov.za/coronavirus/guidelines>

3 Sources: Centre for Global Development, <https://docs.google.com/spreadsheets/d/1ndHgP53atJ5J-EtxgWcpSfYG8LdzHpUsnb6mWybErYg/edit#gid=0>

UNESCO, <http://tcg.uis.unesco.org/survey-education-covid-school-closures/>

4 The United Nations' entity dedicated to gender equality and the empowerment of women

5 The United Nations' sexual and reproductive health agency

6 Access Chapter 2, Department of Women, Youth and People with Disabilities (PWYPD), Statistics South Africa (StatsSA), United Nations Programme on HIV/AIDS, UNAIDS, UNFPA, and UN Women

Data collection took place between mid-October and November 2020, when alert level 1 was still in place. Even though the study was initially conceptualized to provide basic statistical data for the post-COVID-19 recovery phase, South Africa was entering a second wave of COVID-19 infections further deepening the crisis in what was previously envisaged as a 2021 recovery phase.

Household economic activities and livelihoods

The most widely felt impacts of the pandemic have been economic. The study found that 7 in 10 respondents (women 72%, men 73%) had experienced financial difficulties during the pandemic with 1 in 5 respondents (women 21%, men 22%) indicating that the household head lost his/her job during this time. Both women and men indicated a 2-3 percentage point decline in self-reported financial assistance to other immediate family members before the pandemic (43% and 39%, respectively) compared to during the lockdown (40% and 37% respectively).

There was a significant decrease in women and men who worked for an employer for pay before (35% and 44%, respectively) and during the pandemic (26% and 32%, respectively). The decline was higher for men (12 percentage points change) than for women (9 percentage points change). Additionally, more women and men (22% and 19%, respectively) were looking for jobs during the lockdown compared with 15% and 11% respectively before the lockdown. This translates to a 7-8% increase in respondents looking for a job, with a higher percentage of women looking for work in both contexts.

By gender and age group, women aged 65+ years (29%) formed the highest proportion of respondents who reported an increase in income since the start of the pandemic, while the highest reports of decreased income came from men aged 35-49 years (50%), women aged 18-34 years (46%) and their men counterparts (45%). Women and men aged 50-64 years (44% and 45% respectively) were also significantly affected by a decrease in income as a result of the pandemic, while women and men in the higher age groups (65 years onwards) were least affected by decreases in income (20% and 29% respectively)⁷.

In terms of government support received by women, about half (52%) of the women reported receiving no government support whatsoever, including financial and resources support. Among those who did report receiving support, the two most common types of support received were COVID-19 relief grants (22%) and new social protection grants (19%). Other types of support included food parcels (7%), other cash (7%), and supplies for prevention (2%).

Agricultural activities and food security

A significant proportion of respondents also reported eating less or skipping a meal due to lack of money or resources, which seemed to affect more women than men (25% and 22%, respectively).

Both men and women reported similar levels of perceived changes in the availability of seed and other inputs to plant crops since the onset of the COVID-19 lockdown. About 47% of men and 44% of women perceived no change in the availability of farming inputs while about 1 in 10 men (12%) and women (10%) thought that the availability of seeds and other inputs has increased since the onset of the lockdown. At least 1 in 3 women (36%) and men (33%) thought

⁷ These differences could possibly be attributed to the fact that social grants were generally increased across the board between May and November 2020. This included Old Age grants, child support grants and foster care grants.

that the availability of seeds and other inputs has noticeably decreased since the onset of the lockdown. More than a third of the respondents (37% of women and 36% of men) reported that their ability to purchase inputs decreased since the pandemic.

In terms of food availability, most women aged 65 years and above (55%) felt that food was as available during the pandemic as it was previously, while the highest perception of reduced food availability during the pandemic was indicated by women aged 35-49 years (26%) and 18-34 years (24%) who blamed movement restrictions for the decreased availability. Women (88%) were more likely than men (81%) to have thought that food prices had increased since the onset of the COVID-19 lockdown.

Education

During the lockdown, a variety of remote learning platforms were used in South Africa in addition to the distribution of printed materials and the use of textbooks. Girls and boys aged 7-18 years old living in the households of the respondents were most likely to use TV (33% and 30% respectively) and social media (32% and 27% respectively) as the main measures for learning at home during the first stages of lockdown. Online learning platforms were also used by around a quarter of girls (28%) and boys (26%) while radio was the least likely to be used (10% and 8% respectively).

A significant proportion of pupils and students (approximately 1 in 4), that is girls (17%) and boys (21%), did not have in place any measures for learning at home during the lockdown. Limited access to the internet proved to be a big hindrance to learning at home during the pandemic for 36% of girls as well as 32% of boys as did limited access to learning materials (21% girls, 20% boys) and lack of electricity/lighting (girls 21%, boys 18%). Multiple roles of the guardian proved the least significant impediment to learning at home for girls (9%) and boys (7%), while nearly 1 in 4 respondents (17% girls, 18% boys) indicated that they did not face any challenges in learning at home during the lockdown. Boys and girls living in rural areas were more likely than their urban counterparts to have experienced more than one learning constraint while studying from home during the lockdown.

Remote learning also added to the unpaid care burden of women and men as 41% of women and 31% of men reported an increase in the time spent teaching children at home during the pandemic.

Water and sanitation

Eighty-nine per cent of women and men indicated that they had access to safe water. Those with problems reported “water access has always been a challenge” (26%) and “regular/intermittent breakdowns” (20%) as the main reasons for low or no access to clean and safe water. Poor maintenance and water only being available on certain days were the other most commonly cited reasons (11% and 10% respectively). A significant proportion of respondents (9%) also cited long distances to the source as the reason for limited or no access to clean and safe water. Respondents living in rural areas were less likely to have access to safe water than their urban counterparts.

Time use before and after the lock-down

The amount of time that women spend on unpaid domestic and care work has been singled out as one of the barriers hampering women's economic empowerment. According to both women and men surveyed, women in South Africa were responsible for the bulk of unpaid domestic and care work before the onset of the pandemic.

This situation changed during the pandemic as a significant percentage of men indicated that they spent more time on unpaid domestic and care activities during COVID-19 than they did previously. However, women experienced such increases even more. Increases in time spent were reported for respectively for women and men in cooking and meal preparation (46% and 40%) and cleaning (55% and 47%), with nearly equal proportions of women and men indicating that the amount of time spent shopping for household use increased (32% and 31%) or did not change (31% and 34%) during the pandemic. With regards to changes in unpaid care-work both women and men reported increased demands on their time for passive care of children (38% and 30%), playing with and reading stories for children (40% and 32%), physical care of children (40% and 31%), physical care of adults (13% and 8%), assisting other adults with administration and accounts (12% and 11%), and emotional support of adults (26% and 23%).

Information source

More than 9 in 10 women (95%) and men (93%) reported receiving information about how they can protect themselves against COVID-19, with the two largest sources of information being broadcast and print media⁸ (2 in 5 for both women and men) and the internet/social media (25% of women and 28%, respectively). Women and men older than 55 were most likely to use broadcast and print media whilst the internet and social media were the most popular sources of information on how to prevent the spread of COVID-19 for women aged 18 to 34 years old (32%) compared to women aged 35 to 54 years old (23%) and 55 years and above (10%).

Mental Health

The assessment found that the mental and/or emotional health of women and men was nearly equally affected (50% and 49%, respectively) during the COVID-19 lockdown. An even higher proportion of women (62%) and men (65%) indicated that the COVID-19 pandemic and associated control measures (such as lockdown and curfew) caused them worries. Men (51%) were more likely than women (45%) to be worried about financial problems, whilst women tended to be more concerned about becoming infected by COVID-19 than men (women 47%, men 43%). Death was a concern for 23% of the women and 19% of men.

Health Services

More women (39%) than men (28%) reported seeking medical help during the pandemic with a large proportion indicating longer waiting times for health services (women 37%, men 40%). For women, majority of those aged 18-34 years (55%), 35-54 years (53%) and over 55 years (44%) reported not needing any healthcare services during the pandemic. Of those who did, the majority confirmed that they were able to access the facilities, by age - 18-34 years (35%), 35-54 years (38%) and over 55 years (46%). Only a very small proportion across the age groups

⁸ Radio, television, and newspapers

(ranging between 1% and 2%) reported either needing the services, but not being able to access them at all or only being able access some services.

Most women (81%) and men (90%) did not seek sexual and reproductive health or family planning services during the lockdown. The most common were counselling and services for a range of modern contraceptives (7.4%); and antenatal and postnatal and childbirth care (6.6%). Among the men who sought such healthcare services, the most common were antenatal and postnatal and childbirth care (6.3%) and prevention/treatment of HIV and other STIs (5.5%). Among those men and women who sought SRH services during lockdown, the majority reported being able to access services, either fully or partially, with a proportion of 7% or less having reported no access to such services.

Violence

More than 9 in 10 women (94%) and men (90%) reported that they had not experienced violence or threats of violence by police during the lockdown. Up to 6 in 10 women aged 18 to 55 years and over experienced the same feeling of safety at home during the pandemic as before the pandemic. More than 1 in 4 women across the age ranges felt safer at home during the lockdown, while less than 1 in 5 felt less safe at home during the lockdown.

More than 9 in 10 women (93%) and men (92%) indicated that gender-based violence (GBV) is a substantial problem in South Africa. Among women, this was most prominent for those aged 35 to 54 years, 95% of whom reported this as a major issue in South Africa. About the same percentage of women (91%) and men (90%) reported that GBV happens “very often” in South Africa, while a small proportion (women 6%, men 7%) reported that it only occurs “sometimes”.

Women (94%) and men (92%) living in urban areas were more likely to feel that GBV is a problem than their rural counterparts (90% for women and 91% for men). Seven in ten women and men felt that gender-based violence has increased. Women and men older than 55 years were most likely than younger age groups to feel that GBV increased during the pandemic. Approximately a third of women and men know at least one person who was a victim of GBV during the pandemic. Physical abuse⁹ was cited by nearly 1 in 5 women (17%) and men (18%) as the most common form of GBV, with the highest proportion of women (1 in 3 or 21%) identifying spouses as perpetrators and p Women also Identified neighbors (19%), friends (16%) and other family members (9%) as the main perpetrators of GBV.

More than 4 in 5 women aged 18-34 (84%) and 35-54 years (85%) felt confident that they knew where to find help if they were exposed to GBV while more than 3 in 4 women aged above 55 years (77%) expressed the same sentiment. A noteworthy majority - approximately 2 in 3 women (66%) and men (64%) - indicated that they would seek help from the police, followed by health-related support for women (15% compare with 7% for men) and justice for men (12% compared with 10% for women). Psychosocial support was the next source of help for women victims of GBV (11% compared with 9% for men).

9 Slapping, hitting, kicking, throwing things at, or other means to physically hurt a person

Recommendations

The detailed recommendations of the study are contained in the conclusions and recommendations section. However, some of the key recommendations include:

- i. Provide support to women in all their diversity who operate businesses in the small and Informal sector to support post COVID-19 recovery.
- i. Harness the momentum already gained during the pandemic for greater buy-in and inclusion of women-owned enterprises in the digital economy.
- iii. Support to build a robust and sustainable small-scale food producer sector for women in all their diversity as potential food security safety net during pandemics such as COVID-19.
- iv. Work should intensify to facilitate the enabling women in all their diversity to access agricultural credit and markets to put them in a better position to transition from being small-scale to larger scale and commercial producers and in so doing securing more sustainable livelihoods for women in all their diversity based on land-use.
- v. With regards to unpaid domestic and care work, it will remain important to continue to recognize, reduce and redistribute these unpaid domestic and care activities. That cannot be done without putting specific normative frameworks in place in support investments to reduce the burden on women in all their diversity especially regarding government support for increased access and subsidization of child-care services.
- vi. The shift of increased participation of men in unpaid domestic and care work during the pandemic can be harnessed in advocacy campaigns about the division of labour between women and men at household level to further encourage men to share these tasks equally.
- vii. Efforts to address misinformation around the pandemic and immunization, using multiple channels need to continue.
- viii. Advocacy around the application of public health and safety measures (PHSM) needs to continue to ensure an inclusive approach, including women, men, girls and boys, people with disabilities, people living with HIV, refugees and IDPs.
- ix. More financial and other support is needed for community-based organizations in providing health and social services to vulnerable groups.
- x. There is a need to strengthen data collection systems to support a gendered analysis of changes in the use of health services and allow for swifter and more effective action during health emergencies such as the pandemic.
- xi. Continued advocacy work is needed around GBV prevention and services;
- xii. Increased availability of safe places, mechanisms and services for victims and survivors and strengthening of referrals between service points.

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1. INTRODUCTION

1.1 Study background

The outbreak of the coronavirus disease 2019 (COVID-19) was first reported from Wuhan, China, and has spread to 191 countries globally. As of January 14, 2021, there were 92,563,274 confirmed cases and 1,983,691 confirmed deaths globally. In South Africa, there have been 1,278,303 confirmed cases and 35,140 deaths to date.¹

The advance of the COVID-19 pandemic on the African continent, although mitigated by lockdowns and physical distancing measures, continues. While the first cases were imported and started in larger cities, there are now many cases at the community level and efforts are invested in preventing the spread of the COVID-19 to avoid the worst.

In addition to the direct consequences of the disease on the health and well-being of individuals, there are also indirect consequences due to physical distancing and confinement measures that have a negative impact on the population, and particularly on women who are already living in poverty and without formal employment. Anecdotal and other evidence suggest that several gender-specific issues related to COVID19 are emerging and need to be addressed, including an increase in gender-based violence.^{2, 3, 4, 5} These include increased risk of gender-based violence,⁶ safety and security concerns with violent control of curfew and lockdown requirements, the increased health risks and work burden on predominantly female healthcare workers, potential risks to income loss in the vulnerable informal sector, and food insecurity in the short to medium term. In addition, lockdowns and other measures have impacted women's access to essential sexual and reproductive health (SRH) services such as family planning and maternal health.⁷ Recognizing the extent to which disease outbreaks affect women and men differently is a fundamental step to understanding the primary and secondary effects of the pandemic on different individuals and communities, and for creating effective, equitable policies and interventions.

This report presents findings of a study commissioned by UN Women, the United Nations' entity dedicated to gender equality and the empowerment of women, and the United Nations Population Fund (UNFPA) - the United Nations' sexual and reproductive health agency - to provide an accurate picture of the consequences of the COVID-19 crisis on women and men and to inform gender-sensitive and effective decision-making and response strategies.

UN Women, UNFPA and partners commissioned GEOPOLL in September 2020 to conduct a computer-assisted telephonic interview (CATI) rapid gender assessment (RGA) to assess the socio-economic impact of COVID-19 on women and men in South Africa. The work

1 John Hopkins COVID-19 Cases Dashboard, 14/1/2020

2 [https://www.thelancet.com/article/S0140-6736\(20\)30526-2/fulltext](https://www.thelancet.com/article/S0140-6736(20)30526-2/fulltext)

3 [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30568-5/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30568-5/fulltext)

4 <https://www.mckinsey.com/featured-insights/future-of-work/covid-19-and-gender-equality-countering-the-regressive-effects#>

5 <https://www.unwomen.org/en/digital-library/publications/2020/04/policy-brief-the-impact-of-covid-19-on-women>

6 <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>

7 https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf

was informed by a steering committee consisting of members representing the following organizations: Access Chapter 2; Department of Women, Youth and People with Disabilities (PWYPD); Statistics South Africa (Stats SA); the Joint United Nations Program on HIV/AIDS (UNAIDS); UNFPA; and UN Women.

The results of this study provide policy-and decision-makers with reliable evidence and information to plan and craft appropriate messages and interventions related to the Gender Equality and Women's Empowerment (GEWE) agenda in South Africa.

1.2 Country context at the time of the survey

UN Women and partners recognize that there is more than one possible category for biological sex and therefore included three possible response options for sex, namely 1. Woman, 2. Man 3. Other. Unfortunately, due to the relatively small sample size no respondents identified themselves as 'Other' for biological sex.

"Gender" encapsulates diverse expressions of identity and sexual orientation, including people who identify their gender outside the male-female binary. The study due to financial limitations on both sample size, interview time and questionnaire length did not include questions related to gender identity, expression and sexual orientation. The reporting therefore which basically compares women and men as identified by respondents based on biological sex, we should also not assume that the respondents are homogenous. Even though the report examines Intersectionality primarily in terms of women/men, age categories and urban rural locations.

1.3 Country context at the time of the survey

The first person with confirmed COVID-19 in South Africa was a traveler who had returned from Italy and was diagnosed on March 5, 2020.⁸ South Africa, like most of its neighbors, responded swiftly and drastically. To slow down the spread of the pandemic and give its health services an opportunity to prepare for the expected increase in cases, it adopted a series of lockdown measures ranging from Alert level 5 to Alert level 1. Each alert level consisted of different measures aimed at restricting movement and reducing the possibility of virus transmission, with Alert level 5 being the most restrictive and alert level 1 the most relaxed.⁹ Alert Level 5 lasted for a month from the end of March 2020 to the end of April 2020 and entailed a total shutdown of the economy and educational institutions, as well as the prohibition of interprovincial and international travel. The Government announced a R500 billion stimulus package¹⁰ in April 2020 in response to the pandemic. Restrictions were further eased with the introduction of Alert level 3 at the beginning of June and Alert levels 2 and 1 in mid-August and mid-September, respectively. Inter-provincial travel restrictions were lifted in August 2020, while international travel restrictions were only lifted in September 2020. Throughout this period, the Government launched extensive information campaigns via conventional and social media to raise awareness on transmission, prevention, and treatment of COVID-19.

8 The South African Response to the Pandemic, N Engl J Med 2020; 382:e95

9 Further reference and details on the country's guidelines and regulations can be found here: <https://www.gov.za/coronavirus/guidelines>

10 Statement by President Cyril Ramaphosa on further economic and social measures in response to the COVID-19 epidemic. Apr. 21, 2020 Available at: <http://www.thepresidency.gov.za/speeches/statement-president-cyril-ramaphosa-further-economic-and-social-measures-response-covid-19> (accessed on 19 January 2021)

Comprehensive closures¹¹ of educational institutions were in effect between mid-March and 24 August, affecting approximately 14.6 million learners of all ages. The total duration of school closures was 23 weeks, which seriously affected the 2020 academic program despite efforts to reduce the impact by providing distance learning opportunities to students. Provisional indications are that the impact of these closures may still have ripple effects on the educational outcomes of children for the next ten years.¹²

Even though national statistically representative data about the impact of the pandemic on the population in general, and women and men specifically, has not been readily available, a number of differential impacts of the pandemic on women and men have been identified.¹³ An analysis of the National Income Dynamics Survey (NIDS) data indicates that women were more likely to lose their jobs between February and April 2020 and/or work fewer hours than men. They also carried a heavier share of the childcare burden due to school closures and the suspension of all childcare services. An assessment done by the United Nations Country team (UNCT) during this time¹⁴ also highlighted the multiple challenges affecting women. Some of these include: perpetuation and deepening of pre-pandemic poverty gaps between households headed by women and men; most women are employed in low-paying, insecure, and informal jobs such as domestic work or administrative functions that were not considered priority jobs for companies accessing the government relief measures or considering retrenchments; domestic workers working for private households have been largely unable to work during lockdown and many either lost some or all of their income; and disruptions in the healthcare sector and access to healthcare for contraception and maternal care affected women disproportionately. Research conducted during this period also indicates a relatively high prevalence of gender-based violence (GBV).¹⁵

In line with its general commitment to social protection, the Government of South Africa and other non-state actors set out to provide some basic socio-economic relief packages aimed at mitigating the socio-economic impacts of the pandemic. Some of the most important of these are one of the biggest chunks of the economic stimulus package announced in April 2020 by the President, which included R50 billion towards additional social assistance spending. This additional allocation was primarily spent on a temporary increase in existing social grants covering an estimated 18 million people and the introduction of a new grant called the COVID-19 Social Relief in Distress Grant. This grant is aimed at the unemployed who at the time were not receiving other forms of social assistance.¹⁶ A comparison of the grant with an initial proposal to increase the Child Support Grant (CSG)¹⁷ found that while a significant increase in the CSG delivers resources most progressively, the addition of the COVID grant may potentially reach a much larger group of otherwise uncovered, vulnerable individuals. Ultimately, both of these were implemented. Another intervention aimed at alleviating the

11 Sources: Centre for Global Development, <https://docs.google.com/spreadsheets/d/1ndHgP53atJ5J-EtxgWcpSfYG8LdzHpUsnb6mWybErYg/edit#gid=0>

UNESCO, <http://tcg.uis.unesco.org/survey-education-covid-school-closures/>

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

13 The gendered effects of the ongoing lockdown and school closures in South Africa: Evidence from NIDS-CRAM Waves 1 and 2. Available at https://resep.sun.ac.za/wp-content/uploads/2020/12/RESEP_wp212020.pdf. Accessed on 20 January 2020

14 A COVID_19 rapid needs assessment, December 2020, UNCT South Africa

15 A rapid assessment of the incidence of gender based violence during covid-19 lockdown UN women, Citizen Survey report, December 2020

16 Statement by President Cyril Ramaphosa on further economic and social measures in response to the COVID-19 epidemic. Apr. 21, 2020. Available at: <http://www.thepresidency.gov.za/speeches/statement-president-cyril-ramaphosa-further-economic-and-social-measures-response-covid-19> (accessed on 19 January 2021)

17 Social Assistance amid the pandemic. Development policy research unit, UCT, July 2020. https://www.dpru.uct.ac.za/sites/default/files/image_tool/images/36/Publications/Working_Papers/DPRU%20WP202006.pdf

economic impacts of the pandemic was the introduction of the Unemployment Insurance Fund Coronavirus COVID-19 Relief Benefit, which is available to employees of businesses contributing to the Unemployment Insurance Fund (UIF) who were unable to pay their salaries due to the lockdown. Employees who worked for more than 24 hours a month and had an employer-employee relationship with an employer also qualified. The South African Social Security Agency (SASSA) also provided Social Relief in Distress support in the form of food parcels.

As already mentioned, social grants such as the CSG and Old-age grant (OAG) were also temporarily increased. An additional R300 per primary caretaker of children receiving child support grants were paid in May, and from June to October, an additional R500 was disbursed per primary caretaker. All other grant beneficiaries – including those who received OAG – were given an additional R250 per month for six months ending in October 2020.¹⁸

When data collection for this CATI survey was being done (October and November 2020), the Alert level was at 1 and most activities, including economic activities and schools, had been resumed provided that certain precautions and health guidelines be followed. Even though all schools were officially open, many parents opted not to send their children to school and teachers had to offer both face-to-face and remote tuition. The reference period used in the study in South Africa coincided with the period before the introduction of Lockdown level 5 (prior to March 27) and the period of data collection (October–November 2020).

The study was initially conceptualized as providing basic statistical data for the post-COVID-19 recovery phase. However, it became evident in December 2020 that South Africa was entering a second wave of COVID-19 infections and what was envisaged as a recovery phase in 2021 has only deepened the crises. Consequently, the Alert level was once again raised from an adjusted level 1 to an adjusted level 3 at the end of December 2020, and the reopening of schools was postponed by two weeks until mid-February.

¹⁸ <https://www.gov.za/covid-19/individuals-and-households/social-grants-coronavirus-covid-19>

2. AIMS AND OBJECTIVES OF THE STUDY

The overall aim of the study was to produce gender-disaggregated data on the impacts of COVID-19 on women and men in South Africa.

More specific objectives of the study included:

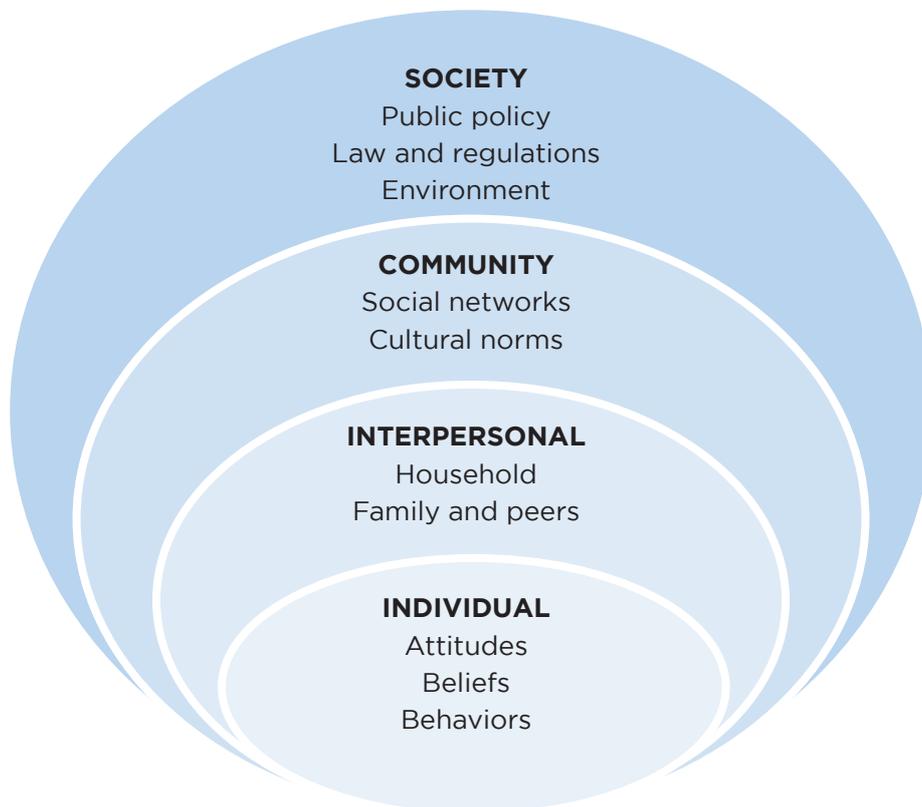
- 1) Collecting data about how the livelihoods and circumstances of women and men are affected by COVID-19 and its associated restrictions on movement, including looking at the impact of the disruption of essential and lifesaving sexual and reproductive health (SRH) and gender-based violence (GBV) services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

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

3. CONCEPTUAL FRAMEWORK

The work undertaken by this study can be viewed through the lens of the socio-ecological model (SEM) which informs this rapid gender assessment. Its basic premise is that individuals do not think, work, or act in isolation, but rather within levels of interacting spheres of influence.¹⁹ These influences range from the individual level, to the interpersonal, community, and societal levels.

An adaptation of the SEM is visualized below.



The socio-ecological model (SEM)

The study assesses factors at the individual, interpersonal, community, and societal levels that could explain certain phenomena. There are key indicators that focus on individual experiences, with others concentrating on the household level, and yet another group of indicators that are aimed at the larger community and societal levels.

¹⁹ <https://borgenproject.org/social-ecological-model/>

While all these dimensions are covered in the questionnaire, the questionnaire is primarily aimed at assessing individual and interpersonal (household) level questions. At the individual level, this survey collects basic sociodemographic information, such as marital status and education levels. It also evaluates personal economic activities, health-seeking behaviors and health services accessed. At the household level, household expenditure is measured, and household dynamics (such as chores and caring for others) are assessed.

Examples of the exploration of community and society level indicators include feelings about safety in the community which are evaluated at the community level, while perceptions about the level of GBV in the country represent and even higher level of feedback and analysis. All of these are explored through the lens of COVID-19 and juxtaposed against the period prior to the pandemic, reflecting its impact on the personal, interpersonal, communal, and societal aspects of life.

4. METHODOLOGY

4.1 Questionnaire and approach

The study is being conducted within the context of a UN Women global effort to increase data availability regarding the gendered impacts of COVID-19. Given the nature of the pandemic and the difficulties associated with collecting quality statistical data using statistically sound methodologies, UN Women East and Southern Africa Regional Office (ESA-RO), with inputs from UFPA, has conceptualized a uniform data collection methodology for RGAs across the region. GEOPOLL was appointed as service provider for South Africa and undertook the data collection, analysis and report writing for the survey.

The question omnibus that was developed for the global study by UN Women Headquarters in New York was used as the basis for the development of a generic questionnaire by UN Women ESA-RO and the Kenya Country Office (CO), in partnership with UNFPA and other partners that can be used for the CATI RGA on COVID-19. This question set also benefited from inputs and comments from GEOPOLL (the service provider for the Kenya and South Africa RGA) as well as IPSOS, who conducted the survey in Ethiopia. The South Africa steering committee in turn revised, adjusted and customized the two generic questionnaires to local conditions. The CO was closely involved in the monitoring of the data collection through weekly update meetings and assisting to capture issues relevant to the local context.

The complete survey covers a broad range of topics and was split into two questionnaires to fit into the 15 to 20-minute interview time limit and to minimize respondent fatigue. The content of these two questionnaires mainly consisted of the following dimensions:

- Questionnaire I: Demographics, economic activities, agriculture, education and time use.
- Questionnaire II: Demographics, contextual questions related to GBV such as (for example) changes in economic activities and income; health; human rights; safety and security; and GBV.

Copies of the two questionnaires are attached in Annexure 1.

None of the questionnaires had any open-ended questions, but rather multiple-choice and scale-based answers. The service provider made use of random direct dialing (RDD) and applied the sample quotas listed in section 4.2. When the response/identification rate of individuals – particularly older women based in rural areas – became too low, an already existing database was used to fill the gaps in the quota framework.

4.2 Sample

The study was based on a sample of 2,641 individuals for Wave 1 and 2,460 for Wave 2. These were obtained through RDD. The sample was composed in such a way that it conformed to

predetermined quotas that were representative of the population by age, gender and location. Soft quotas were applied post collection by rural/urban and living standards measure (household monthly expenditure). The margin of error is +/-2.0% at 95 percent confidence level for reporting at national level. This makes the survey representative of mobile phone owners but adjusted to the demographics of the population by age, gender and location.

A demographic panel was used for the two questionnaires. First, Questionnaire 1 was administered to the sample of individuals. The respondents were then asked whether they were willing to participate in a second interview. Once they agreed, an appointment was made for a convenient time and the second interview was conducted accordingly. In the case of a refusal for a second interview, the individual was replaced with a new sampled respondent that has similar demographic characteristics to the individual originally interviewed but being interviewed for the first time for Questionnaire 2.

All questionnaires, regardless of whether there were responses for the second wave, were retained for analysis after quota adjustments were made. Data analysis should therefore always make use of the weight variable.

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

Research analysis and recommendations focus on highlighting the needs and impact of the COVID-19 pandemic on women and men aged 18 years and older with access to mobile phones. It particularly focuses on disadvantaged groups of women, women living in rural areas, and women of different age groups. Unfortunately, the sample size is too small to allow for the adequate measurement and disaggregation of data by disability status. Prior to analysis the data was adjusted using weights to better reflect the general population of South Africa and align with the initial sampling quotas. Data was analyzed using Excel and SPSS software, and visualized using Excel.

4.4 Ethical and safety considerations

The study was executed in such a way that the confidentiality of responses was guaranteed. The data provided to UN Women had no phone numbers or other identifiers attached to it that would reveal the identity of the participants. 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. Informed consent was obtained from each participant. Respondents were also provided with GBV helpline contact details in the event of them requiring support. However, the enumerator did not specifically ask the respondent whether they were in a safe space or whether they were speaking on speaker phone. The survey process also safeguarded the physical safety of interviewers by observing the recommended anti-COVID-19 barrier behaviors amongst teams of interviewers to avoid any risk of contamination and virus transmission. Working hours were in accordance with the curfews in place at the time. Since Statistics South Africa (Stats SA), who is also a member of the steering committee, has participated in the consultative process and provided data for sampling purposes, no further ethical clearance was needed (as per their role as described in the Statistics Act No. 6 of 1999).

5. FINDINGS

5.1 Demographics

The wave one data (Questionnaire 1) was collected from 12 October to 14 November 2020. Table 1 details the key demographic characteristics of the Wave 1 respondents²⁰ – age group, area lived, marital status, education level, and population group – by gender. A total of 2,641 participants participated in the survey, with 52% of participants being women and 48% being men. Even though the study did not ask questions on gender orientation, a third response category, ‘Other’, was included to capture those who did not consider themselves either women or men, without specifying their sex. None of the respondents identified as ‘Other’ during the survey and the statistical tables therefore only have two categories. Both unweighted and weighted percentages are presented in Table 1 to demonstrate the extent to which the sample mirrors the population profile of the country. The rest of the findings will only present weighted percentages.

Table 1: Unweighted and weighted demographics by gender for Wave 1-data

Variables	Unweighted		Weighted	
	Men (N=1266)	Women (N=1375)	Men (N=1153)	Women (N=1247)
Age group				
18-34	630 (50%)	659 (48%)	573 (50%)	580 (46%)
35-49	356 (28%)	373 (27%)	325 (28%)	335 (27%)
50-64	201 (16%)	224 (16%)	182 (16%)	210 (17%)
65+	79 (6%)	119 (9%)	72 (6%)	122 (10%)
Area lived				
Rural	319 (25%)	390 (28%)	279 (24%)	347 (28%)
Urban	930 (73%)	965 (70%)	859 (74%)	881 (71%)
Other	14 (1%)	15 (1%)	13 (1%)	14 (1%)
Eastern Cape	134 (11%)	145 (11%)	128 (11%)	143 (12%)
Free State	61 (5%)	64 (5%)	58 (5%)	60 (5%)
Gauteng	330 (26%)	338 (25%)	311 (27%)	313 (25%)
KwaZulu-Natal	225 (18%)	225 (19%)	218 (19%)	246 (20%)
Limpopo	137 (11%)	155 (11%)	106 (9%)	129 (10%)
Mpumalanga	118 (9%)	135 (10%)	92 (8%)	96 (8%)
Northern Cape	45 (4%)	42 (3%)	25 (2%)	27 (2%)

²⁰ Since this was a demographic panel survey, the respondents of Wave 1 were encouraged to also complete the Wave 2 questionnaire. If someone refused to do the second interview, they were replaced with someone with similar demographic characteristics

Table 1: (continued) Unweighted and weighted demographics by gender for Wave 1-data

Variables	Unweighted		Weighted	
	Men (N=1266)	Women (N=1375)	Men (N=1153)	Women (N=1247)
North West	80 (6%)	86 (6%)	81 (7%)	85 (7%)
Western Cape	136 (11%)	155 (11%)	135 (12%)	147 (12%)
Eastern Cape	134 (11%)	145 (11%)	128 (11%)	143 (12%)
Free State	61 (5%)	64 (5%)	58 (5%)	60 (5%)
Gauteng	330 (26%)	338 (25%)	311 (27%)	313 (25%)
KwaZulu-Natal	225 (18%)	225 (19%)	218 (19%)	246 (20%)
Limpopo	137 (11%)	155 (11%)	106 (9%)	129 (10%)
Mpumalanga	118 (9%)	135 (10%)	92 (8%)	96 (8%)
Northern Cape	45 (4%)	42 (3%)	25 (2%)	27 (2%)
North West	80 (6%)	86 (6%)	81 (7%)	85 (7%)
Western Cape	136 (11%)	155 (11%)	135 (12%)	147 (12%)
Marital status				
Married	419 (33%)	343 (25%)	382 (33%)	315 (25%)
Living with partner/cohabiting	96 (8%)	54 (4%)	88 (8%)	48 (4%)
Married but separated	19 (2%)	21 (2%)	17 (1%)	19 (2%)
Widowed	27 (2%)	99 (7%)	24 (2%)	97 (8%)
Divorced	33 (3%)	53 (4%)	31 (3%)	49 (4%)
Single [never married]	668 (53%)	802 (58%)	608 (53%)	716 (57%)
Educational level				
No formal education	14 (1%)	45 (3%)	12 (1%)	43 (3%)
Some primary school	24 (2%)	42 (3%)	23 (2%)	40 (3%)
Completed primary school	37 (3%)	50 (4%)	34 (3%)	46 (4%)
Some secondary school	237 (19%)	278 (20%)	215 (19%)	253 (20%)
Completed secondary school	499 (39%)	541 (39%)	451 (39%)	487 (39%)
Technical & vocational training	103 (8%)	53 (4%)	95 (8%)	47 (4%)
Completed university/college	311 (25%)	338 (25%)	286 (25%)	305 (24%)
Completed post-graduate	36 (3%)	23 (2%)	32 (3%)	21 (2%)
Population group				
African	1051 (83%)	1151 (84%)	952 (83%)	1036 (83%)
Coloured	91 (7%)	93 (7%)	85 (7%)	86 (7%)
Indian/Asian	27 (2%)	33 (2%)	25 (2%)	32 (3%)
White	92 (7%)	96 (7%)	86 (7%)	91 (7%)

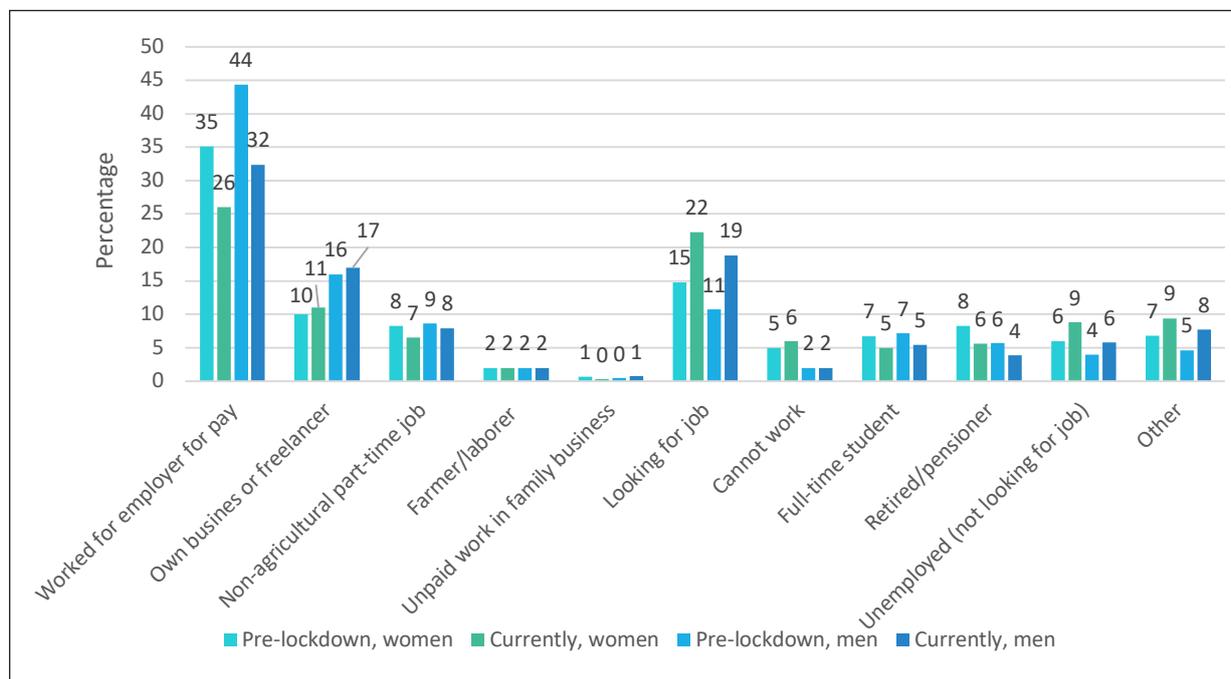
As can be seen from Table 1, the weighted and unweighted estimates for the sampled population corresponds well with the general demographic profile of the country and only slight modifications were needed during benchmarking where quotas were under- or overrepresented in the sample.

5.2 Household economic activities and livelihoods

For both women and men, there was a 2–3 percentage point decline in self-reported financial assistance to other immediate family members from the pre-COVID-19 situation (43% and 39%, respectively) to during the lockdown (40% and 37%, respectively). For women, the biggest change in financial family support was among 50–64-year-olds, of whom 41% reported financially supporting family members pre-lockdown as compared to 33% during the lockdown. The only increase in financial support for family members was seen among men aged 65 years and older, of whom 26% reported supporting family members during the lockdown as compared to 22% before the lockdown.

Respondents were asked to describe their personal economic activities before the COVID-19 lockdown and then during the lockdown. The results of this comparison are presented in Figure 1. Of note is the result that there was a significant decrease in women and men who worked for an employer for pay before (35% and 44%, respectively) and during lockdown (26% and 32%, respectively). The decline was higher for men (12 percentage points change) than for women (9 percentage points change). Additionally, there was a significant increase in women and men who were looking for jobs when comparing pre-lockdown (15% and 11%, respectively) to during lockdown (22% and 19%, respectively); this translates to a 7–8% increase in respondents looking for a job, with a higher percentage of women looking for work both before and during lockdown.

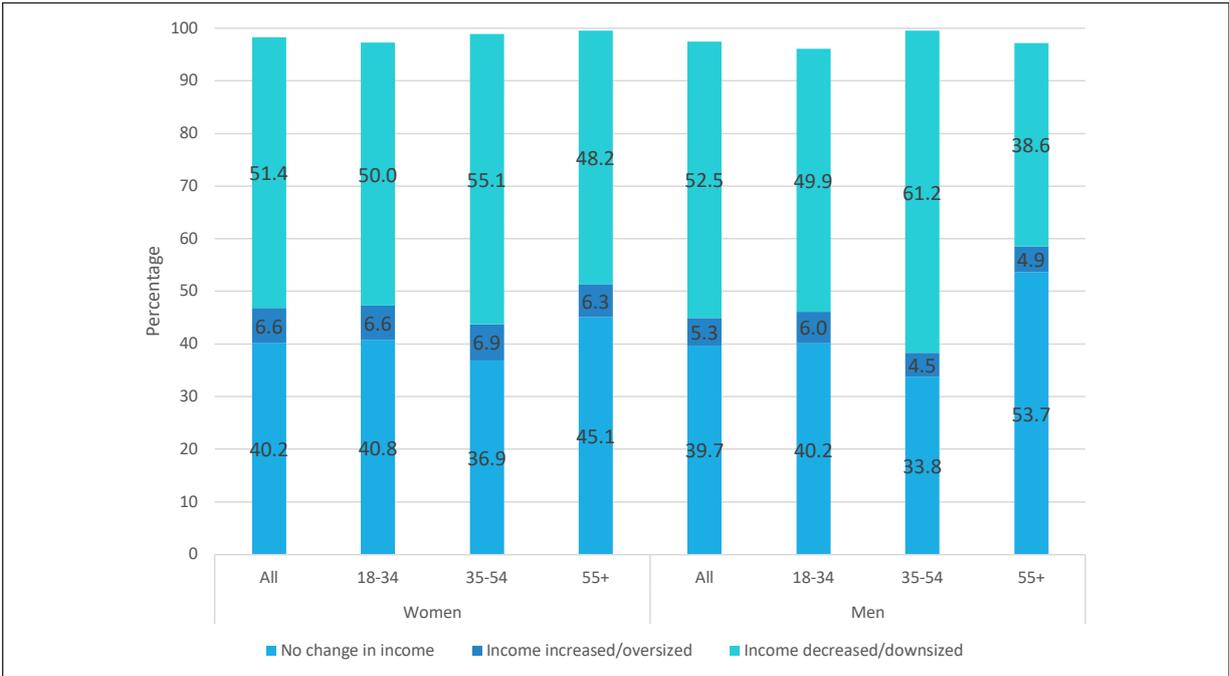
Figure 1: Pre-COVID-19 lockdown and current economic activities, by sex



Around 43–45% of men and women reported participating in business or freelance activities that were informal and/or not registered with the government both before and during the COVID-19 lockdown. Almost three-quarters of women (73%) and men (70%) reported that their personal income changed due to the COVID-19 lockdown (Figure 2). Furthermore, on a related note, while a large proportion of respondents said they experienced a decline in personal income since the COVID-19 lockdown started, only a small percentage indicated that

they experienced an increase in personal income. Interestingly, a higher percentage of men (45%) than women (40%) said they had a decrease in personal income, whereas a noticeably higher percentage of women (10%) reported an increase in income than men (5%). Furthermore, among those aged 65 and older, a much larger percentage of women (29%) reported income increases than men (12%). The largest percentage point difference in reported decreased income between women and men was also among those aged 65 and older, with 29% of 65+ year-old men reporting a decrease in income compared to 20% of 65+ year-old women.

Figure 2: Effects of lockdown on personal income, by sex and age group²¹

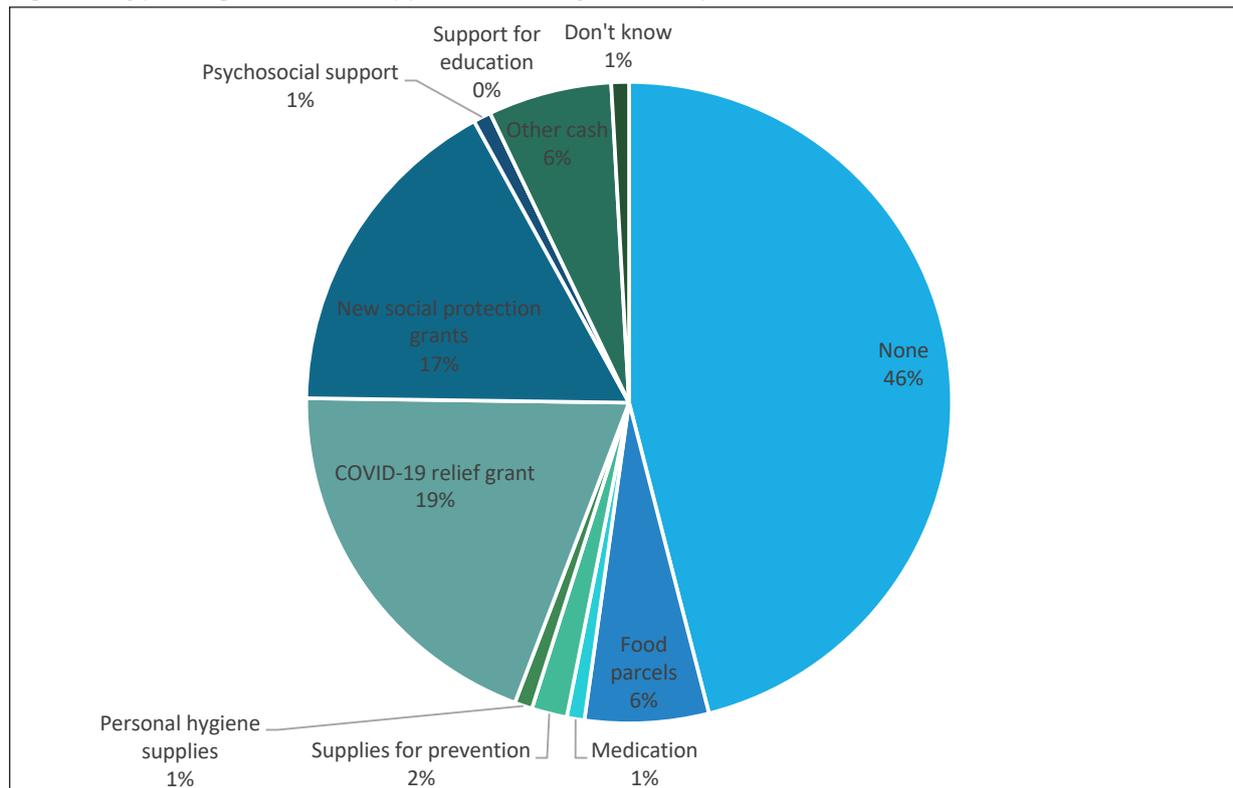


About three in five women (59%) and men (61%) reported changes in the combined income for all household members since the onset of the COVID-19 lockdown. Interestingly, while a higher percentage of men (89%) reported a combined income decrease since the onset of the lockdown than women (82%), an equally higher percentage of women (17%) reported a combined income increase since the onset of the lockdown than men (10%). Additionally, among women aged 65 years or older who reported changes in their combined income, 59% reported a decrease in combined income while four in ten said they experienced an increase in their combined income. These differences could possibly be attributed to the fact that social grants were generally increased across the board between May and November 2020. This included old-age grants, child support grants and foster care grants. Even though the amounts were not very big, it did amount to increased incomes for those depending on these grants. Single mothers make up a substantial portion of adults receiving child support grants on behalf of children. In March 2019, 12,5 million children were receiving CSGs²² and an evaluation of the CSG²³ found that almost all of the primary caregivers of CSG recipients were women; 51% were single and a further 16% were not living with a partner and were either divorced or separated. Even though this evaluation was done some time ago, the situation is unlikely to have changed significantly since then.

21 Columns do not add up to 100% due to non-responses and refusals.
 22 Statistics on Children in South Africa, available from <http://childrencount.uct.ac.za/indicator.php?domain=2&indicator=10> and accessed 20 January 2021
 23 Review of the Child Support Grant: Uses, Implementation and Obstacles, 2008, DPME, available at <https://evaluations.dpme.gov.za/evaluations/89>, accessed 15 January 2021

When asked what type of support respondents or any household members had received from the government or other non-state actors at national or sub-national level since the COVID-19 lockdown started, both men and women gave similar responses. As the distribution of types of support received by participants was comparable among men and women, Figure 3 only visualizes the types of support received by women. About half (52%) of the women reported receiving no government support whatsoever, including financial and resources support. Among those who did receive support, the two most common types of support received were COVID-19 relief grants²⁴ (22%) and new social protection grants (19%). Other types of support included food parcels (7%), other cash (7%), and supplies for prevention (2%).

Figure 3: Types of government support received by women (percent n=1375)²⁵



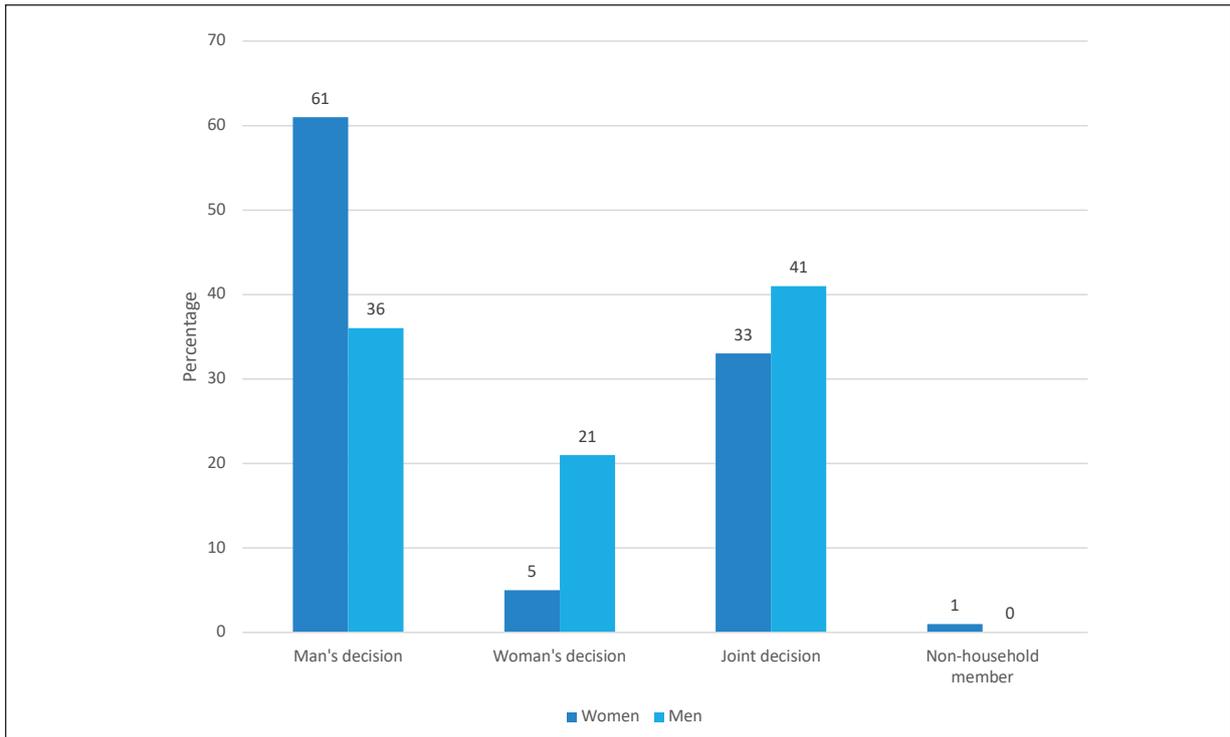
About 17% of men and women reported receiving a regular (six times or more a year) remittance from relatives or friends living elsewhere in the country or in another country before the COVID-19 lockdown. Of those receiving regular remittances, about a quarter of men (25%) and women (26%) reported that their remittance was still a source of income, but that the amount had noticeably decreased since the COVID-19 lockdown.

When respondents were asked who in their household is the main decision-maker on matters related to household expenses, a much higher percentage of women (61%) identified a man in their household as the decision-maker than men (36% - this includes men who identified themselves as the decision-maker). Conversely, a much higher percentage of men (21%) identified a woman in their household as the decision-maker than did women (5% - this includes women who identified themselves as the decision-maker). Furthermore, a higher percentage of men (41%) thought the decision-making was jointly conducted between men and women household members than women (33%), as is being illustrated in Figure 4.

²⁴ Consist of COVID-19 Social Relief in Distress grant, Unemployment Insurance Fund Coronavirus COVID-Relief Benefit as described in the introduction

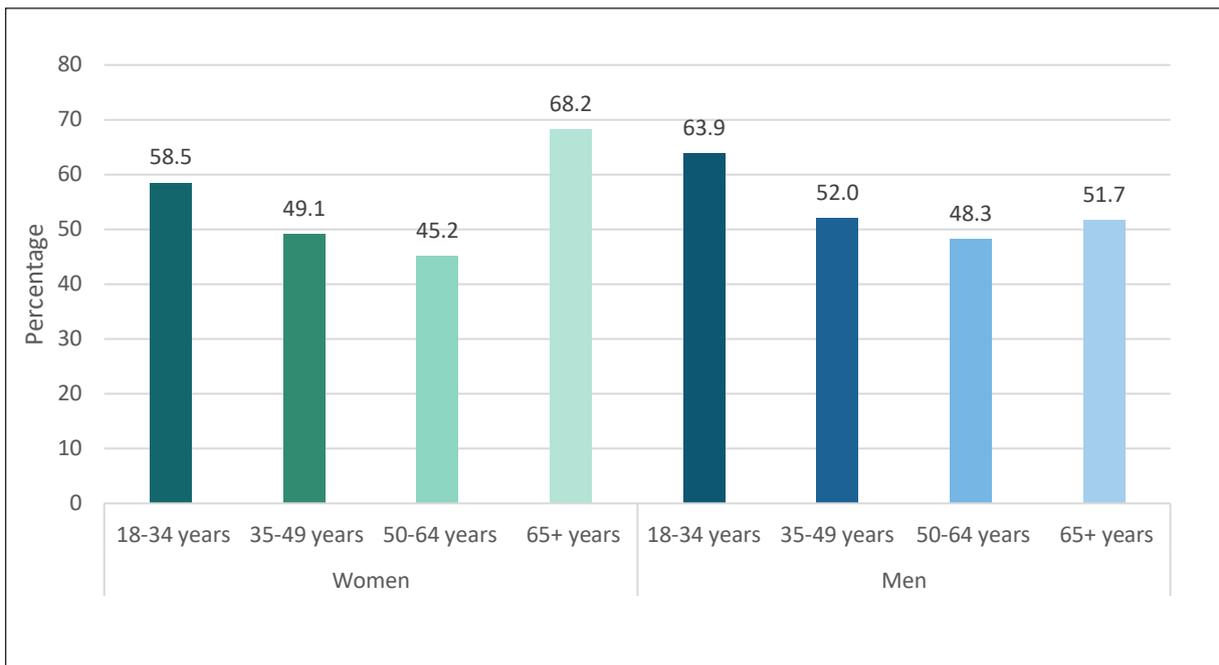
²⁵ 0% does not represent zero observations but rather reflects a limited number of observations that rounds to zero.

Figure 4: Identified household decision-maker about how money is spent by the household, by sex



While ownership of personal income initially seems the same when comparing all women (55%) with men (57%), the difference becomes more apparent when looking across age groups, as can be seen in Figure 5. For example, 68% of women aged 65 and older reported having and controlling their own income. This is higher than the 52% of men aged 65 and older who reported having and controlling their own income. With all other age groups, fewer women than men reported having control over their income.

Figure 5: Respondents having control over their personal income, by sex and age group



One of the questions specifically asked about the negative impacts of the pandemic on women and men. When looking at the various problems experienced by respondents due to the COVID-19 lockdown, the distribution was similar for women and men. The most common experienced negative impacts of the pandemic were financial difficulties (72% and 73%, respectively), loss of employment of head of household (21% and 22%, respectively), and eating less or skipping a meal due to lack of money or resources (25% and 22%, respectively). As can be seen, eating less or skipping a meal was more of an issue for women (25%) than for men (22%).

5.3 Agricultural activities and food security

About a quarter of women (22%) and men (24%) respondents reported living in a household that produced crops, livestock (i.e. fish farming, poultry, and other stock). This proportion of reported households producing crops or livestock was similar across all age groups for both genders, except that there were noticeably higher percentages for women aged 50 to 64 years (29%) and women aged 65 years and older (31%). When examining the extent to which food produced by the household usually provides for household needs, distribution was similar among men and women. Figure 6 highlights the extent to which self-produced food provides for household needs among women across different age groups. Overall, a noticeably large proportion of women across all age groups felt that the food produced by their household provided for some of their food needs (55–61%). Interestingly, a significantly higher proportion of women aged 65 years and older (30%) thought the food produced by their household provided for most of their household needs compared to women 18 to 34 years old (16%), 35 to 49 years old (19%), and 50 to 64 years old (15%). Additionally, a significantly higher proportion of women aged 35 to 49 years old (22%) thought the food produced by their household provided for all of their household food needs compared to women aged 18 to 34 years old (16%), 50 to 64 years old (16%), and 65 years or older (6%). This corresponds well with other sources which indicate that female and older populations are primarily responsible for smallholder production in rural South Africa.²⁶

Both women and men reported similar levels of perceived change in the availability of seed and other inputs to plant crops since the onset of the COVID-19 lockdown. About 47% of men and 44% of women thought there was no change in availability. About a tenth of men (12%) and women (10%) thought the availability of seeds and other inputs have increased since the onset of the lockdown. Additionally, 36% of women and 33% of men thought that the availability of seeds and other inputs has noticeably decreased since the onset of the lockdown. Figure 7 highlights this distribution among women. When asked whether they had felt any change in their ability to purchase these seeds and other inputs since the onset of the COVID-19 lockdown, 42% of both women and men reported no change.

26 Understanding the smallholder farmer in South Africa: Towards a sustainable livelihoods classification
By Louw Pienaar and Lulama N. Traub. Available at https://www.google.com/search?q=age+and+sex+of+farmers+in+south+africa&rlz=1CIGCEU_enKE866KE866&oq=age+and+sex+of+farmers+in+south+africa&aqs=chrome.69i57.5392j0j7&sourceid=chrome&ie=UTF-8;
accessed 20 January 2020.

Figure 6: Extent to which self-produced food provides for household needs among women, by age group

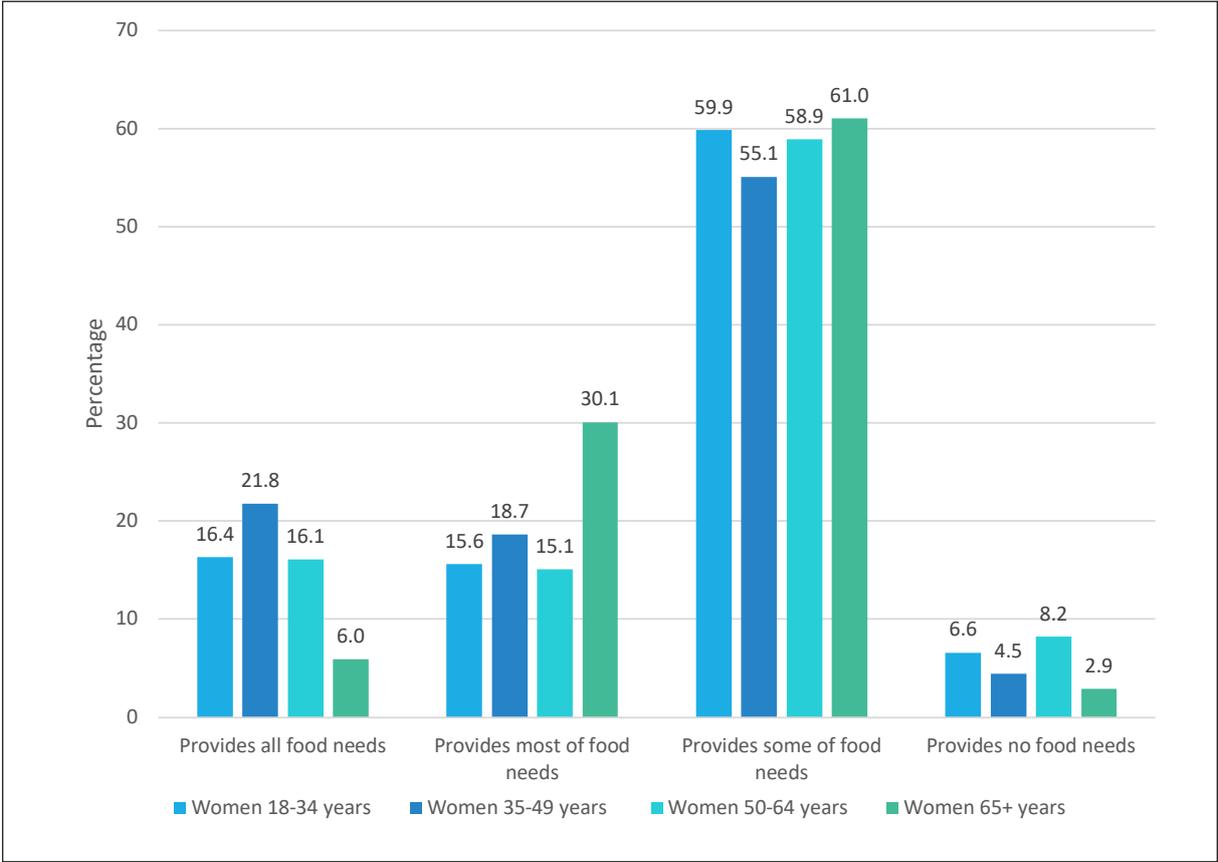
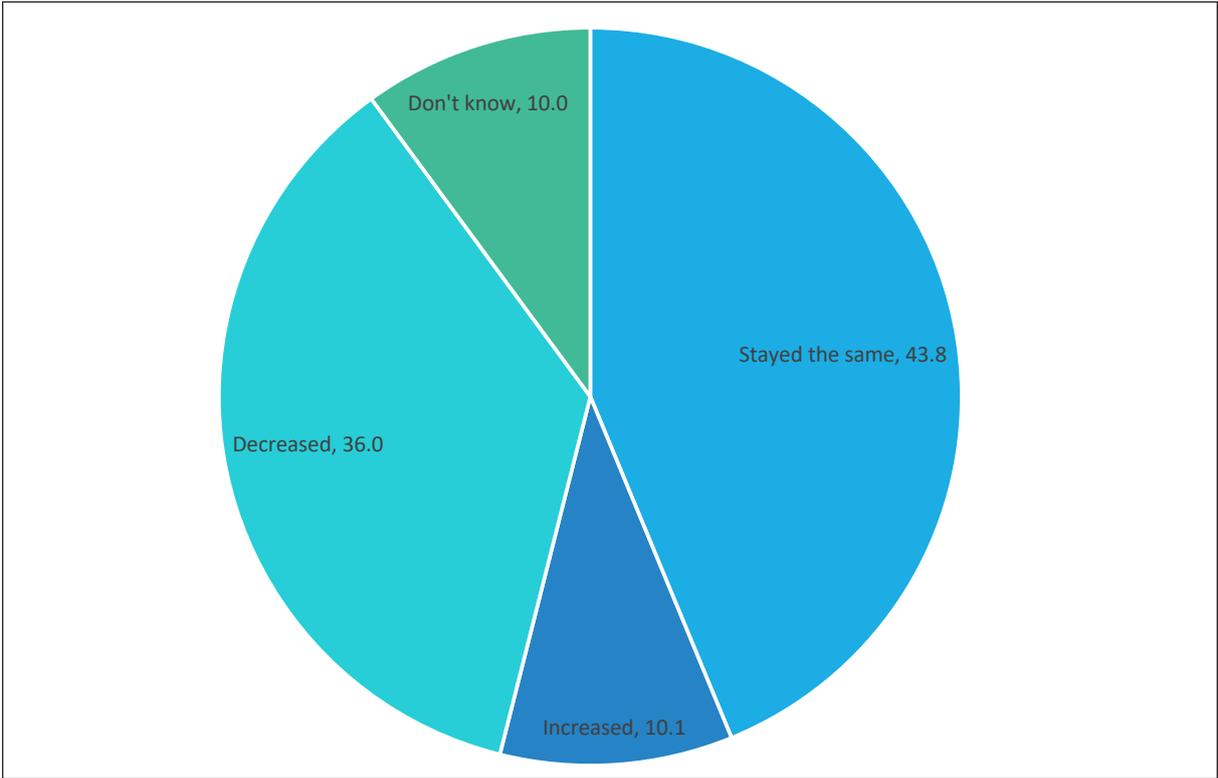
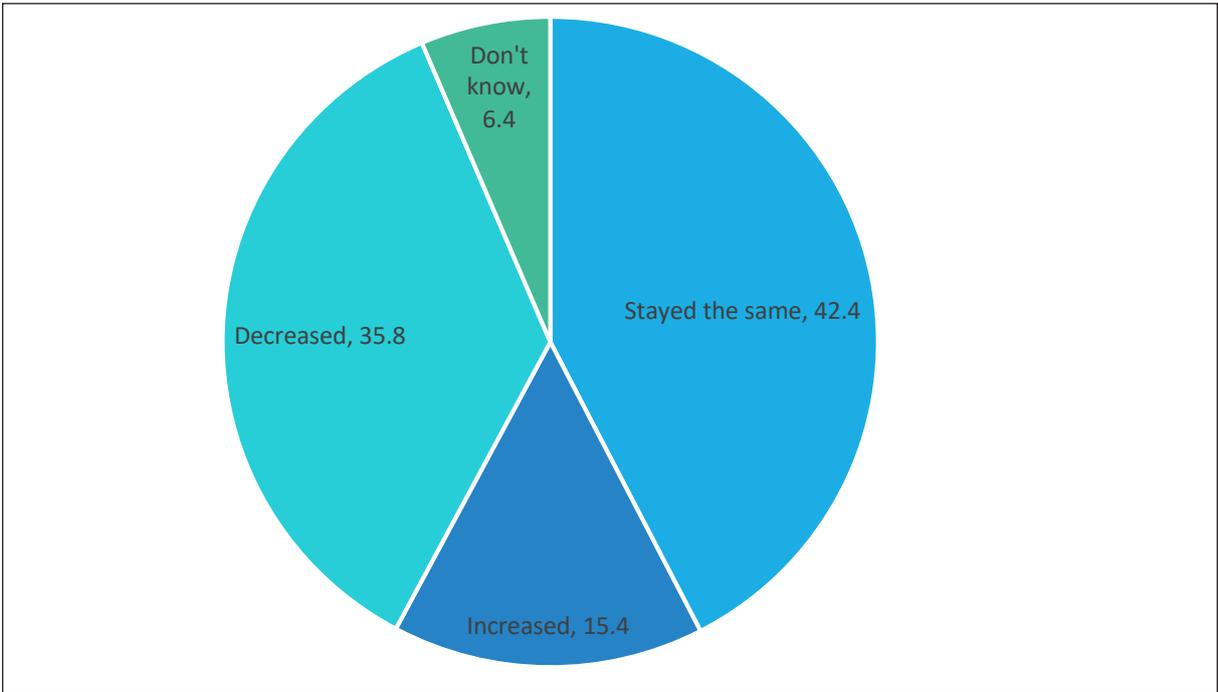


Figure 7: Changes in seed/input availability for women involved in agriculture since onset of lockdown (percent)



Additionally, 15% of both women and men reported an increase in ability to purchase agricultural inputs. Noticeably more respondents (37% of women and 36% of men) thought their ability to purchase inputs decreased since the onset of lockdown. The distribution of perceived ability to purchase such inputs among women is visualized in Figure 8.

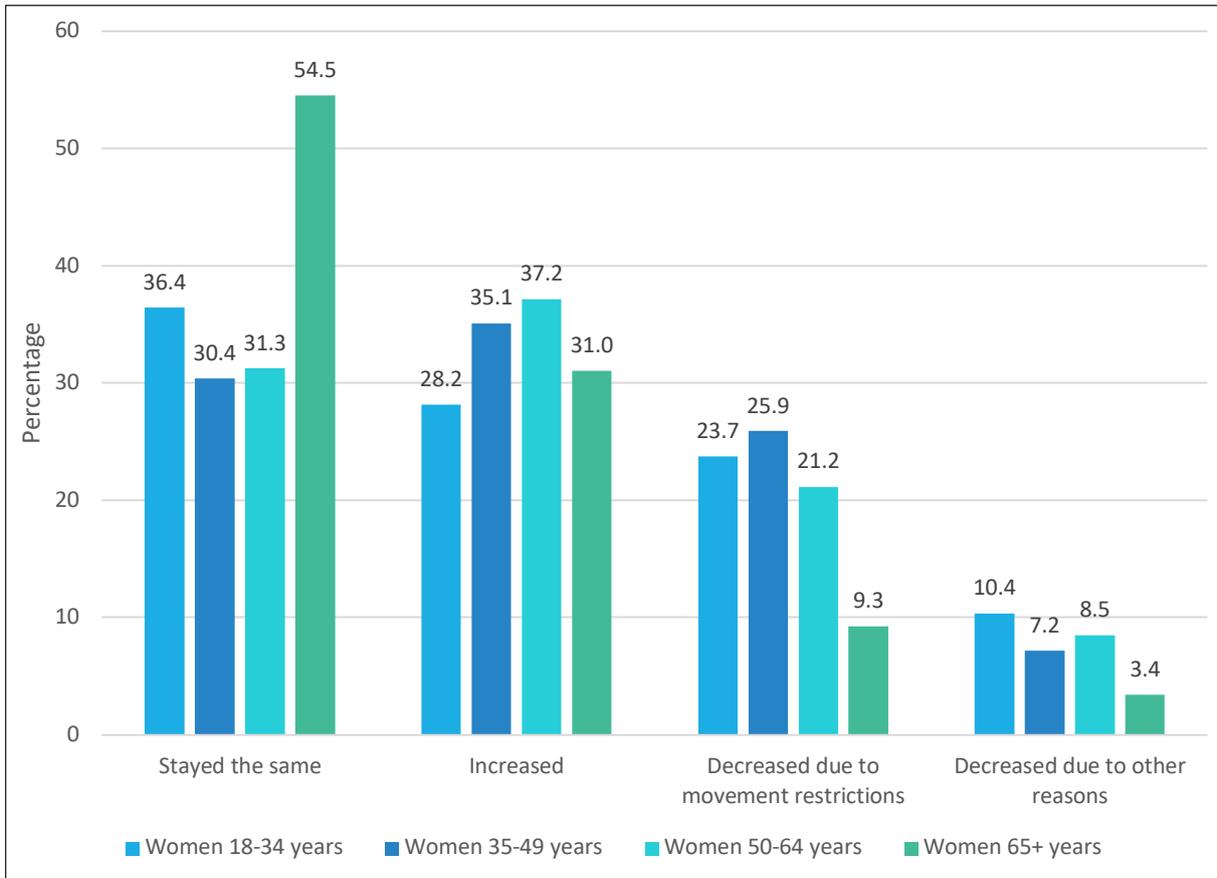
Figure 8: Changes in ability to buy seeds/inputs for women involved in agriculture since onset of lockdown (percent)



When asked how the availability of food has changed (respondents usually bought food at the local markets or shops) since the onset of the COVID-19 lockdown, women and men had similar answers overall. It is important to note that 36% of women compared to 38% of men thought the availability had stayed the same, whereas 32% of women compared to 29% men thought the availability of food had increased, and 21% of men and 22% of women thought the availability had decreased since the onset of the lockdown. There were no differences between urban and rural respondents with regards to the percentages who felt that the availability of food decreased (31%) during COVID-19.

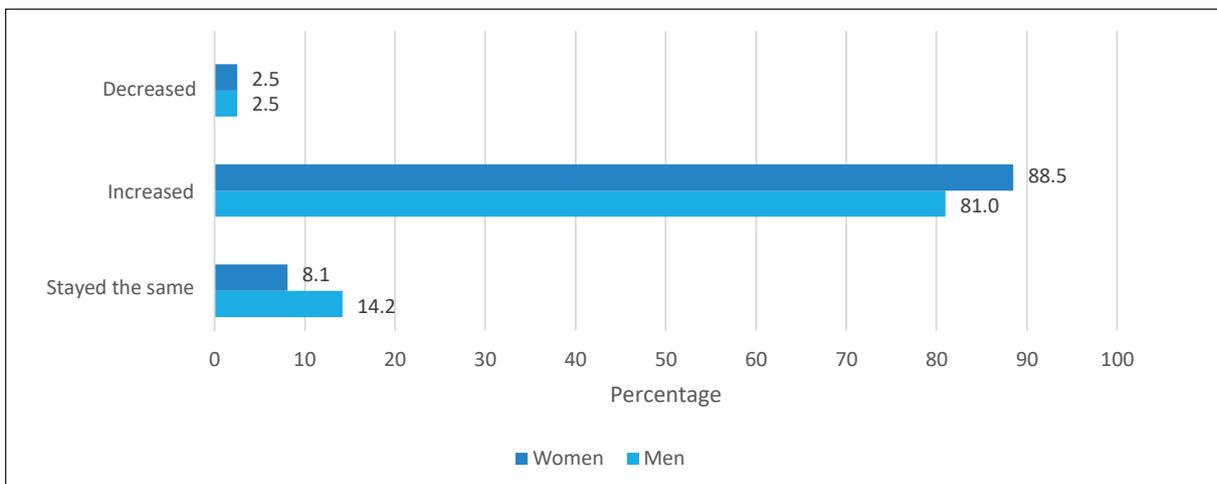
Figure 9 looks at the perceived changes in food availability among women of different age groups. A considerably larger percentage of women 65 years and older (55%) thought there was no change compared to the other age groups (30-36%). As such, a considerably smaller percentage of women 65 years and older (9%) thought there was a decrease in food availability since the onset of lockdown compared to other age groups (21-26%).

Figure 9: Changes in food availability for women since lockdown, by age group



When examining respondents' perceptions about changes in food prices since the onset of lockdown, a significantly higher percentage of men (14%) thought food prices had not changed compared to women (8%). Interestingly, a noticeably higher percentage of women (88%) thought that the food prices had increased since the onset of the COVID-19 lockdown compared to men (81%). This contrast can be seen in Figure 10. Rural respondents (88%) were more likely than urban respondents (84%) to feel that food prices increased during the pandemic.

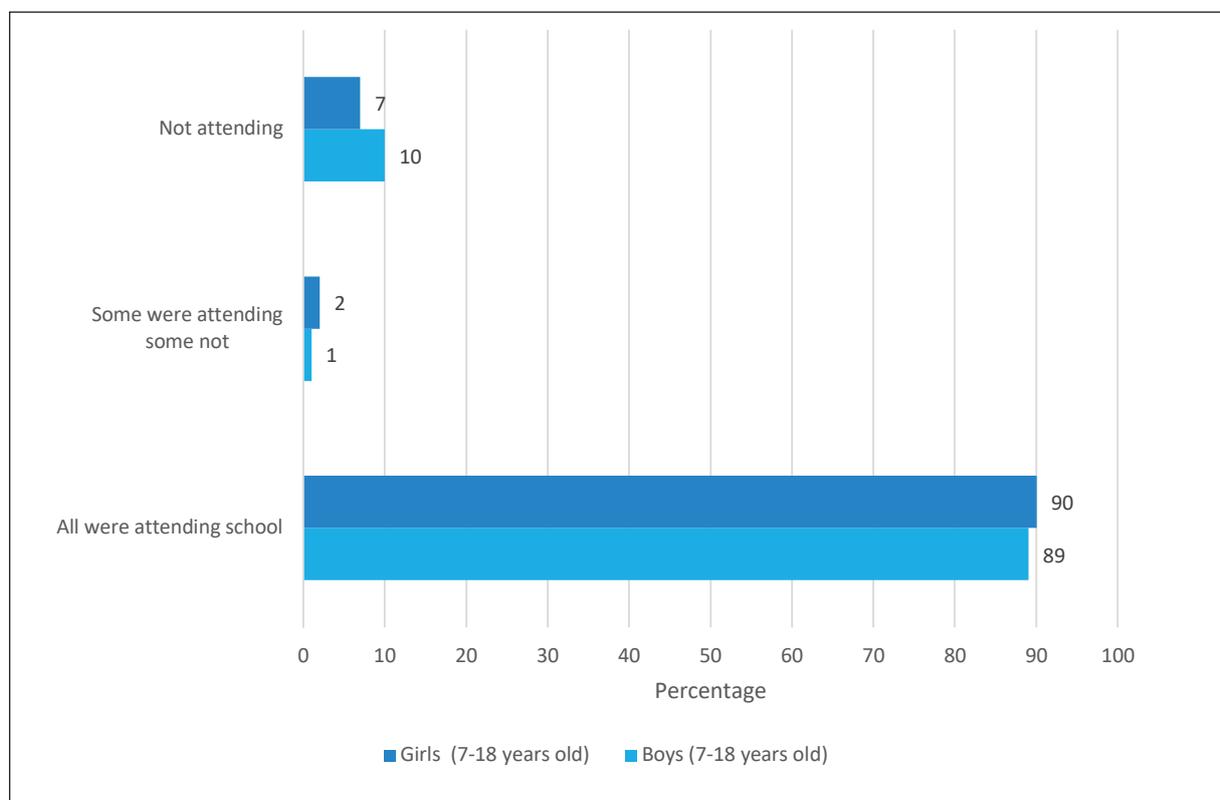
Figure 10: Perceived change in food prices since onset of lockdown, by sex



5.4 Education

When considering education among children in South Africa, data was assessed cumulatively to include men and women, separately comparing responses from men and women and across age groups. Respondents were asked whether boys and girls 7 to 18 years old attended school before the COVID-19 lockdown. Percentages were similar when comparing men and women and looking across age groups, so data is reported cumulatively. When combining responses from men and women, 90% of all girls in a household and 89% of all boys in a household were reported to have attended school before the lockdown. Additionally, a slightly higher percentage of boys (10%) were reported not attending school than girls (7%). This corresponds with the findings of the General Household Survey which indicates higher attendance by girls than boys.²⁷ This can be seen in Figure 11.

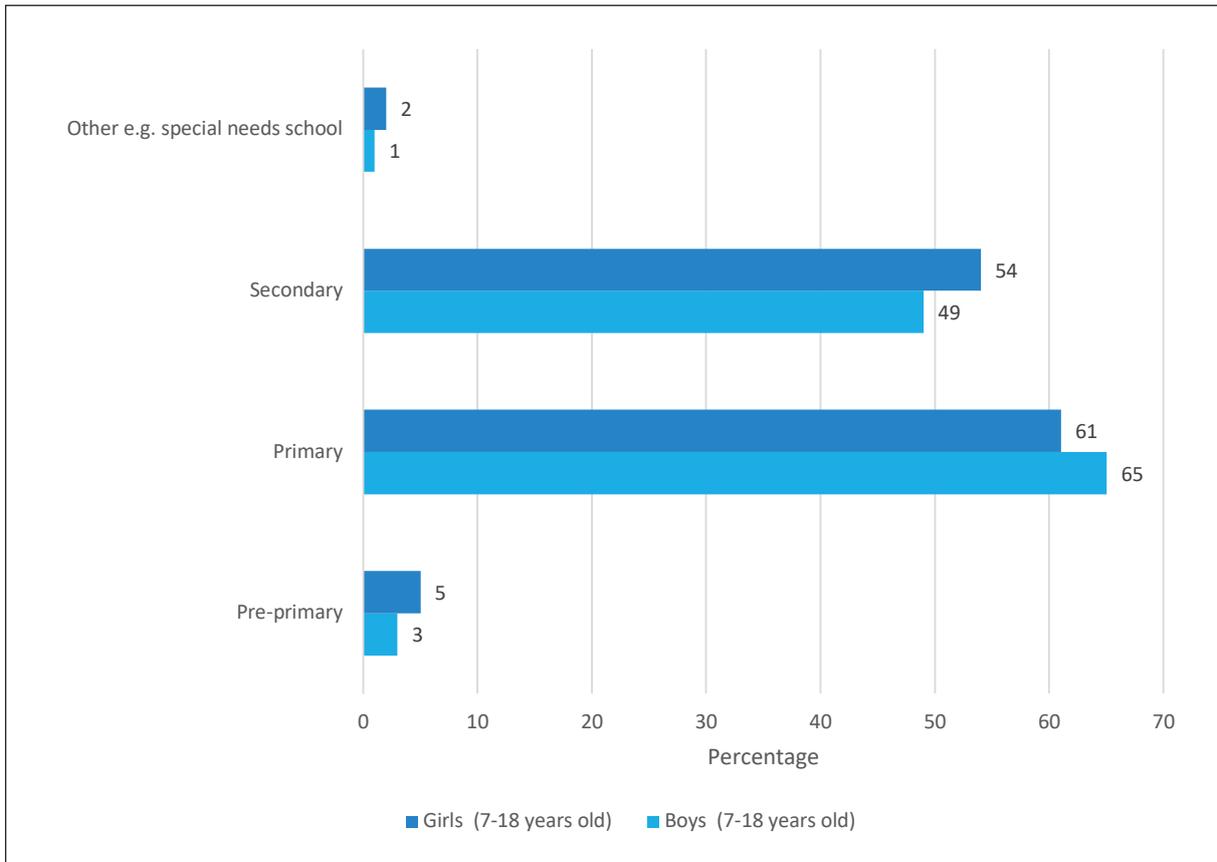
Figure 11: School attendance of boys and girls 7–18 years old before lockdown



According to the respondents, the majority of children 7 to 18 years old associated with the sampled women and men were attending secondary or primary school before the COVID-19 lockdown. Percentages were similar when comparing men and women respondents and looking across age groups, so data is reported cumulatively in Figure 12. More girls (5%) than boys (3%) attended pre-primary school, while a slightly higher percentage of boys (65%) than girls (61%) attended primary school. Additionally, all respondents reported a noticeably higher percentage of girls (54%) attending secondary school than boys (49%).

27 General Household Survey 2018. Statistics South Africa. <http://www.statssa.gov.za/?p=12180>, accessed 20 January 2020

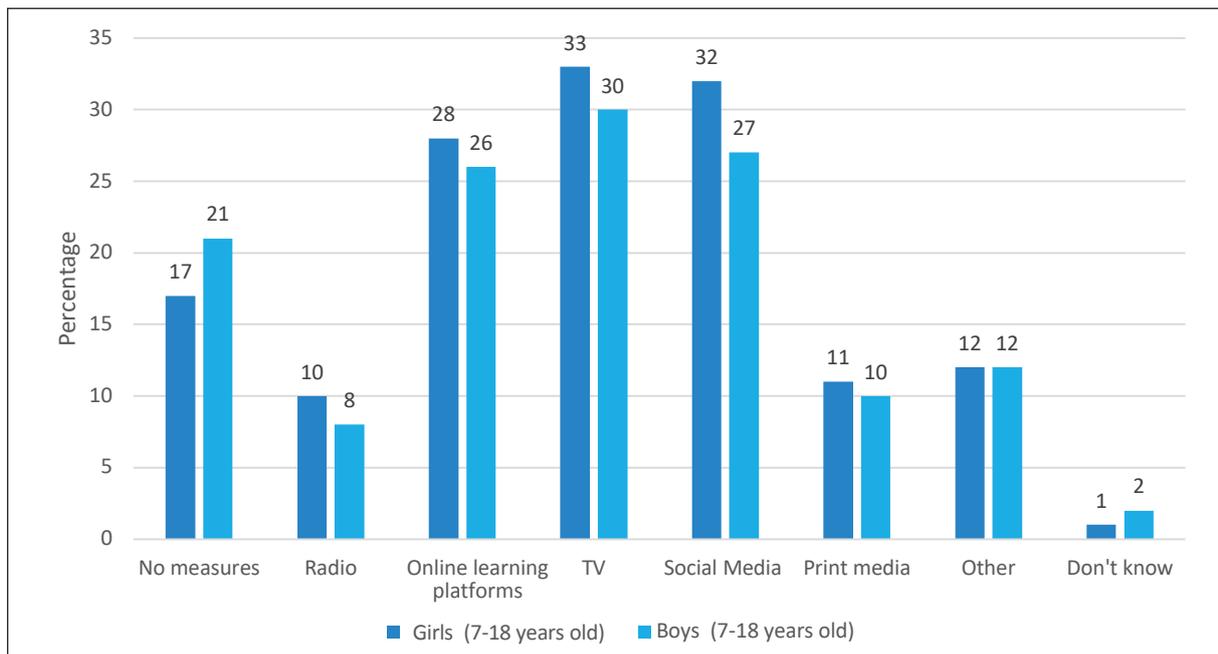
Figure 12: Education level of boys and girls 7–18 years old before lockdown



During lockdown a variety of remote learning platforms were used in South Africa in addition to the distribution of printed materials and the use of textbooks. Electronic media included TV and radio programs, the use of online platforms and zero-rated platforms provided by mobile phone operators, e.g. WhatsApp.²⁸ When all respondents were asked what measures boys and girls 7 to 18 years old used to continue learning at home since the COVID-19 lockdown started, the most commonly used measures for girls and boys were television (33% and 30%, respectively), social media (32% and 23%, respectively), and online learning platforms (28% and 27%, respectively). All measures were used consistently higher, even if incrementally, among girls than boys; in fact, respondents thought a noticeably higher percentage of boys (21%) used ‘no measures’ for remote learning than girls (17%). This can be seen in Figure 13.

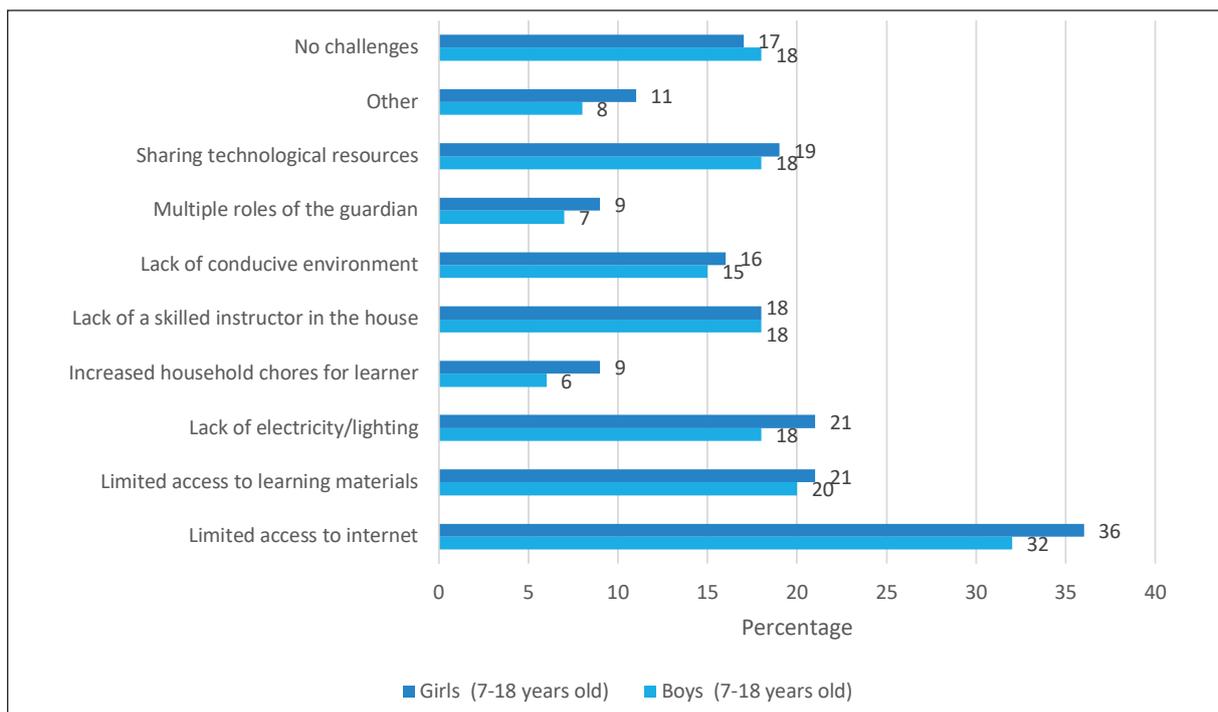
28 COVID-19 and the Digital Transformation of Education: What We Are Learning in South Africa. Mahlangu D and T Moloi. Available at https://www.researchgate.net/publication/340604511_COVID-19_and_the_Digital_Transformation_of_Education_What_We_Are_Learning_in_South_Africa. Accessed 19 January 2020

Figure 13: Measures used for learning at home for boys and girls 7–18 years old since the lockdown started



All respondents were asked what challenges girls and boys 7 to 18 years old in their households faced when learning remotely at home since the COVID-19 lockdown started. Responses by gender can be seen in Figure 14. While respondents reported the biggest challenge for boys and girls was limited access to the internet, noticeably more respondents thought girls (36%) faced this problem than boys (32%). The second biggest challenge for boys was limited access to learning materials (20%), whereas the second biggest challenge for girls was both limited access to learning materials (21%) and lack of electricity and lighting (21%).

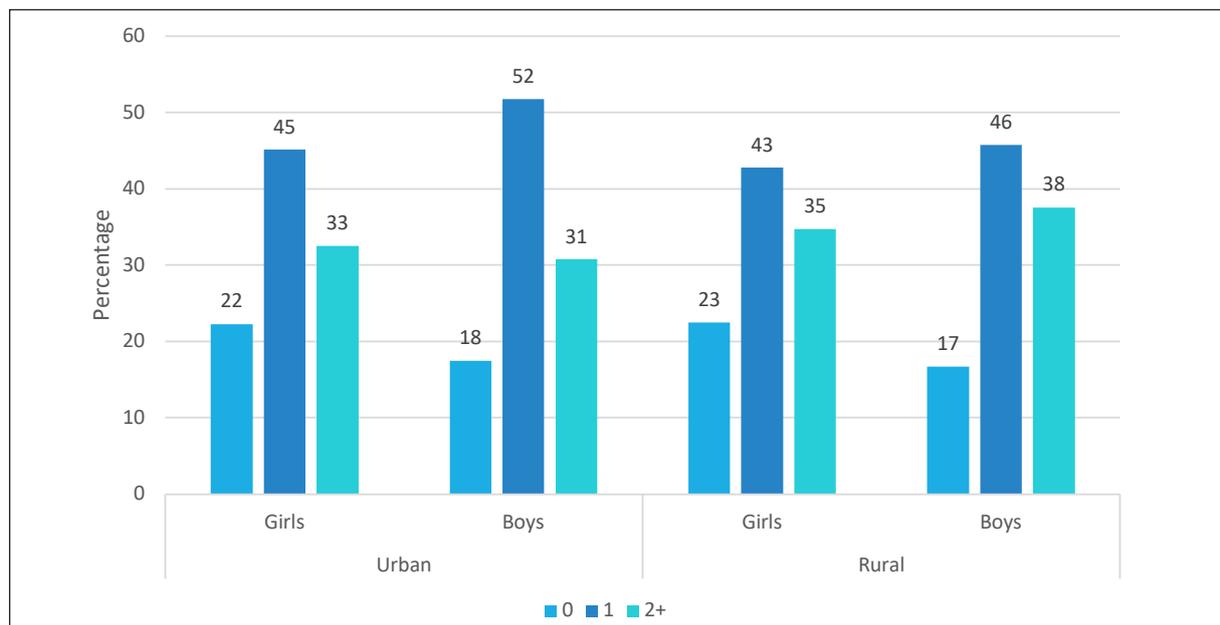
Figure 14: Challenges faced by boys and girls 7–18 years old with learning at home since the lockdown started



When comparing responses between men and women there were some differences in perceptions about the difficulties boys and girls face. Men (22%) were more likely to think that girls had more difficulty with education during the lockdown due to the lack of a skilled instructor or adult in the household than did women (15%). Women were less likely to think that girls (15%) had difficulty due to the lack of a skilled instructor or an adult in the household than did boys (21%).

Figure 15 shows the differences between urban and rural boys and girls with regards to learning from home during the lockdown. Rural boys and girls were more likely to have two or more challenges during this time than their urban counterparts, with the gap between rural and urban boys approximately 7 percentage points and for girls 4 percentage points.

Figure 15: Number of challenges faced by boys and girls 7–18 years old with learning at home during lockdown, by location

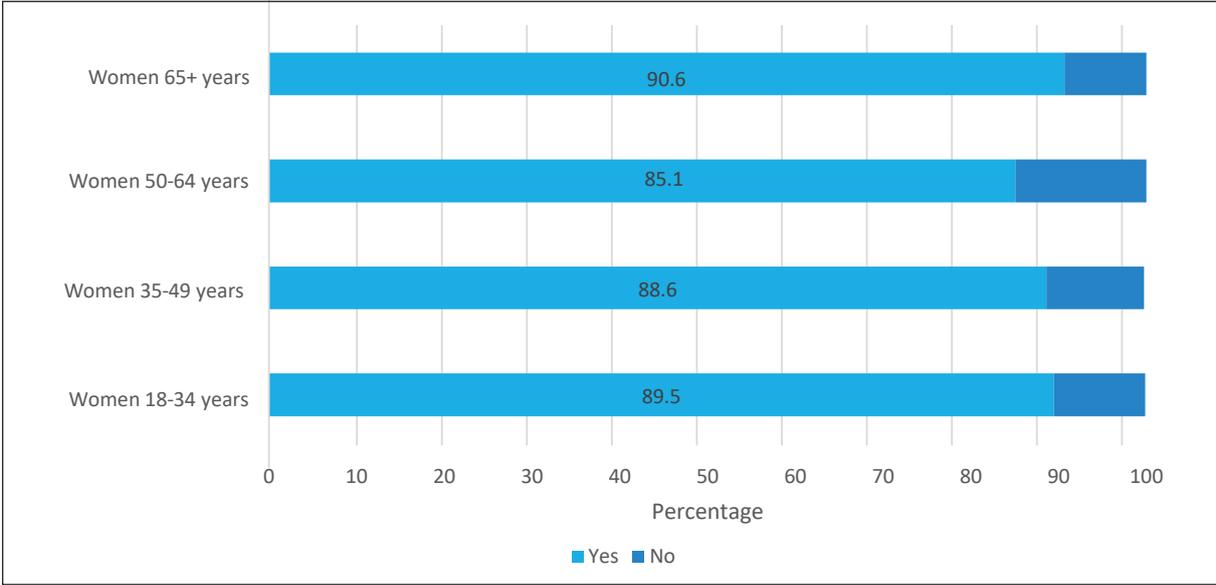


5.5 Water and sanitation

The proportion of respondents who reported access to clean and safe water was the same for women (89%) and men (89%). While this proportion was relatively similar across all age groups for men, there was a noticeable variation across age groups for women (Figure 16). A slightly higher percentage of women aged 65 years and older (91%) reported access to clean and safe water compared to the 89% of women aged 39 to 49 years old and women aged 50 to 54 years old. Additionally, a noticeably lower percentage of women aged 50 to 64 years old (85%) reported access to clean and safe water compared to the 89% of women aged 39 to 49 years old and women aged 18 to 34 years old. This probably reflects the fact that rural populations mainly consist of older persons with longer life expectancies, and older women. Access to clean and safe water has always been a bigger problem in rural than in urban areas.²⁹

29 General Household Survey 2018. Statistics South Africa. <http://www.statssa.gov.za/?p=12180>, accessed 20 January 2020

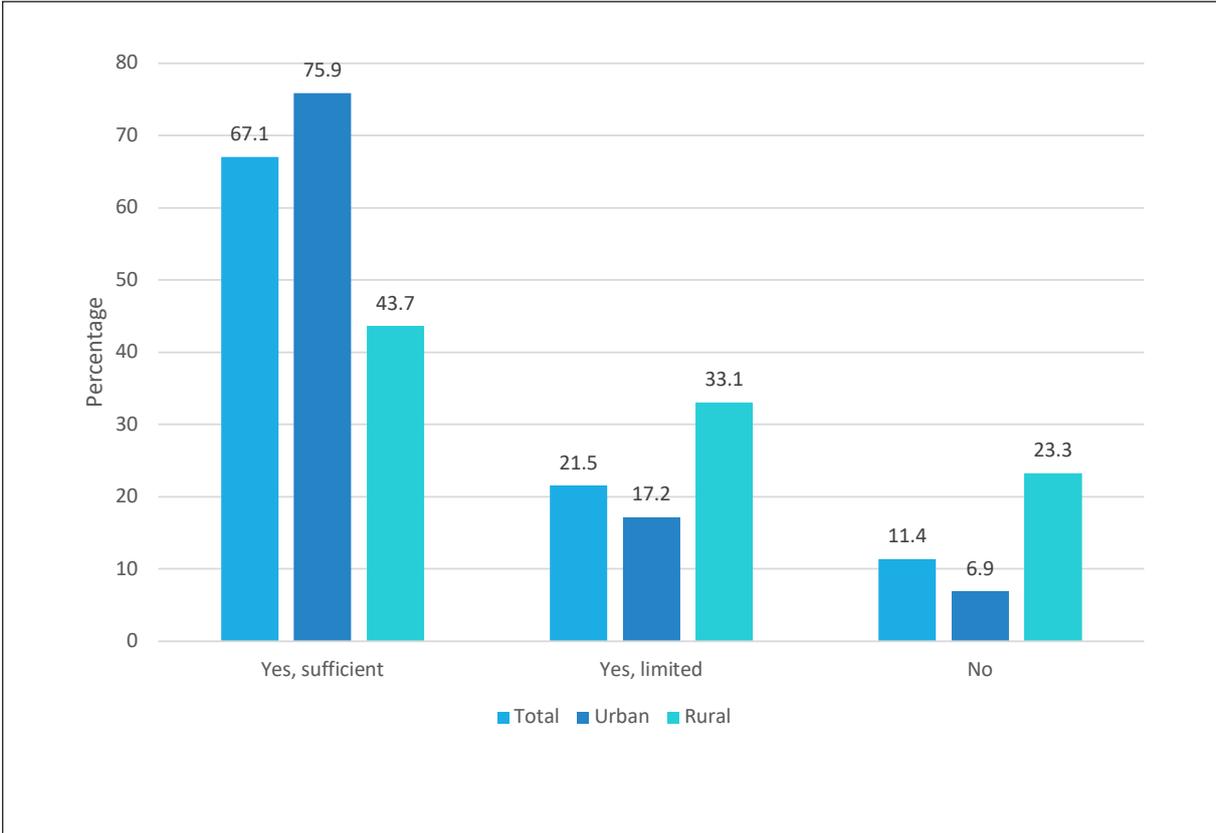
Figure 16: Access to clean and safe water for women, by age group



While almost a quarter of both men and women felt their household water was insufficient, a noticeably higher percentage of women (26%) indicated that their household water was insufficient than men participants (22%).

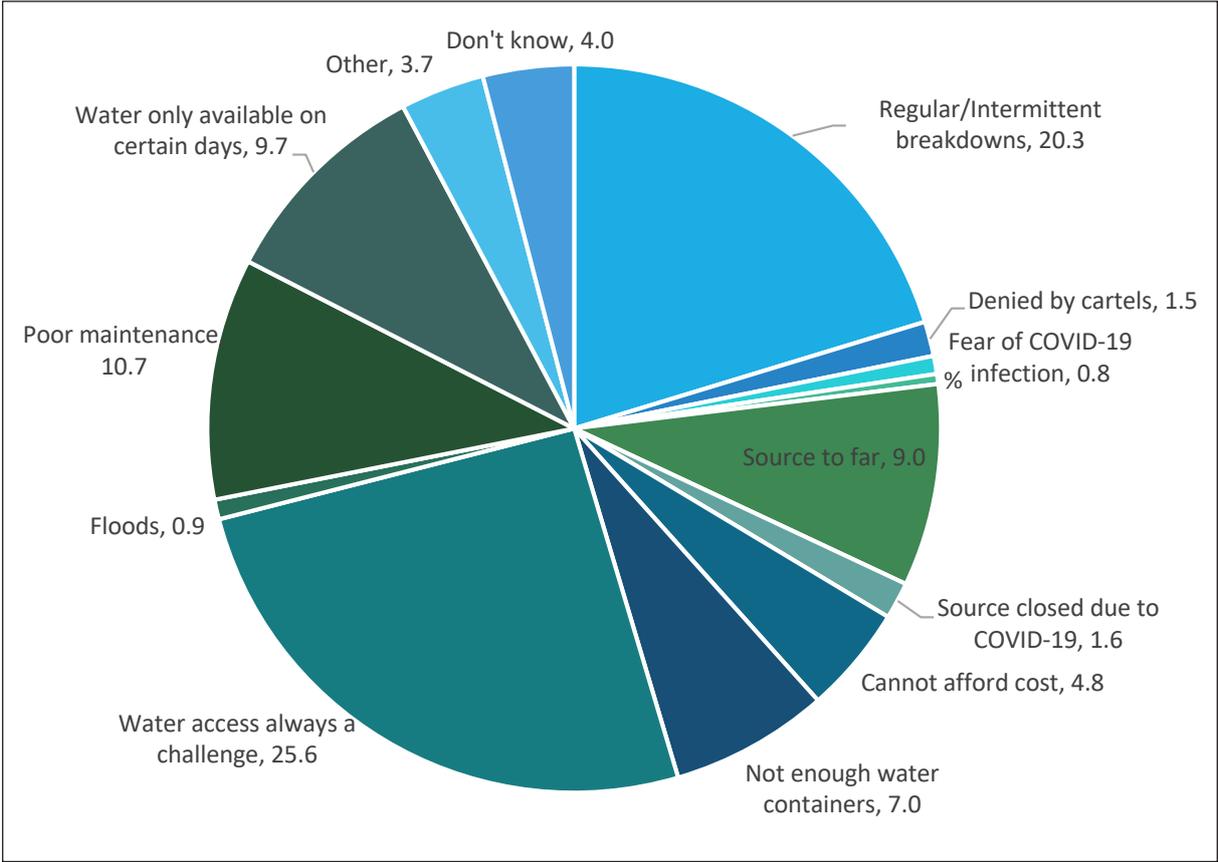
Rural respondents were more likely than urban respondents to indicate that they have limited (33% vs 17%) or no access (23% vs 7%) to clean and safe water.

Figure 17: Access to clean and safe water for all respondents, by location



When asked what the main reason was for having limited to no access to clean and safe water, both men and women had a similar distribution across reasons. The two most common reasons for having limited to no access to clean and safe water for men and women was that water access has always been a challenge (24% and 26%, respectively) and the regular or intermittent breakdown of water supply (16% and 20%, respectively). Figure 18 highlights the main reasons why women thought they had limited to no access to clean and safe water.

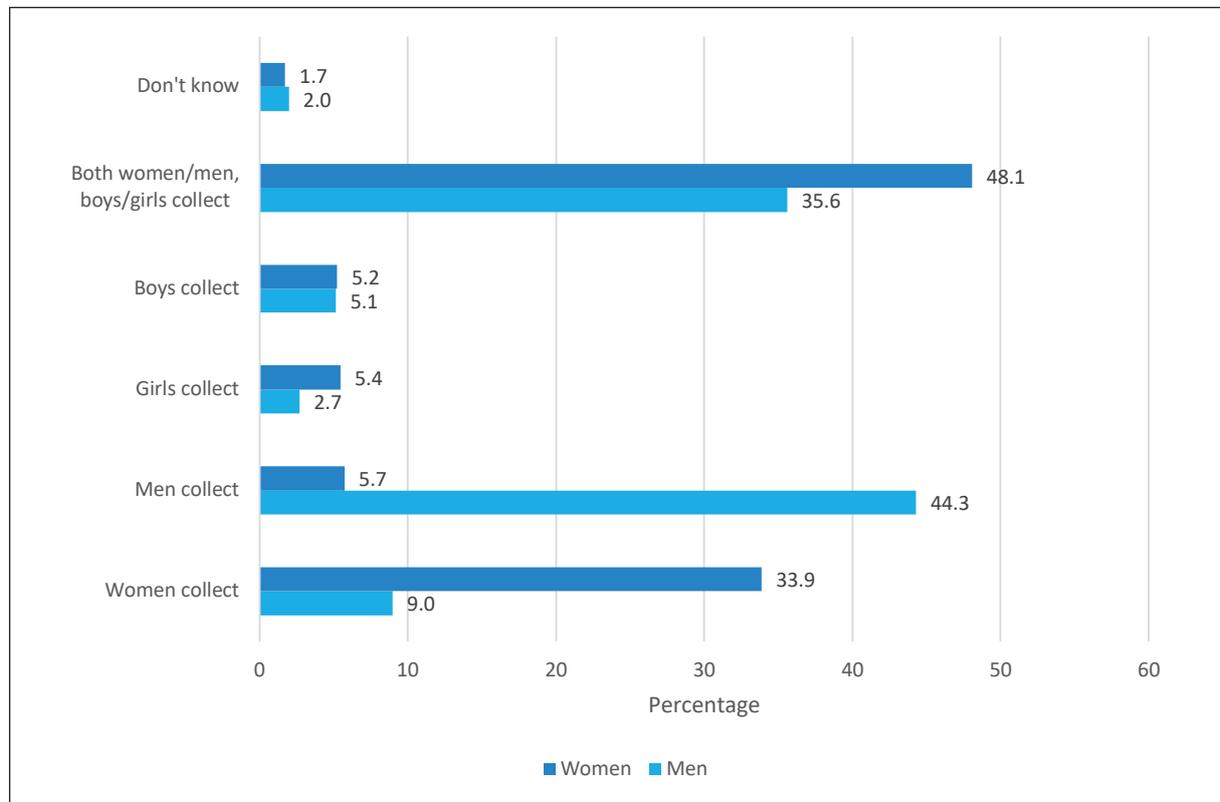
Figure 18: Main reasons why women have limited or no access to clean and safe water (percent)



A similar proportion of women (65%) and men (63%) reported receiving piped water in their dwelling or house yard. When comparing the proportion of women and men receiving piped water in their household across age groups, both sexes were similar except for participants aged 50 to 64 years. A noticeably higher percentage of men aged 50 to 64 years old (72%) reported receiving piped water in their household than women aged 50 to 64 years old (66%).

As can be seen in Figure 19, a somewhat higher percentage of women (48%) thought that men, women, boys, and girls were all responsible for collecting water than men (36%). Interestingly, while a much larger percentage of men (44%) thought men were responsible for collecting water than women (6%), women (34%) were more likely to indicate that women were responsible for collecting water than men (9%).

Figure 19: Person responsible for collecting water in household, by sex



5.6 Time use before and after the lock-down

The time women spend on unpaid domestic and care work has been singled out as one of the barriers hampering women's economic empowerment. Even though South Africa was one of the first countries in Africa to conduct a large-scale time-use survey (2001 and 2010), no recent information is available on the time women and men spend on unpaid domestic and care activities. For this reason the survey included some questions aimed at establishing how much time women and men spent before lockdown on these activities and if any of them have been spending more time on these activities after lockdown.

In Tables 2 and 3³⁰, the views of men and women on who spent the most time on time-use activities prior to COVID-19 were combined, because their answers differed somewhat individually, with men tending to rate their own involvement higher than what women would do. The table shows that, regarding unpaid domestic work, a woman in the household was mostly responsible for unpaid and domestic care work activities prior to the outbreak of COVID-19.

Even though they started from a low base, a significant percentage of men indicated that they spent more time during COVID-19 than previously on unpaid domestic activities. However, in all cases except for collecting firewood and shopping, more women than men indicate that they spent more time on unpaid domestic activities. In the case of these two activities (collecting firewood and shopping), women and men were equally likely to have spent more time during COVID-19.

³⁰ This analysis is based on the harmonized East and southern Africa regional dataset data

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

Household member who spent most of their time on activity before COVID-19 lockdown		Change in time spent since the onset of COVID-19 lockdown			
Cooking, meal preparation and related activities	Women and men %	Cooking and meal preparation	Women %	Men %	Total %
A woman in the household	62.6	Do not usually do it	3.3	7.4	5.3
A man in the household	13.1	Increased	45.9	39.8	43.0
Women and men in the household	23.5	Unchanged	35.9	36.7	36.3
Someone not part of the household	0.8	Decreased	14.9	16.1	15.5
Cleaning		Cleaning			
A woman in the household	57.5	Do not usually do it	3.8	6.9	5.3
A man in the household	13.0	Increased	54.6	47.0	50.9
Women and men in the household	26.3	Unchanged	35.3	39.8	37.5
Someone not part of the household	3.2	Decreased	6.4	6.3	6.3
Shopping for household use		Shopping for household use			
A woman in the household	50.5	Do not usually do it	3.6	5.3	4.4
A man in the household	18.5	Increased	32.0	31.3	31.7
Women and men in the household	30.2	Unchanged	31.0	33.8	32.4
Someone not part of the household	0.7	Decreased	33.3	29.6	31.5
Collecting water and firewood		Collecting water and firewood			
A woman in the household	40.3	Do not usually do it	50.9	50.3	50.6
A man in the household	29.1	Increased	20.5	19.4	20.0
Women and men in the household	28.0	Unchanged	23.6	25.0	24.2
Someone not part of the household	2.6	Decreased	5.0	5.3	5.2

According to Table 2 62.9% of the respondents indicated that a woman in the household was mainly responsible for cooking prior to the pandemic. However, since the onset of the lockdown, 45.9% of women and 39.8% of men indicated that the time they spent on cooking and meal preparation increased. Cleaning was mainly done by women in 57.5% of the cases prior to the pandemic and the time devoted to this increased for 54.6% of women and 47% of men during the lockdown.

The same is true for unpaid care activities (Table 3). Prior to COVID-19, as well as during COVID-19 women were more likely than men to engage in most of the unpaid care activities.

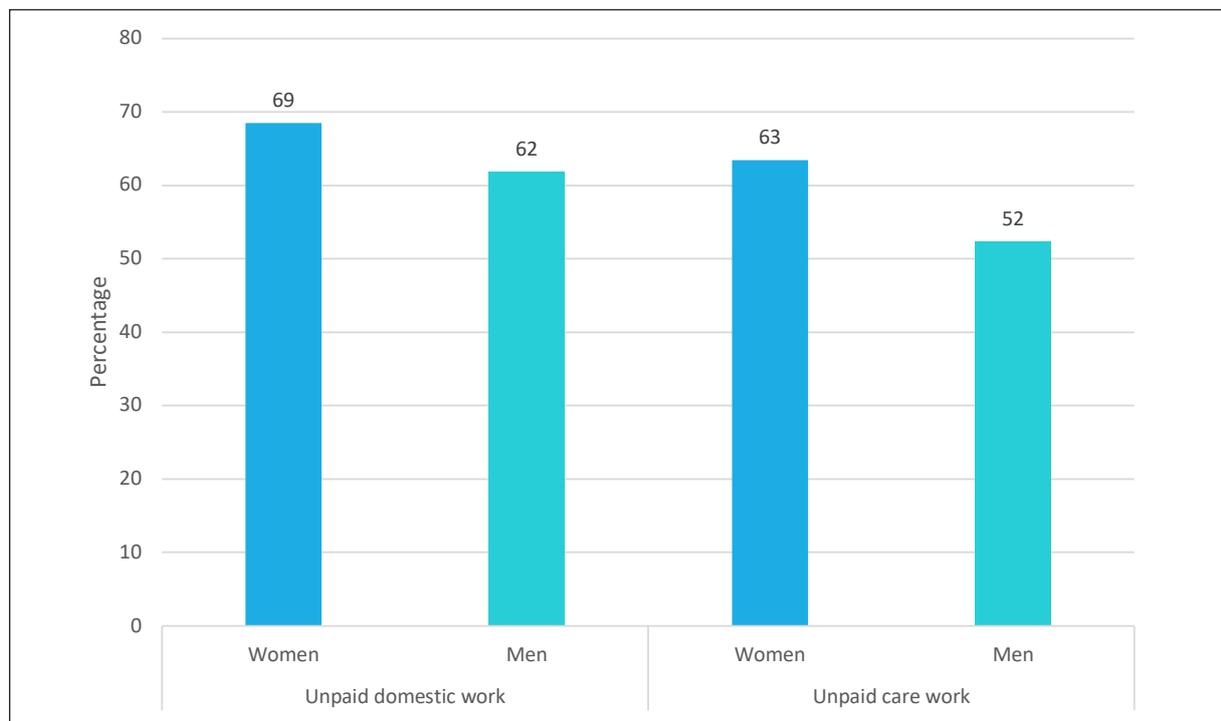
Table 3: Household member who spent the most time on unpaid care activities before COVID-19 and changes in time spent by women and men in unpaid care activities for children and adults, by sex

Household member who spent most of their time on activity before COVID-19 lockdown		Change in time spent since the onset of COVID-19 lockdown			
Cooking, meal preparation and related activities	Women and men %	Cooking and meal preparation	Women %	Men %	Total %
Passive care of children		Passive care of children			
A woman in the household	60.5	Do not usually do it	26.7	38.6	32.4
A man in the household	10.6	Increased	38.4	29.6	34.2
Women and men in the household	26.9	Unchanged	30.3	27.5	29.0
Someone not part of the household	2.1	Decreased	4.5	4.4	4.5
Playing/reading/stories/etc. for children		Playing/reading stories/etc. for children			
A woman in the household	56.8	Do not usually do it	27.3	37.1	32.0
A man in the household	11.9	Increased	39.5	32.3	36.1
Women and men in the household	29.2	Unchanged	27.1	24.8	26.0
Someone not part of the household	2.1	Decreased	6.1	5.8	5.9
Teaching children		Teaching children			
A woman in the household	56.9	Do not usually do it	26.3	37.6	31.7
A man in the household	13.7	Increased	41.1	31.3	36.4
Women and men in the household	27.6	Unchanged	26.4	25.1	25.8
Someone not part of the household	1.8	Decreased	6.2	6.1	6.2
Physical care of children		Physical care of children			
A woman in the household	66.1	Do not usually do it	26.1	38.5	32.0
A man in the household	7.7	Increased	39.7	30.5	35.3
Women and men in the household	24.2	Unchanged	29.7	26.0	27.9
Someone not part of the household	1.9	Decreased	4.6	5.1	4.8
Physical care of adults		Physical care of adults			
A woman in the household	59.4	Do not usually do it	63.5	69.0	66.1
A man in the household	13.7	Increased	12.7	8.4	10.7
Women and men in the household	20.0	Unchanged	20.0	18.8	19.5
Someone not part of the household	6.9	Decreased	3.8	3.8	3.8
Assist other adults with admin and accounts		Assist other adults with admin and accounts			
A woman in the household	58.0	Do not usually do it	65.1	68.1	66.6
A man in the household	15.4	Increased	11.6	10.6	11.1
Women and men in the household	19.9	Unchanged	19.8	18.3	19.1
Someone not part of the household	6.7	Decreased	3.5	2.9	3.2
Emotional support of adults		Emotional support of adults			
A woman in the household	50.6	Do not usually do it	40.3	43.3	41.7
A man in the household	16.2	Increased	26.4	23.4	24.9
Women and men in the household	25.2	Unchanged	29.1	28.6	28.9
Someone not part of the household	8.0	Decreased	4.2	4.8	4.5

Examples from Table 3 include the fact that 66.1% of respondents indicated that women were mainly responsible for the physical care of children prior to the pandemic. However, during the pandemic 39.7% of the men and 30.5% of the women experienced increases in the time spent on the physical care of children. Playing with and reading for children increased during the pandemic for 39.5% of women and 32.2% of men. Activities related to childcare were more likely to increase for women during the pandemic than for men, while differences between women and men were smaller for unpaid care work being done for adults.

The analysis in Figure 20 summarizes changes for women and men in unpaid domestic and care work since the onset of COVID-19. An increase is registered when a woman or a man indicated that at least one of their unpaid domestic or care activities had increased.

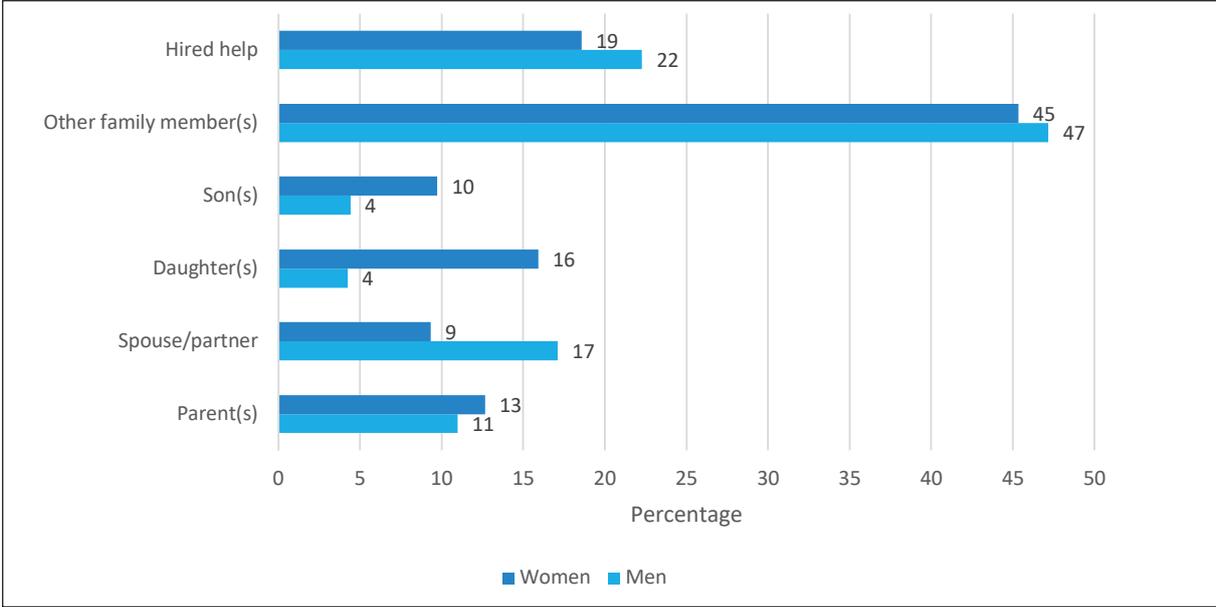
Figure 20: Percentage women and men who said that their unpaid domestic and care work increased during the pandemic



5.7 Help with Household Chores

As can be seen in Figure 21, a small but noticeably higher percentage of women (37%) reported getting help for chores and caring for other family members or persons outside of their household than men (33%). While this percentage relatively holds across different age groups for men, a substantially higher percentage (45%) of women aged 65 years and older reported receiving help for chores and caring for others than women in any other age group (32–38%). When asked who helped in doing chores and providing care for others in the household, the top three persons identified by women were other family members (45%), daughters (16%), and parents (13%). While a similar percentage of men also identified family members (47%) and parents (11%), a significantly lower percentage of men identified daughters as having helped with chores and caring for others in the household. Additionally, a much higher percentage of men (17%) identified their spouse or partner as having helped with chores and caring for others than women (9%).

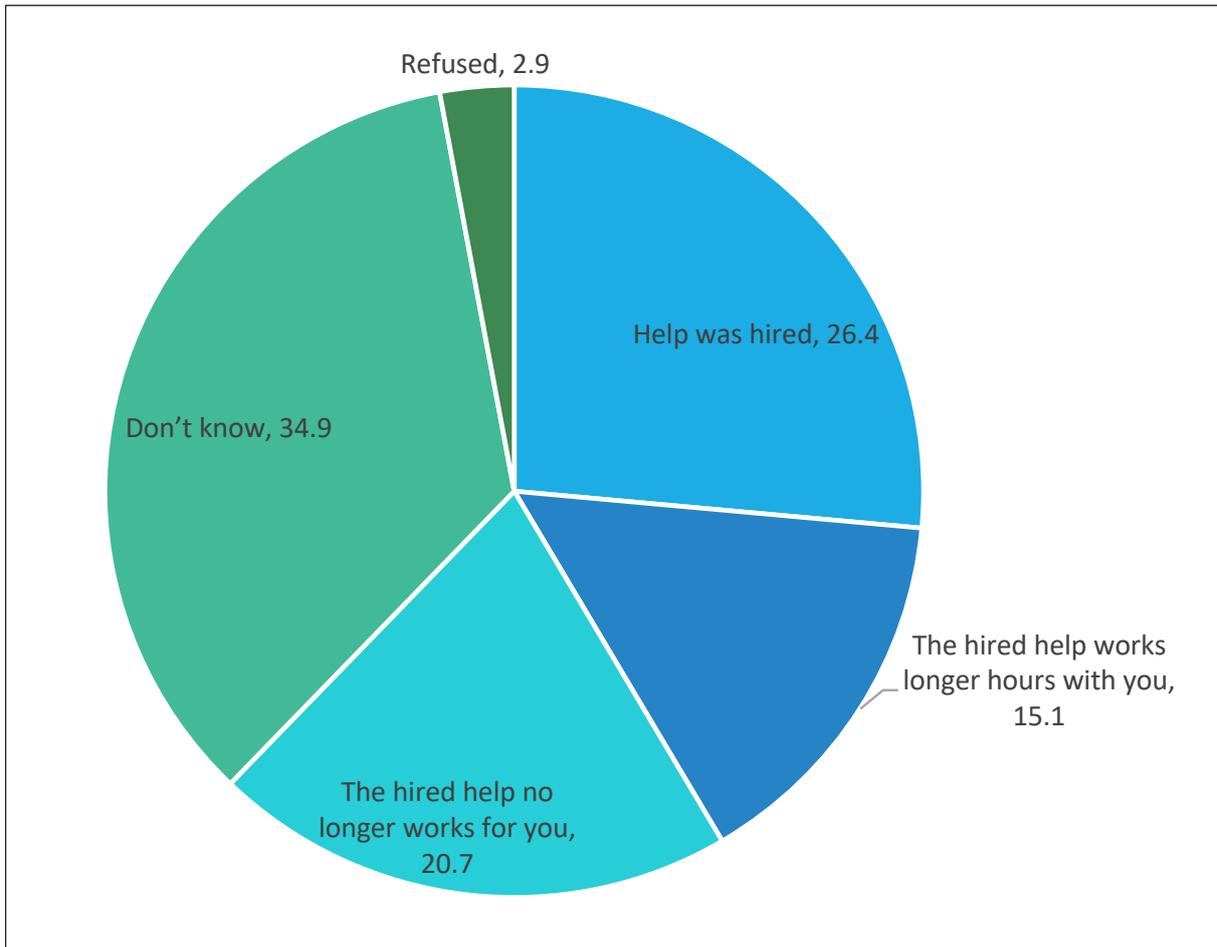
Figure 21: Sources of help with chores and caring for others in the household by gender before lockdown, by sex of the respondent



About the same percentage of men (40%) and women (42%) respondents reported receiving more help for chores and caring for other family members or persons living outside their household since the onset of the COVID-19 lockdown. Additionally, a similar percentage of men (29%) and women (26%) respondents reported receiving less help for chores and caring for others. About 30% of men and 31% of women reported no change in level of help for chores and caring for others.

Respondents who mentioned hiring help from a domestic worker, babysitter, or nurse were asked how the situation with their hired help has changed since the onset of the COVID-19 lockdown. Responses were similar for both men and women, thus Figure 22 highlights only women’s responses. A noticeably high percentage (35%) of women selected the ‘Did not know’ option. This most likely reflects gaps in the response options where ‘Other’ was not included in the question and not all possibilities were made provision for in the remaining options. About a quarter (26%) of women reported hiring help since the onset of the lockdown, a fifth (21%) of women reported that their hired help no longer worked for them after the onset of the lockdown, and 15 percent of women reported that their hired help has been working longer hours after the onset of the lockdown.

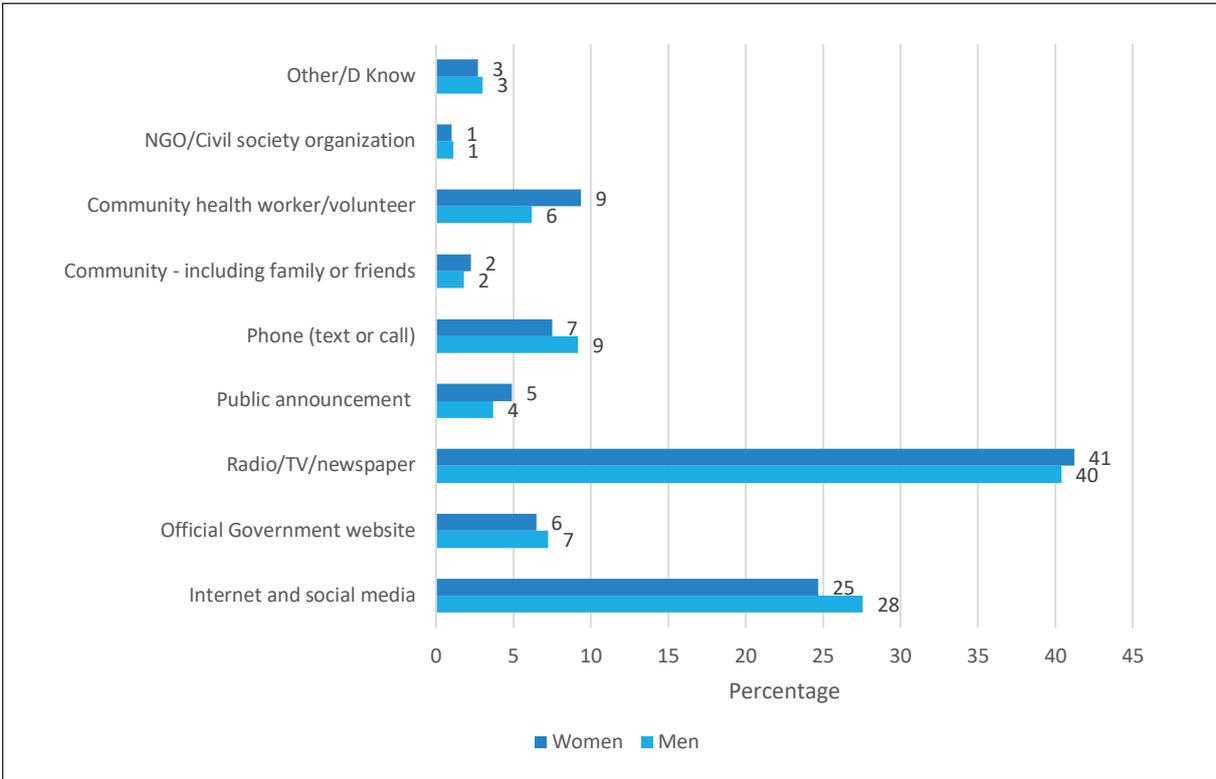
Figure 22: Changes in hired help since onset of lockdown for women (percent)



5.8 COVID-19 information sources

Almost all of the men (93%) and women (95%) reported receiving information about how they can protect themselves against COVID-19. The distribution of these sources of information for women and men was fairly similar (Figure 23), with the two largest sources of information being radio/television/newspaper (40% and 41%, respectively) and the internet/social media (28% and 25%, respectively). When comparing age groups, use of radio/television/newspaper for COVID-19 prevention information was highest for women aged 55 years and older (53%) compared to women aged 35 to 54 years old (42%) and 18 to 34 years old (36%). Conversely, using the internet and social media for COVID-19 prevention information was highest for women aged 18 to 34 years (32%) compared to women aged 35 to 54 years (23%) and 55 years and older (10%).

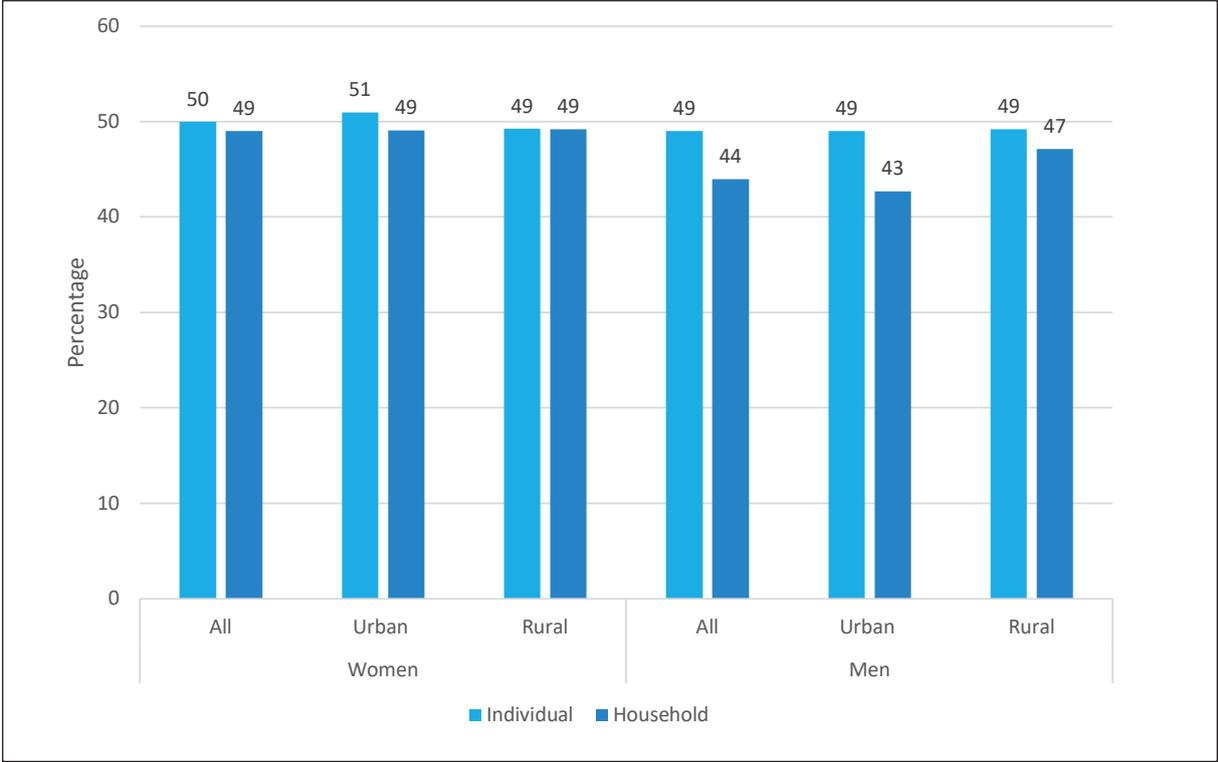
Figure 23: Main source of information about COVID-19, by sex (percent)



5.9 Mental health

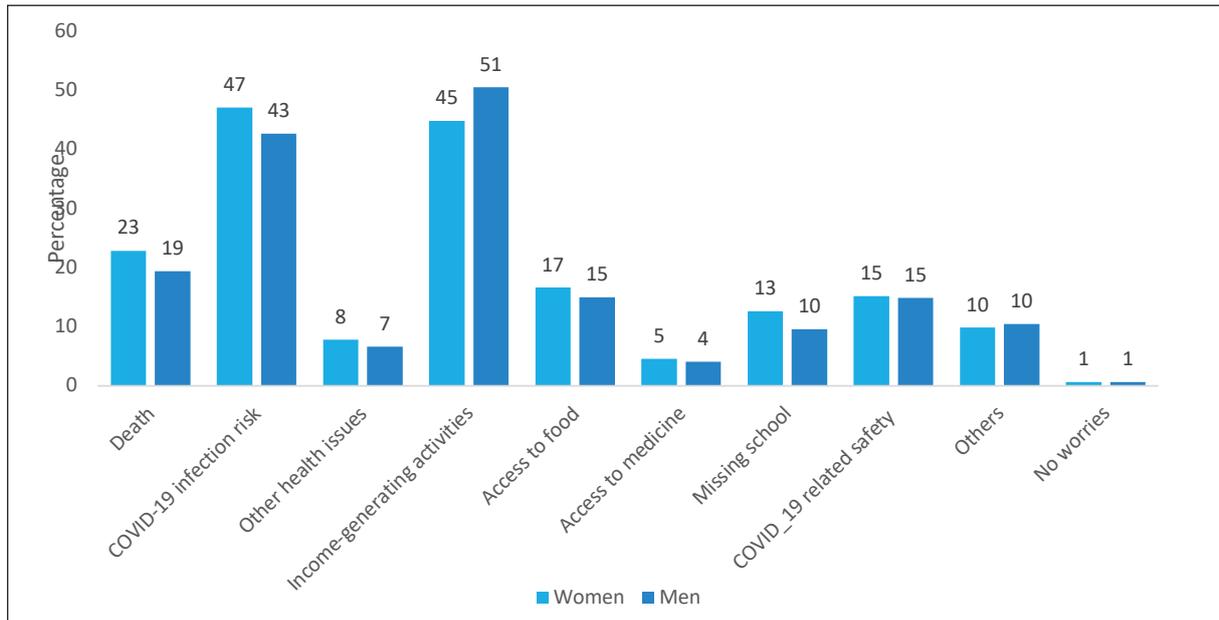
About the same percentage of women (50%) and men (49%) felt that their mental or emotional health has been negatively affected since the onset of the COVID-19 lockdown. Women living in urban and rural areas were equally likely to report emotional and mental strain for other household members, but urban women were more likely than rural women to signal concern. Urban (49%) and rural (49%) men were equally likely to have suffered from mental and emotional strain. Men living in rural areas (47%) were more likely to have identified problems with mental and well-being of other household members than their urban (43%) counterparts.

Figure 24 : Emotional or mental challenges experienced personally or by someone else in the household during lockdown, by sex (percent)



An even higher percentage of men (65%) and women (62%) indicated that the COVID-19 pandemic and its control measures (such as lockdown and curfew) caused them worries. Although the top three main worries since the onset of the COVID-19 lockdown were identified as becoming infected with COVID-19, financial problems, and death, there were significant differences between men and women. A significantly higher percentage of men (51%) reported worries about financial problems since the onset of the COVID-19 lockdown than women (45%). On the other hand, a noticeably higher percentage of women reported worries about becoming infected with COVID-19 (47%) and dying (23%) than men (43% and 19%, respectively).

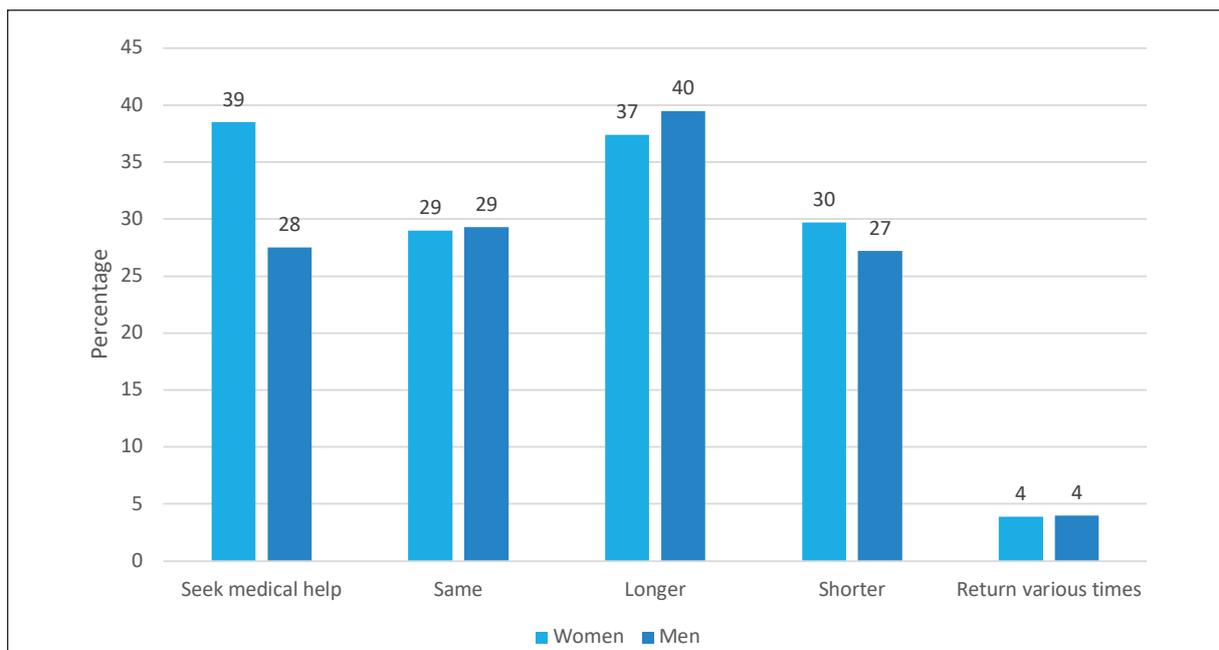
Figure 25: Kinds of worries experienced by the respondents during COVID-19, by sex (percent)



5.10 Health services

A significantly higher percentage of women (39%) reported personally seeking healthcare services since the onset of the COVID-19 lockdown than men (28%). When evaluating the waiting times of those who sought medical care, more or less equal proportions of men and women indicated that they spent the same time waiting, whilst 37% of women and 40% of men said that they had to wait longer. 30% of women and 27% of men reported waiting a shorter time.³¹

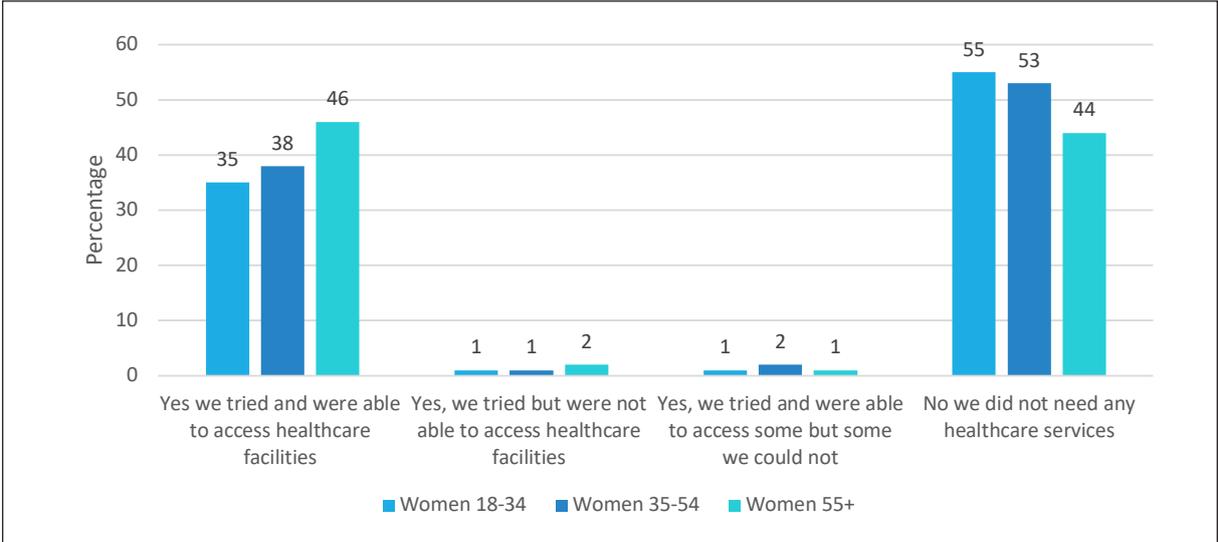
Figure 26: Health seeking and changes in waiting time during COVID-19, by sex



³¹ This analysis is based on the harmonized East and southern Africa regional dataset data

Figure 27 summarizes the percentage of women (divided into three age groups) who tried to access healthcare services, and who were able to do so. When comparing age groups for women, a much higher percentage of women aged 55 and older (48%) reported seeking healthcare services since the onset of the COVID-19 lockdown than 35- to 54-year-old women (39%) and 18- to 34-year-old women (34%). Furthermore, a much higher percentage of women (38%) reported trying to access healthcare services and were successfully able to do so than men (28%). This was also higher among women ages 55 and older (46%) than women aged 35 to 54 years old (38%) and 18 to 34 years old (35%). Only 2 percent of women reported trying to seek healthcare services and being unable to access some or all such services.

Figure 27: Percentage of women who tried and were able to access healthcare services, by age group



Furthermore, a much higher percentage of women (19%) reported seeking family planning services during the COVID-19 lockdown than men (7%).

Figure 28: Percentages of women and men who accessed family planning services during lockdown, by age group for women

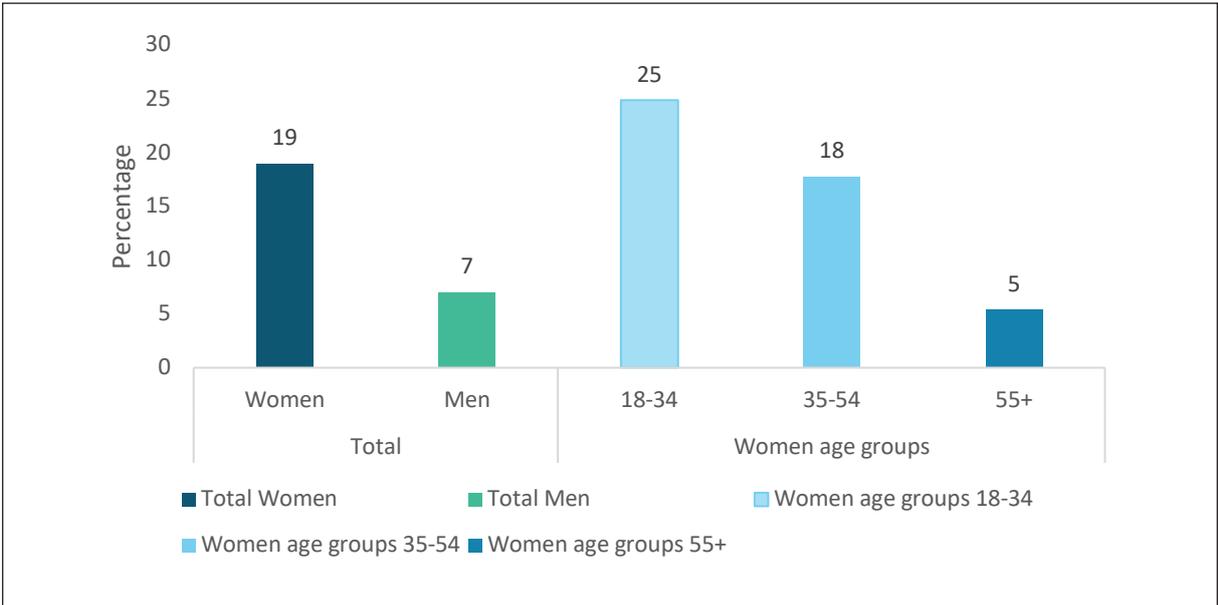


Table 4 provides a summary of the kinds of family planning/sexual and reproductive health-care services that were used during lockdown, as well as whether they were accessible or not.

Table 4: Attempts to access and use family planning/sexual and reproductive healthcare services during the pandemic, by sex

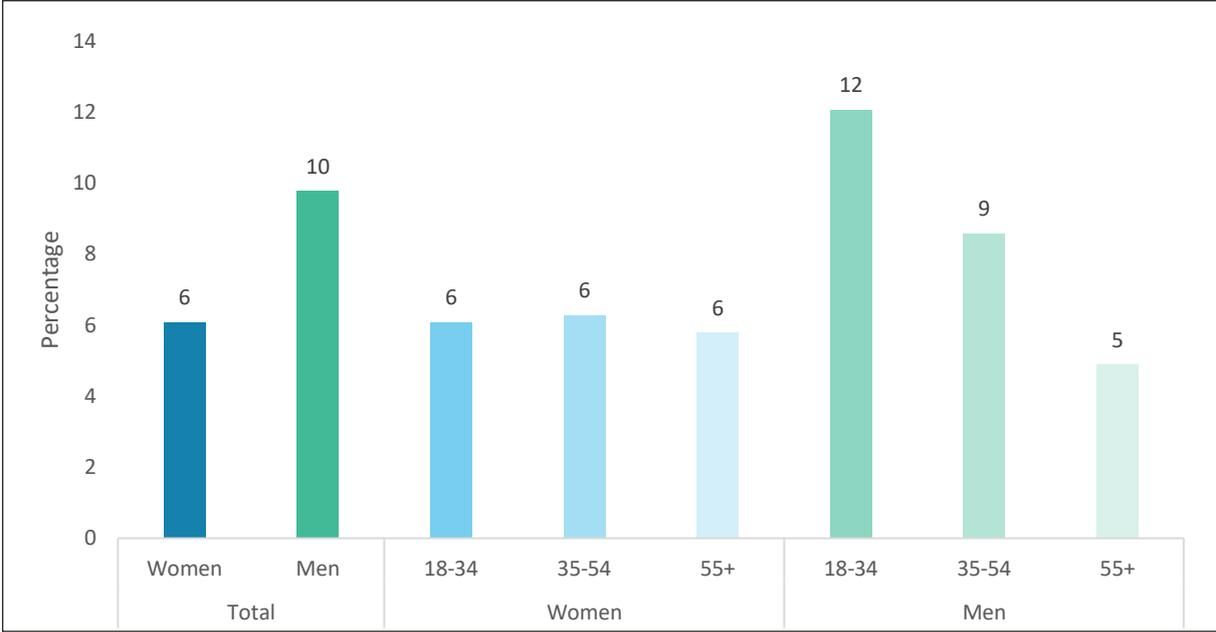
Family planning/sexual and reproductive healthcare services	% who tried to use this service ³²			% of those who tried who actually could access this service			
	Women	Men	Total n=814	Option	Women	Men	Total
1) Comprehensive sexuality education [in and out of school]	2.0	1.5	1.8	Fully	69.6	59.8	66.3
				Partly	30.4	19.9	26.8
2) Counselling and services for a range of modern contraceptives - with a defined minimum number of types of methods	7.4	3.8	5.9	Fully	72.4	67.8	71.3
				Partly	27.6	16.0	24.6
3) Antenatal/childbirth and postnatal care/including emergency obstetric and newborn care	6.7	6.3	6.5	Fully	85.1	92.1	87.8
				Partly	11.9	7.9	10.3
4) Safe abortion services and treatment of the complications of unsafe abortion within the limit of the country law	1.6	0.6	1.2	Fully	87.5	100.0	90.1
				Partly	12.5	0.0	9.9
5) Prevention and treatment of HIV infection and other STIs	4.7	5.5	5.0	Fully	78.8	94.3	85.6
				Partly	8.5	5.7	7.3
6) Prevention of/detection of/immediate services for and referrals for cases of sexual and gender-based violence	3.5	1.3	2.6	Fully	88.2	100.0	90.4
				Partly	5.9	0.0	4.7
7) Prevention/detection and management of reproductive cancers/especially cervical cancer	5.8	1.6	4.1	Fully	71.2	60.1	69.5
	94.2	98.5	95.9	Partly	25.2	39.9	27.4

5.11 Violence

According to Figure 29, a small but noticeably higher percentage of men (10%) reported personally experiencing 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) than did women (6%). This difference was even greater when comparing men (12%) and women (6%) aged 18 to 34 years old.

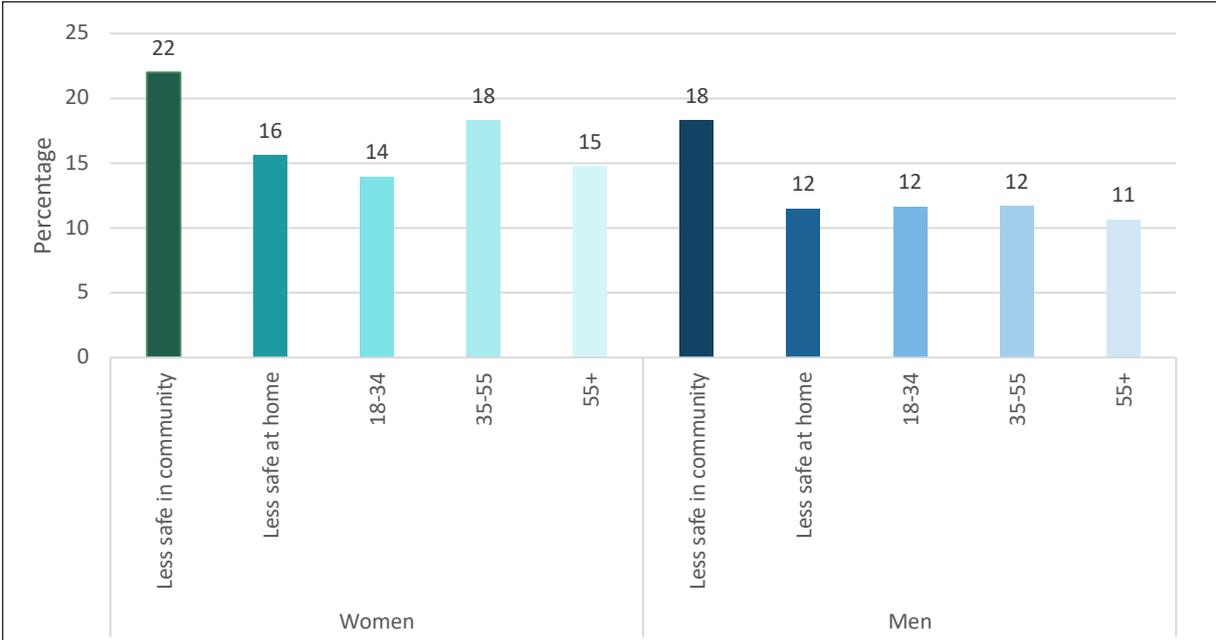
³² The divisor for these percentages is the number of respondents who indicated that they accessed any kind of health service during COVID-19

Figure 29: Experience of violence or threats of violence by police or security agents during lockdown, by sex and age group



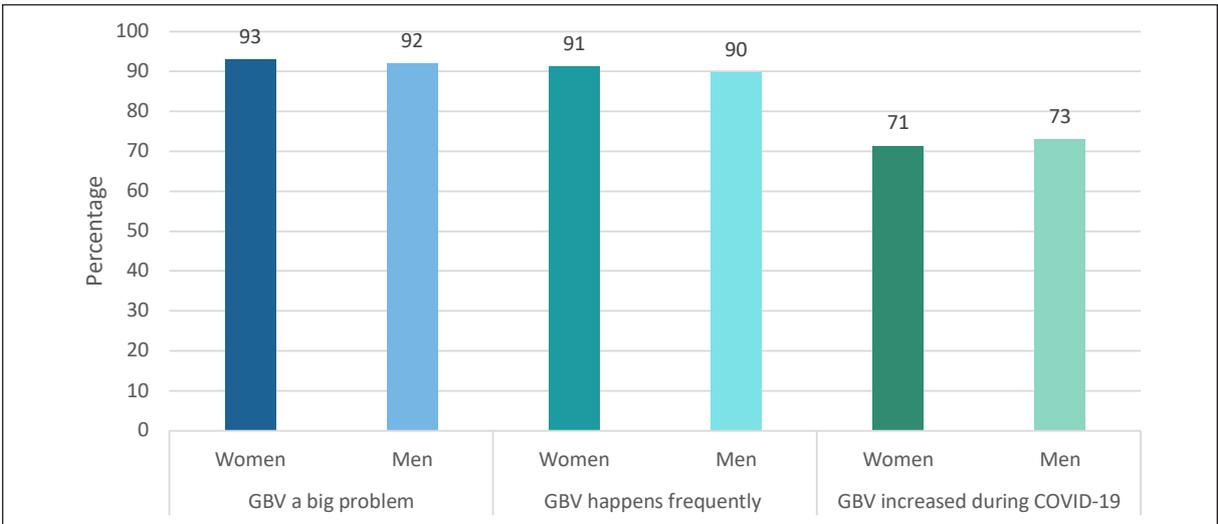
When asked if feelings of safety have changed at home since the onset of the COVID-19 lockdown (Figure 30), a noticeably higher percentage of women (16%) reported feeling less safe than men (12%). When comparing men and women across age groups, it is worth noting that there was a substantially greater difference among those who felt less safe at home since the onset of the lockdown between men (12%) and women (18%) aged 35 to 54 years old than when looking at overall men and women data. The main reasons for feeling unsafe at home for both women (66.4%) and men (58.4%) was an increase in crime.

Figure 30: Feeling less safe during lockdown in the community and at home, break-down of feeling less safe at home, by age group



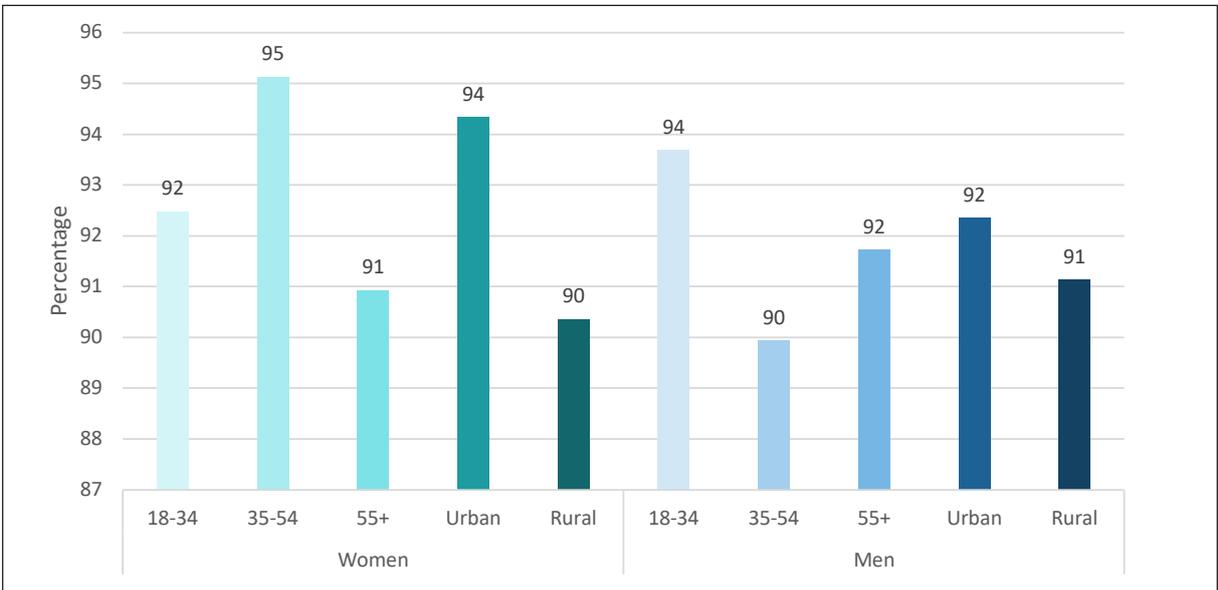
Nearly all women (93%) and men (92%) felt that gender-based violence was a substantial problem in South Africa. Among women, this was highest for those aged 35 to 54 years old, with 95% reporting this as a major issue in South Africa. About the same percentage of women (91%) and men (90%) reported that gender-based violence happens very often in South Africa, while 6% of women and 7% of men reported that gender-based violence only occurred sometimes. In response to the question of how respondents thought GBV had changed in South Africa since the onset of the COVID-19 lockdown, 92% of both men and women said they think it has increased.

Figure 31: Perceptions about GBV’s status, frequency and changes during COVID-19, by sex



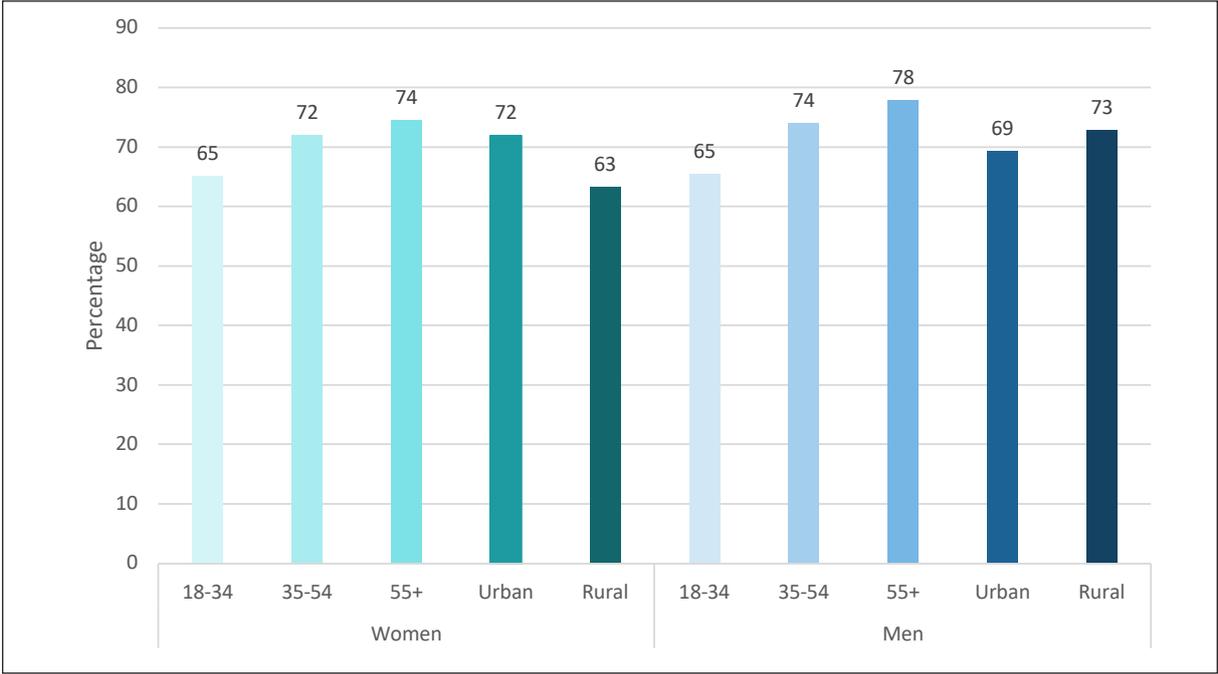
Nearly all women (93%) and men (92%) felt that gender-based violence was a substantial problem in South Africa. Among women, this was highest for women aged 35-54 years (95%) and urban women (94%). Men (94%) aged 18-34 years and urban men are most likely of the men subgroups to think GBV is a serious problem.

Figure 32: Perceptions about GBV being a substantial problem in South Africa, by sex, age group and location



As already seen in Figure 31, seven in ten women (71%) and men (73%) felt that gender-based violence increased during COVID-19. Figure 33 provides a further breakdown by age and location. According to the findings the various age groups of women and men followed similar patterns with young people (aged 18-34 years) more likely than older persons (aged 55 years and older) to feel that the incidence of GBV increased during the pandemic. As many as 72% of older women and 78% of older men feel that its incidence increased. With regards to urban and rural distributions. Women living in urban areas (72%) were more likely than rural women (63%) to feel GBV increased during this time. The reverse was true for men where 69% of urban men, compared to 73% of rural men felt the same way.

Figure 33: Perceptions about increases in GBV during COVID-19, by sex age group and location



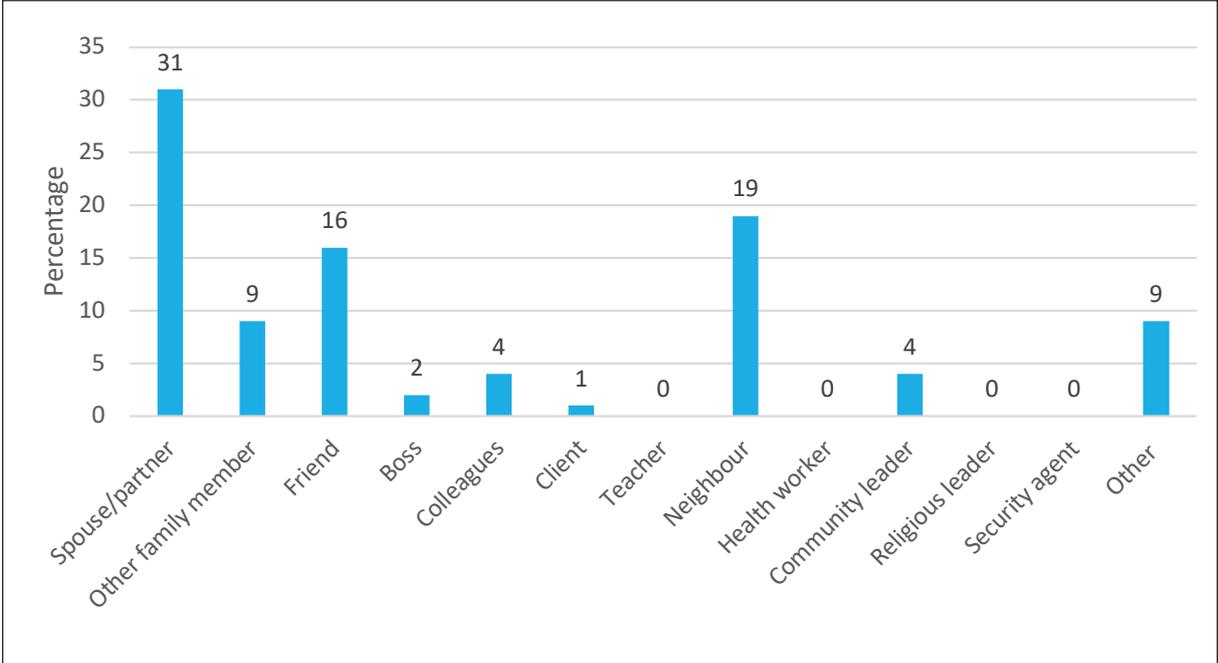
In South Africa, 34% of women and 35% of men said that they know someone who has been a victim of GBV during the reference period (Table 5). When asked what the most recent form of gender-based violence was that they became aware of since the lockdown started, both men and women said the most common form of GBV that they were aware of (Table 5) was slapping, hitting, kicking, throwing things, or other means to physically hurt a person (17.2% for women and 17.8% for men). This was followed by denial to communicate with others (13.9% for women and 15.3% for men) as well as withholding resources (10.4% for women and 9.2% for men).

Table 5: Percentage of women and men who know at least one person who was a victim of the following categories of GBV during COVID-19 lockdown (between April and November 2020), by location³³

Type of GBV	All %	Urban %	Rural %	Urban %	Rural %
Sexual harassment					
Women	7.1	7.44	6.17	4.5	1.85
Men	8.3	8.86	6.73	3.05	2.27
Physical abuse					
Women	17.2	18.49	14.28	5.91	3.59
Men	17.8	19.71	12.58	6.12	2.47
Female genital mutilation					
Women	1.0	1.01	1.02	15.67	10.08
Men	1.1	1.13	0.99	16.66	11.14
Forced sexual relations					
Women	7.2	8.18	5.1	5.33	3.3
Men	6.4	6.51	6.27	6.47	3.72
Withholding resources					
Women	10.4	9.55	12.33		
Men	9.2	9.25	9.2		

Figure 34 identifies the offenders identified by women who know at least one person who was a victim/survivor of GBV. The most common perpetrators were spouses/partners (31%), neighbours (19%) and friends (16%).

Figure 34: Most recent gender-based violence offender as identified by women³⁴

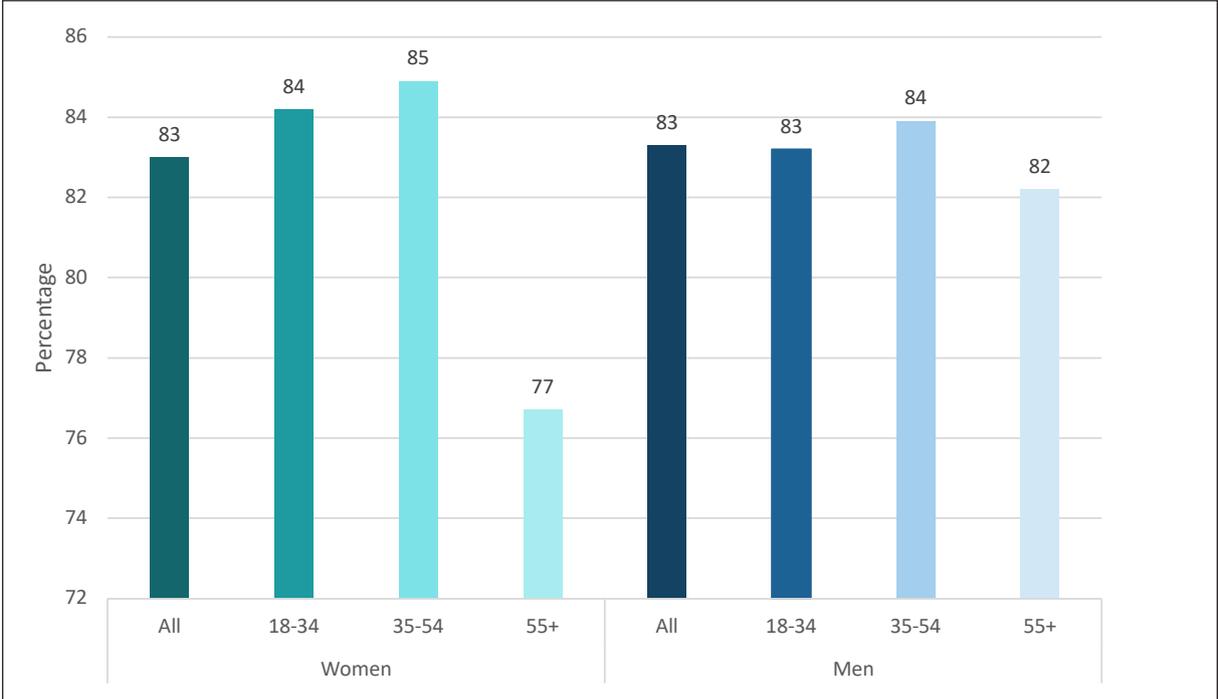


³³ The data analysis this table is based on the harmonized data set for East and Southern Africa

³⁴ The categories reflected here as 0% had at least one or more response, but became 0% as a result of rounding.

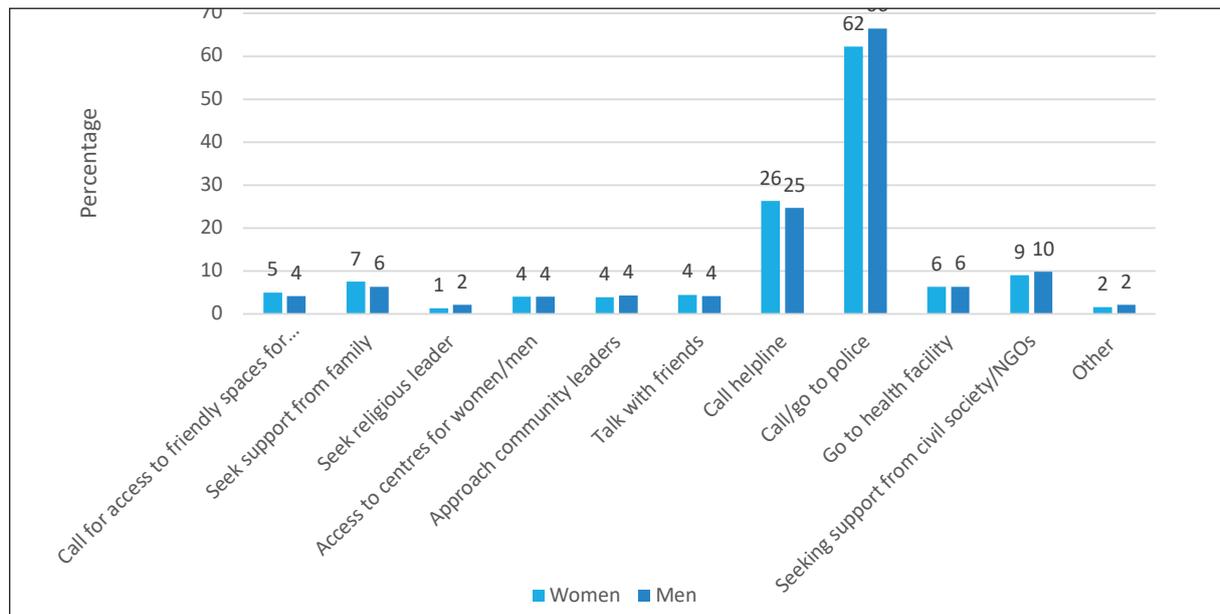
Approximately eight out of ten women and men knew where to find help if they or someone else was exposed to gender-based violence. However, when looking across age groups for women (Figure 35), a significantly lower percentage of women aged 55 years and older felt confident they knew where to find such help compared to women aged 18 to 34 years old (84%) and women aged 35 to 54 years old (85%). Men aged 55 years and older were more likely than women of that age group to know where to find assistance.

Figure 35: Respondents who know where to find help when exposed to gender-based violence, by sex and age-group



Most of the respondents who know where to look for help when needing GBV related help indicated that they would go to the police if they need help. Women (62%) were less likely to go to the police than men (66%). The second most mentioned source for both women (26%) and men (25%) is calling a helpline.

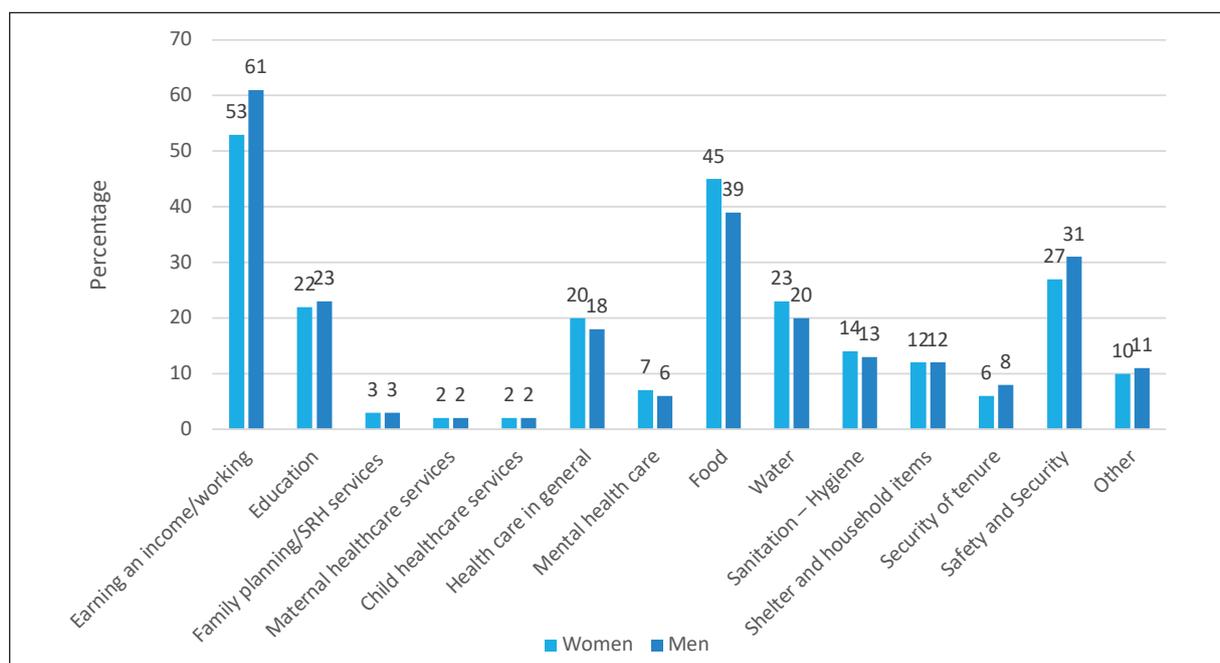
Figure 36: Where respondents would go to find help when exposed to gender-based violence, by sex



5.12 Priorities

Respondents were asked what the top priority needs for them and their household were during COVID-19. An extremely larger percentage of men (65%) identified earning an income/working as a top priority during COVID-19 than women (53%), although this was still the top priority for both gender groups. Conversely, a noticeably larger percentage of women (45%) felt that food security was a top priority during COVID-19 than men (39%), although this was still the second biggest priority for both gender groups. The third biggest priority for men (31%) and women (27%) during COVID-19 was safety and security (Figure 37).

Figure 37: Top priority needs for household during COVID-19, by sex



Interestingly, when looking across age groups for women, a much higher percentage of women aged 55 years and older (52%) felt that food security was a major priority for them during COVID-19 than women aged 35 to 54 years old (42%) and women aged 18 to 34 years old (45%). A somewhat higher percentage of women aged 55 years and older (31%) also reported safety and security as a major priority during COVID-19 than did women aged 35 to 54 years old (28%) and women aged 18 to 34 years old (25%). Conversely, a much lower percentage of women aged 55 years and older (40%) reported earning income and working as a major priority during COVID-19 than did women aged 35 to 54 years old (56%) and women aged 18 to 34 years old (55%).

6. CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

Conclusions

The overall objective of the study is to provide an accurate picture of consequences of the COVID-19 crisis on women and men and to inform gender-sensitive and effective decision-making and response strategies. The information in the report is based on CATI interviews with a sample consisting of 1,375 women and 1,266 men, which were originally selected to reflect to demographic profile of the country by age and sex, geographic location and socio-economic status. The data was adjusted post-collection to compensate for over- or under-collection in some demographic quotas. Two questionnaires with each interview lasting 15–20 minutes were deployed as a demographic panel. Data collection took place during October and November 2020 when the country was operating at level 1 lockdown, i.e. after most movement restrictions had been lifted and most workplaces and schools had reopened.

Even though the study was initially conceptualized as providing basic statistical data for the post-COVID-19 recovery phase, it became evident in December 2020 that South Africa was entering a second wave of COVID-19 infections and what was envisaged as a recovery phase in 2021 has seen a deepening of the crises. The Alert level was once again raised from an adjusted level 1 to an adjusted level 3 at the end of December 2020, and the reopening of schools was postponed by two weeks until mid-February. By mid-January, daily infection and mortality rates were exceeding those experienced at the height of the first wave.

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

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

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

The research highlighted several intersectional differences related to age and location which could have been more robustly tested if the sample size was bigger. Even though enumerators were trained on how to handle the sensitive GBV questions and most questions only required yes/no responses, more attention should be given in future studies to establish whether the respondent is in a safe place when answering the questions, as well as whether they are using the speaker phone setting during the interview.

Recommendations

It is recommended for future studies that:

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

6.2 Economic impacts

Conclusions

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

When asked what has been their own and their household's top priority needs during COVID-19, men (65%) and women (53%) overwhelmingly identified earning an income and working as a top priority during and after COVID-19.

These financial difficulties are largely associated with changes in the economic activities of women and men. The percentage of women who reported working for someone for pay decreased significantly from 35% to 26% at the time of the survey and for men from 44% to 32%. There was also a significant increase in women looking for jobs between March and October/November 2020 (from 15% to 22% for women and 11% to 19% for men). Almost three-quarters of women (73%) and men (70%) reported that their personal economic activities changed due to the COVID-19 lockdown and more men (45%) than women (40%) have experienced a decrease in personal income. Furthermore, among those aged 65 and older, a much larger percentage of women (29%) reported income increases than men (12%). This may be associated with longer life expectancy amongst women in general, but also women dependent on the Government's old-age grant, the amount of which was temporarily increased during the pandemic.

The social transfers made by the Government have reached a substantial proportion of households. Furthermore, the increase in the amounts paid in child support grants and old age grants appears to have benefited women more than men and confirms that these social protection interventions have softened the impact of the pandemic on vulnerable groups such as the unemployed, women and children and older persons. The study found when comparing women and men with regard to social support, they received similar kinds of support from

Government, but more women than men to received support (51% vs 45%). Support most commonly received by women were COVID-19 relief grants (22%) and new social protection grants (19%)³⁵. Other types of support included food parcels (7%), other cash (7%), and supplies for prevention of COVID-19 (2%).

About 17% of men and women confirmed receiving a regular (six times or more a year) remittance from relatives or friends living elsewhere in the country or in another country before the COVID-19 lockdown and approximately a quarter of women and men indicated that the amounts received decreased after lockdown.

Men were more likely than women to indicate that the combined household incomes of their households have decreased (89% vs. 82%), while women were more likely than men to report a combined income increase (17% vs. 10%). Increases in the child support grants and old-age grants during the lockdown period may be the main explanation for these differences. Other sources suggest that primary caretakers of children receiving child support grants are more likely to be women living on their own and in the older age cohorts, and that women are more likely than men to be recipients of old-age grants. Thus, changes in the grant amounts during lockdown directly benefited these two sub-groups.

Decision-making about money is one of the key elements of women's economic empowerment. The findings of the study suggest that women and men report on this issue differently. Women were more likely than men to indicate that men are the main decision-makers, while men are more likely than women to say that decisions about money are made jointly. While control over money that only they decide over seems to be the same when comparing all women (55%) with men (57%), the difference becomes more apparent when looking across age groups. Women aged 65 and older were more likely than men in this age group to indicate that they have and are controlling their own income. Once again even though no questions were asked about old-age grant receipt, this is probably reflective of the greater likelihood of women rather than men in this age cohort who received old-age grants from the Government.

Recommendations

Even though the study found that the cash transfers in the form of special grants and temporary increases in some social grants did help to reduce the economic impact on the pandemic on many individuals and households, the negative effects remain significant and the cessation of the additional payments on grants and the extent of the second wave indicate that the economic situation and financial position of especially poor and vulnerable households is likely to deteriorate even further over the coming months.

It is therefore recommended with respect to post-COVID-19 recovery that:

- Gender equality and women's economic empowerment work needs to be continued, and planning for multiple uncertainties should be integral to the process. These activities should target women in all their diversity.
- It is essential that economic activities be continued and supported as much as possible to minimize further financial and economic hardships, whilst keeping women and men safe. It will also be important to introduce special measures for women in all their diversity who have small and informal business to help with the recovery process.

³⁵ Consist of COVID-19 Social Relief in Distress grant, Unemployment Insurance Fund Coronavirus COVID-Relief Benefit as described in the introduction

- The effectiveness of increases in basic grants during 2020 and the wide reach it has on especially women and children provides enough impetus for its re-introduction until the vaccine roll-out has reached sufficient coverage and the economy has started to recover. The additional cash injection into the hands of consumers will also help to stimulate demand during the recovery phase.
- It will be necessary to further assess the gender impact of current response measures to the pandemic. This can be used to develop gender responsive policies and strategies, as well as support planning for more gender-responsive approaches to future pandemics.
- There will be a need to conduct a comprehensive economic assessment for a stimulus package (cash, tax and non-tax or a mix) for MSMEs that have been affected by the COVID-19, taking into account the unique needs of rural and urban populations, women, men, people with disabilities and youth.
- Facilitate the upgrading from informal to formal sector with promoting professional and business associations of women in all their diversity and tax policies, such as tax breaks or holidays in the initial stages, negotiating with entrepreneurs' associations etc.
- Facilitate the access of SMMEs, also owned by women and young people to public recruitment, market information and skills and business training and provide tax breaks or rebates for SMMEs in the short and medium term.
- Provide women and youth-owned firms extra points in public procurement and improved access to market information.
- Target women, people with disabilities and youth in the informal sector of economy. Facilitate access to credit to SMMEs, ensuring that those owned by women in all their diversity and young people benefit. Facilitate access to financial institutions and credit and more particularly for women.
- The pandemic created a huge impetus to fast-track buy-in into the digital economy. During the post-COVID-19 recovery phase the momentum gained during this period can be further harnessed for wider and increased adoption of technology and innovation for women in all their diversity and youth owned businesses.
- It will be essential for local organizations and international agencies working towards women's economic empowerment to share good practices and to support the Government in this work as well as raise funds and collaborate with MFIs in the region to target women in all their diversity and youth.

6.3 Food production and food security

Conclusions

In addition to diminished purchasing power due to reduced incomes, nearly 9 out of 10 respondents indicated that the prices of food they normally buy increased during the pandemic. Women were more likely than men to feel food prices have increased. Two out of ten women and men thought the availability of food decreased since the onset of the lockdown, while women (88%) were more likely than men to indicate that food prices increased during COVID-19.

When asked about their general priorities during and post-COVID-19, food security was the second most mentioned priority after economic activities and jobs for both women (45%) and men (39%).

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

About a quarter of women and men lived in households that produced crops, livestock (i.e. fish farming, poultry, and other stock). Women aged 50 years and older were more likely than other age cohorts or men to be involved in these activities. Amongst those producing some food, women 65 years and older were more likely than other age groups to indicate that the food produced by their household provided for most of their household needs compared to other age cohorts of women and men. This corresponds well with other sources which indicate that women and older populations are primarily responsible for smallholder production in rural South Africa³⁶.

Amongst the food producers, slightly more than two in five women and men thought there was no change in agricultural input availability during the pandemic. About one in ten women and men experienced an increase in the availability of seeds and other inputs have increased since the onset of the lockdown. Additionally, 36% of women and 33% of men thought that the availability of seeds and other inputs has noticeably decreased since the onset of the lockdown. Similarly, slightly more than a third of women and men respondents thought their ability to purchase inputs decreased since the onset of lockdown.

Recommendations

Intensified efforts to provide support to subsistence and small-scale food production as a compliment to other income generating activities, is a sustainable way to expand social protection services and enable women and men to better cope with the economic consequences of the pandemic. It is therefore recommended that particular focus be placed on this during the post-COVID19 recovery period. A strong small-scale agricultural production sector will have long-term gains and can also build resilience in the face of future pandemics.

It is also more generally recommended that:

- Increased support be provided to small-scale food producers and subsistence farmers in the form of input supply will enhance food security especially in rural areas. Small-scale producers in rural areas are predominantly women, but also more specifically older women.
- Work should be expanded on helping women in all their diversity to transition from small-scale and subsistence production to more commercial activities to maximize land use and empower women economically.
- There is a need to facilitate partnerships between women producers in all their diversity and the private sector in support of localized and expanded marketing opportunities of agricultural produce.

³⁶ Understanding the smallholder farmer in South Africa: Towards a sustainable livelihoods classification. By Louw Pienaar and Lulama N. Traub. Available at https://www.google.com/search?q=age+and+sex+of+farmers+in+south+afrika&rlz=1C1GCEU_enKE866KE866&oq=age+and+sex+of+farmers+in+south+afrika&aqs=chrome..69l57.5392j0j7&sourceid=chrome&ie=UTF-8; accessed 20 January 2020

- Work towards ensuring that especially women in all their diversity have secure tenure rights to land and access to credit to expand need to be fast-tracked.
- Easing drops in income and negative impacts on nutritional requirements need to be addressed swiftly through different social safety net measures, such as food aid, cash transfers, etc.

6.4 Education

Conclusions

Conflicting evidence continues to emerge on the extent to which children contribute towards the transmission of the COVID-19. However, some evidence suggests that the potential impact of another disrupted school year on child development, educational progress and human development in the country is significant and that remote learning has not been an effective replacement of face-to-face teaching.³⁷ Even though the study did not assess the effectiveness of remote learning, the sharp inequalities in the learning conditions of rural and poor girls and boys even before the pandemic as well as the kinds of problems experienced by boys and girls while learning remotely, indicate that it will be important to try and normalize education as quickly as is safely possible. The additional work burden placed on households and especially women when supporting remote learning also have to be considered when making decisions about the resumption of face-to-face schooling.

School attendance was severely impacted by the pandemic in that full school closures were in effect for at least three months with gradual and partial reopening commencing in July 2020. The most commonly used measures for girls and boys to do remote learning were television (33% and 30%, respectively), social media (32% and 23%, respectively), and online learning platforms (28% and 27%, respectively). Boys were more likely than girls to use no measure to learn from home during lockdown (21% vs. 17%). Regarding challenges faced when learning remotely, girls were more likely than boys to have problems with access to the internet (36% vs. 32%). About 1 in 5 girls and boys had problems with access to learning materials and a lack of electricity. Boys and girls living in rural areas were more likely than their urban counterparts to experience more than one problem associated with learning from home during lockdown.

Recommendations

It is recommended in general that:

- The resumption of education of girls and boys be prioritized to prevent further increases in inequalities between learners who are resource poor vs wealthy, those based in rural vs their urban counterparts and learners in Government institutions and those attending private institutions.
- It is essential that particular attention be paid to the re-integration of girls and boys into the school system, while safeguarding the rights of all girls and boys and mitigating potential increases in school drop-out rates.

³⁷ Van der Berg and Spaull, 2020. Counting the cost, COVID-19 Children and schooling; <https://resep.sun.ac.za/wp-content/uploads/2020/06/Van-der-Berg-Spaull-2020-Counting-the-Cost-COVID-19-Children-and-Schooling-15-June-2020-1.pdf>. Accessed on 20 January 2020

- The voices of women and girls in planning for and implementing measures at recovery be considered and amplified to accommodate their specific needs.
- Many of the technology-based and remote learning methods can and will continue to be used as complementary mechanisms to traditional teaching methods. It is essential that technical literacy classes be provided and or expanded where needed in schools to ensure that boys and girls can take advantage of learning opportunities associated with these technologies.
- Work on expanding internet coverage and making internet available at lower cost or free of charge will make a significant contribution towards reducing inequalities and access during remote learning as well as in the post-COVID-19 recovery phase.

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

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

6.5 Water and sanitation

Conclusions

Given that one of the preventive measures for COVID-19 has been frequent handwashing, water availability or the lack of it came once again under the spotlight during the pandemic. Almost a quarter of men and women felt their household water was insufficient and according to a quarter of those with problems limited to no access to clean and safe water was a problem even before the pandemic and 20% of women and 16% of men felt that regular or intermittent breakdowns of water supply is the main cause of their water related problems. Respondents living in rural areas were more likely than residents of urban areas to experience problems with access to clean and safe water.

Recommendations

Access to clean and safe water has been more important than ever during the COVID-19 pandemic. The data collected during this study indicate that women and girls are more likely to collect water than men and boys in situations where no piped water is available. Women were also more likely than men to indicate that the time they spend collecting water has increased

during the pandemic. Programs aimed at maintaining and servicing existing infrastructure as well as increasing access to safe water in communities and at schools need to continue. Priority should be given to rural communities and schools where the problems are bigger than elsewhere.

Access to clean water and sanitation is also key to ensure menstrual hygiene of women and girls, and therefore need continued support and attention at home and school.

6.6 Time use

Conclusions

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

This situation was exacerbated during the pandemic by increased child-care and education responsibilities as well as in many cases doing paid work from home during lockdown. This affected women and men. However, the data suggests that even though many men indicated that they have been spending more time on these activities during COVID-19 they were still less likely than women to say that it has impacted them and they started from a very low base.

Women (37%), and especially older women (45%) were more likely than men to receive help for chores and caring for other family members or persons outside of their household than men (33%) during COVID-19. Anecdotal evidence suggest that many city dwellers moved to rural areas during the lockdown and this may be reflected in the additional help afforded to especially older women. Other family members (45%), daughters (16%), and parents (13%) were the most likely to provide additional support to women. Men (17%) were more likely than women (9%) to identify their spouse or partner as having helped with chores.

There have also been changes in the nature and kinds of help received from individuals other than household members since the onset of the pandemic. Approximately two in five women and men reported receiving more help for chores and caring for other family members or persons living outside their household since the onset of the COVID-19 lockdown.

Recommendations

It will remain important to continue to recognize, reduce and redistribute these unpaid domestic and care activities. That cannot be done without putting specific normative frameworks in place in support investments to reduce the burden on women. A specific area that has been shown to impact immediately on women's time use in this area has been govern-

ment support for increased access and subsidization of child-care services, as well the provision of and extension of paid family and sick leave amongst other measures.

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

6.7 Health and well-being

Conclusions

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

Women and men (five in ten) were equally likely to feel that their mental or emotional health has been negatively affected since the onset of the COVID-19 lockdown. Women (49%) were more likely than men (43%) to indicate that the mental and emotional health of other members of their households was negatively affected. When asked about what have been worrying them during the pandemic, the three main worries since the onset of the COVID-19 lockdown were - becoming infected with COVID-19, financial problems, and death. Men (51%) were more likely to worry about financial problems than women (45%), whilst women were more worried about becoming infected with COVID-19 (47%) and death (23%) than men (43% and 19%, respectively).

Women were more likely to be ill during the lockdown period than men (23% vs 19%) whilst women and men were equally likely (one in four) to have some medical aid or health insurance. In addition to be more likely to be ill, women were also more likely than men to personally have sought healthcare services (39% vs. 28%). As expected older women (55+ - 48%) were more likely than 35- to 54-year-old women (39%) and 18- to 34-year-old women (34%) to have sought healthcare services. Furthermore, a much higher percentage of women (38%) reported trying to access healthcare services and were successfully able to do so than men (28%). Waiting times³⁸ for women and men varied. For about three out of ten waiting times were respectively the same or shorter. Men (40%) were more likely than women (37%) to say that they waited longer.

³⁸ The analysis rules used for this is based on the South Africa data from the regional harmonized dataset and not the South Africa dataset as a standalone

One in five women sought sexual and reproductive healthcare or family planning services during the COVID-19 lockdown compared to 7% of men.

Recommendations

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

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

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

- 1) Efforts to address misinformation around the pandemic and immunization, using multiple channels need to continue. Engaging community and religious leaders to understand and counteract misinformation will be particularly important.
- 2) Advocacy around the application of public health and safety measures (PHSM) needs to continue to ensure an inclusive approach, including women, men, girls and boys, people with disabilities, people living with HIV, refugees and IDPs.
- 3) More financial and other support is needed for community-based organisations in providing health and social services to vulnerable groups.
- 4) There is a need to strengthen data collection systems to support a gendered analysis of changes in the use of health services and allow for swifter and more effective action during health emergencies such as the pandemic.
- 5) Gender-disaggregated data serves as a basis for gender-responsive budgeting and should be gathered as a routine at all levels and especially in support of health budgets that are gender sensitive.
- 6) The mitigation of service disruptions, using the WHO recommended strategies, need to be maintained and supported.
- 7) Suspend or reduce user fees, to offset potential financial difficulties for patients, in particularly for the most vulnerable groups of women and men.
- 8) Put mechanisms in place to ensure continuity of essential sexual and reproductive health services, including access to family planning, HIV prevention and treatment, safe abortions as well as access to menstrual hygiene are guaranteed even during future pandemics and lockdowns.
- 9) Marginalized groups, particularly women in all their diversity and young people, including people with disabilities, people living with HIV, refugees and internally displaced people and older people, need to be involved in planning and prevention of COVID-19 pandemic measures.

6.8 Violence

Conclusions

Respondents were asked a series of questions about exposure to violence in their communities during lockdown as well as detailed questions about gender-based violence (GBV). It is important to note that respondents were told in advance of these sensitive sections and given the opportunity to not answer if they felt uncomfortable. Men were more likely than women to report personally experiencing 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). Women (16%) were more likely than men (12%) to feel less safe in their homes during COVID-19. When asked what their general priorities are during the pandemic the third highest priority for men (31%) and women (27%) during COVID-19 was safety and security.

Nearly all men (92%) and women (93%) felt that gender-based violence was a substantial problem in South Africa. Among women, this was highest for those aged 35 to 54 years old, with 95% reporting this as a major issue in South Africa. About the same percentage of men (90%) and women (91%) felt that gender-based violence happens very often in South Africa. Women (94%) and men (92%) living in urban areas were more likely to feel that GBV is a problem than their rural counterparts (90% for women and 91% for men). Seven in ten women and men felt that gender-based violence has increased. Women and men older than 55 years were most likely than younger age groups to feel that GBV increased during the pandemic.

A third of women and men indicated that they personally know someone who has been a victim of violence since lockdown started. The most common form of violence that men and women have been aware of was slapping, hitting, kicking, throwing things, or other means to physically hurt a person. When asked who the offender was, most men (31%) and women (36%) said it was the spouse.

Approximately eight out of ten women and men said they knew where to find help if they or someone else was exposed to gender-based violence. However, when looking across age groups for women, a significantly lower percentage of women aged 55 years and older felt confident they knew where to find such help compared to women aged 18 to 34 years old (84%) and women aged 35 to 54 years old. However, when comparing age groups among women, women aged 55 years (43%) and older were more likely to seek psychosocial and mental health report for gender-based violence services than younger women.

Recommendations

The study identified that GBV is increasingly seen as a serious and widespread problem in South Africa and that most women and men think that the problem has increased during COVID-19. Given that only a third of the respondents were willing to disclose personally knowing at least one victim and survivor of GBV during COVID-19 is significant and work on changing toxic cultural values around GBV should continue.

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

ANNEXURE 1: QUESTIONNAIRES

Quest 1 questionnaire

Survey: Impact Assessment of COVID-19 on women's and men's 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. Afrikaans
3. Isizulu
4. Isixhosa
5. Sesotho

ASK ALL

A01a. What is your sex?

SINGLE ANSWER

1. Male
2. Female

A01b. To which population group do you belong?

SINGLE ANSWER

[OPERATOR: CHOOSE ONLY ONE OPTION]

1. African
2. Coloured
3. Indian/Asian
4. White

98. Do not know **[DO NOT READ]**

99. Refused **[DO NOT READ]**

ASK ALL

A02. What is your date of birth?

RECORD ANSWER IN FORMAT YY/MM

- YEAR
- _1910 1910
- ...
- _2015 2015
- MONTH
- _1 January
- _2 February
- _3 March
- _4 April
- _5 May
- _6 June
- _7 July
- _8 August
- _9 September
- _10 October
- _11 November
- _12 December

ASK IF A02 IS 98 (DON'T KNOW)

A02a. What is your age in completed years?

WRITE YEARS

__ [YEARS]

BELOW 18 BASED ON MONTH AND YEAR -> FINISH INTERVIEW

ASK ALL

A03_1. In which province do you usually live?

SINGLE ANSWER

1. Eastern cape
2. Free state
3. Gauteng
4. Kwa-zulu natal
5. Limpopo
6. Mpumalanga
7. Northern cape
8. Western cape
9. North west

98. Do not know **[DO NOT READ]**

99. Refused **[DO NOT READ]**

ASK ALL

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

SINGLE ANSWER

1. Land under the control of a traditional leader/king/chief
2. Farm
3. Township/town/city
4. Other

98. Do not know **[DO NOT READ]**

99. Refused **[DO NOT READ]**

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

I request for about 20 minutes of your time to ask you some questions.

You will receive **[PLACEHOLDER]** of communication credit as an incentive for the participation in both surveys.

ASK ALL

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

DO NOT READ ANSWERS. SINGLE ANSWER

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

ASK IF S2 IS 3

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

RECORD HH/MM/DD/MM OF CALLBACK

HH/MM/DD/MM

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

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

ASK IF S2 IS 4

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

IF S3 OR S4, END CALL

A. Demographic characteristics

ASK ALL

A03_4. How much (in Rand) on average did your household spend in total in a month, BEFORE THE COVID-19 LOCKDOWN STARTED? Please include all expenditure on rent/food/clothing/transport/vehicles, etc.

SINGLE ANSWER

1. 0-1199
2. 1200 to 1799
3. 1800 to 2499
4. 2500 to 4999
5. 5000 to 9999
6. 10000 plus

98. Do not know **[DO NOT READ]**

99. Refused **[DO NOT READ]**

ELIGIBLE FOR THE INTERVIEW IF:

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

ASK ALL

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

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

SINGLE ANSWER

1. Head
2. Spouse/Partner
3. Son/daughter
4. Grandchild
5. Brother/Sister
6. Father/Mother
7. Nephew/Niece
8. In-Law
9. Grandparent
10. Other Relative
11. Non-relative

ASK ALL

A05. What is your current marital status?

SINGLE ANSWER

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

ASK ALL

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

SINGLE ANSWER

1. No formal education
 2. Some Primary School
 3. Completed Primary School
 4. Some Secondary School
 5. Completed Secondary School
 6. Technical & Vocational Training
 7. Completed University/College
 8. Completed Post Graduate
98. Do not know **[DO NOT READ]**

ASK ALL

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

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

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

ASK ALL

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

SINGLE ANSWER

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

ASK ALL

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

SINGLE ANSWER

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

ASK ALL

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

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

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

ASK ALL

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

SINGLE ANSWER

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

B. Household Economic Activities and Livelihoods

ASK ALL

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

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

1. Worked for a person/company/ government//household or other entity for pay
2. Own business/freelancer and I employed other people
3. Own business/freelancer, but I did not employ other people
4. Casual work/odd jobs for others (non-agricultural)
5. Farmer and employed other people
6. Subsistence farmer (own production without employing others)
7. Casual 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 parcels
3. Yes - medication
4. Yes - supplies for prevention [gloves / masks / sanitizer / handwashing containers / soap / etc.]
5. Yes - personal hygiene supplies [menstrual supplies / baby diapers / adult diapers etc.]
6. Yes - COVID-19 relief grant
7. Yes - social protection grants [Safety Net Programme / Health Insurance scheme / OVC / disability] - exclude grants normally received [old age grant / Child support grant]
8. Yes - psycho-social support
9. Yes - support for education related activities
10. Yes - other cash transfer

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

ASK ALL

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

SINGLE ANSWER

1. Yes **GO TO B04_1**
2. No

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

ASK IF B04 IS 1

1. It has become a source of income after COVID-19 started
2. It is still a source and the amounts are still the same
3. It is still a source but the amounts have increased
4. It is still a source but the amounts have decreased
5. No, it is still not a source of income
6. Used to be a source, but no longer is

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

SINGLE ANSWER

ASK ALL

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

SINGLE ANSWER

1. No change in income
2. Increased income
3. Decreased income

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

ASK ALL

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

SINGLE ANSWER

1. I decide alone
2. Another household member (woman)
3. Another household member (man)
4. It is joint decision between women and men household members
5. Other non-household member

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

ASK ALL

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

SINGLE ANSWER

1. Yes
2. No

ASK ALL

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

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

1. Financial difficulties
2. Loss of employment of the head of household
3. Loss of employment of another male HH member
4. Loss of employment of another female HH member
5. Forced isolation within the household
6. Family separation due to cessation of movement/quarantine
7. Increase in alcohol or drug/substance abuse by a member of household
8. Decrease in alcohol or drug/substance abuse by a member of household
9. Did not eat at all for a day or more because of lack of money or other resources
10. Ate less or skipped a meal because of lack of money or other resources
11. Other
12. No difficulties **[DO NOT READ] [EXCLUSIVE]**
98. Don't know **[DO NOT READ]**
99. Refused **[DO NOT READ]**

C. Food Security and Agricultural Inputs

ASK ALL

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

SINGLE ANSWER

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

ASK IF C01 IS 1

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

SINGLE ANSWER

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

ASK IF C01 IS 1

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

SINGLE ANSWER

1. Stayed the same
2. Increased
3. Decreased

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

ASK ALL

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

SINGLE ANSWER

1. Stayed the same
2. Increased
3. Decreased due to movement restrictions
4. Decreased due to other reasons

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

ASK ALL

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

SINGLE ANSWER

1. Stayed the same
2. Increased
3. Decreased

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

D. Education

ASK ALL

I will now ask you few questions, separately for boys and girls in your household.

ROTATE SECTION FOR BOYS AND GIRLS

ASK ALL

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

SINGLE ANSWER

1. Yes
2. No

ASK IF DO_BOY IS 1

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

SINGLE ANSWER

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

ASK IF D00_BOY IS 1 OR 2

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

READ ANSWERS. MULTIPLE ANSWER

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

ASK IF D01_BOY IS 2 TO 4

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

READ ANSWERS. MULTIPLE ANSWER

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

ASK IF D01_BOY IS 2 TO 4

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

READ ANSWERS. MULTIPLE ANSWER

1. Limited access to internet
2. Limited access to learning materials e.g books etc.
3. Lack of electricity/source of lighting
4. Increased household chores to the learner
5. Lack of a skilled instructor/adult in the household
6. Lack of conducive environment
7. Multiple roles of the parent/guardian

8. Sharing resources e.g. computers / tablet computers / smart phones
9. Other
10. No challenges
98. Don't know **[DO NOT READ]**

ASK ALL

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

SINGLE ANSWER

1. Yes
2. No

ASK IF DO_GIRL IS 1

DOO_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 DOO_GIRL IS 1 OR 2

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

READ ANSWERS. MULTIPLE ANSWER

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

ASK IF D01_GIRL IS 2 TO 4

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

READ ANSWERS. MULTIPLE ANSWER

1. No measures **[EXCLUSIVE] GO TO D01_BOY/E01**
2. Radio
3. Online learning platforms
4. TV
5. Social Media (e.g WhatsApp/SMS)
6. Print media
7. Other

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

ASK IF D01_GIRL IS 2 TO 4

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

READ ANSWERS. MULTIPLE ANSWER

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

E. Water and Sanitation

ASK ALL

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

SINGLE ANSWER

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

ASK IF E01 IS 2 OR 3

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

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

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

ASK ALL

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

SINGLE ANSWER

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

ASK IF E03 IS 2

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

MULTIPLE ANSWER

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

F. Unpaid Care Work

ASK ALL

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

SINGLE ANSWER PER ROW

	Me 1	Another house- hold member (woman) 2	Another house- hold member (man) 3	Equally between women and men household members 4	Someone else (not house- hold member) 5	Don't have that activity 6	Don't know 98
1. Food and meal management and food preparation (e.g. cooking and serving meals)	1	2	3	4	5		98
2. Cleaning (e.g. clothes, household)	1	2	3	4	5		98
3. Shopping for own household/ family members	1	2	3	4	5		98
4. Collecting water/ firewood/fuel	1	2	3	4	5	6	98
5. Minding children without doing something specific for them	1	2	3	4	5	6	98
6. Playing with, talking to and reading to children	1	2	3	4	5	6	98
7. Instructing, teaching, training children	1	2	3	4	5	6	98
8. Caring for children, including feeding, cleaning, physical care	1	2	3	4	5	6	98
9. Assisting elderly/sick/ disabled adults with medical care, feeding, cleaning, physical care	1	2	3	4	5	6	98
10. Assisting elderly/sick/ disabled adults with administration and accounts	1	2	3	4	5	6	98
11. Affective/emotional support for adult family members	1	2	3	4	5	6	98

ASK ALL

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

SINGLE ANSWER PER ROW

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

ASK ALL

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

SINGLE ANSWER

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

ASK ALL

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

READ ANSWERS. MULTIPLE ANSWER

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

ASK IF F04 IS 2 TO 7

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

SINGLE ANSWER

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

ASK IF F04 IS 7

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

READ ANSWERS. SINGLE ANSWER

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

ASK ALL

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

Thank you for your participation!

Quest 2 questionnaire

Survey: Impact Assessment of COVID-19 on women's and men's 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 QS0

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

S0. PARTICIPATION IN QUESTIONNAIRE 1.

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

ASK IF S0 IS 2

S1. Which language do you wish to proceed with?

READ ANSWERS, SINGLE RESPONSE

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

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

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

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

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

A. Demographics

S1. Which language do you wish to proceed with?

READ ANSWERS, SINGLE RESPONSE

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

ASK ALL

A01a. What is your sex?

SINGLE ANSWER

1. Male
2. Female

A01b. To which population group do you belong?

SINGLE ANSWER

[OPERATOR: CHOOSE ONLY ONE OPTION]

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

ASK ALL

A02. What is your date of birth?

RECORD ANSWER IN FORMAT YY/MM

- YEAR
- _1910 1910
- ...
- _2015 2015
- MONTH
- _1 January
- _2 February
- _3 March
- _4 April
- _5 May
- _6 June
- _7 July
- _8 August
- _9 September
- _10 October

- _11 November
- _12 December

ASK IF A02 IS 98 (DON'T KNOW)

A02a. What is your age in completed years?

WRITE YEARS

__ [YEARS]

BELOW 18 BASED ON MONTH AND YEAR -> FINISH INTERVIEW

ASK ALL

A03_1. In which province do you usually live?

SINGLE ANSWER

1. Eastern cape
2. Free state
3. Gauteng
4. Kwa-zulu natal
5. Limpopo
6. Mpumalanga
7. Northern cape
8. Western cape
9. North west
98. Don't know **[DO NOT READ]**
99. Refused **[DO NOT READ]**

ASK ALL

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

SINGLE ANSWER

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

ASK ALL

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

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

SINGLE ANSWER

1. Head
2. Spouse/Partner
3. Son/daughter
4. Grandchild
5. Brother/Sister
6. Father/Mother
7. Nephew/Niece
8. In-Law
9. Grandparent
10. Other Relative
11. Non- relative

ASK ALL

A05. What is your marital status?

SINGLE ANSWER

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

ASK ALL

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

SINGLE ANSWER

1. No formal education
2. Some Primary School
3. Completed Primary School
4. Some Secondary School
5. Completed Secondary School
6. Technical & Vocational Training
7. Completed University/College
8. Completed Post Graduate

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

ASK ALL

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

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

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

5. Number of adults 35-64 Yrs. _____
6. Number of elderly 65 or over Yrs. _____

ASK ALL

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

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

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

ASK ALL

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

SINGLE ANSWER

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

B. Household Economic Activities and Livelihoods

ASK ALL

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

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

1. Worked for a person/company/government/household or other entity for pay
2. Own business/freelancer and I employed other people
3. Own business/freelancer, but I did not employ other people
4. Casual work/odd jobs for others (non-agricultural)
5. Farmer and employed other people
6. Subsistence farmer (own production without employing others)
7. Casual 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

98. Do not know **[DO NOT READ]**

C. Health

ASK ALL

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

READ ANSWERS. PUT ANSWERS IN APPROPRIATE CATEGORIES.

MULTIPLE ANSWER

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

ASK ALL

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

SINGLE ANSWER

1. Yes
2. No

98. Do not know **[DO NOT READ]**

ASK ALL

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

SINGLE ANSWER

1. Yes
2. No

98. Do not know **[DO NOT READ]**

ASK ALL

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

SINGLE ANSWER

1. Yes
2. No
3. I live alone

98. Do not know **[DO NOT READ]**

ASK ALL

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

READ ANSWERS.

MULTIPLE ANSWER

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

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

ASK ALL

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

SINGLE ANSWER

1. Yes
2. No

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

ASK ALL

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

SINGLE ANSWER

1. Same waiting time as before COVID-19 outbreak
2. Longer waiting time as before COVID-19 outbreak

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

ASK ALL

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

SINGLE ANSWER

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

ASK IF C08 IS 2 AND 3

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

READ ANSWERS. MULTIPLE ANSWER. RANDOMIZED ANSWERS

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

ASK ALL

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

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

1. No need to seek alternative healthcare **[EXCLUSIVE]**
2. Visiting herbalists
3. Procuring medication from pharmacies
4. Praying for healing
5. Using mid-wives
6. Calling personal /family doctor for consultation and prescription over the phone

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

D. Protection and Security

ASK ALL

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

SINGLE ANSWER

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

ASK ALL

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

SINGLE ANSWER

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

ASK ALL

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

SINGLE ANSWER

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

ASK ALL

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

SINGLE ANSWER

1. No, it didn't change
2. Yes, it increased

- 3. Yes, it decreased
- 98. Don't know **DO NOT READ]**
- 99. Refused **[DO NOT READ]**

ASK ALL

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

SINGLE ANSWER

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

ASK IF D05 IS 3

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

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

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

E. Gender Based Violence and harmful practices-FGM and child marriages

INTRO_GBV

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

DISCLAIMER

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

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

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

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

ASK ALL

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

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

1. A lot
2. Somewhat
3. A little bit
4. Not at all

98. Do not know **[DO NOT READ]**

99. Refused **[DO NOT READ]**

ASK IF 1-3 AT E01

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

SINGLE ANSWER.

1. Happens very often
2. Happens sometimes
3. Does not happen very often
4. Never happens

98. Don't know **DO NOT READ]**

99. Refused **[DO NOT READ]**

ASK ALL

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

SINGLE ANSWER

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

ASK ALL

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

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

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

Ask if E04 = any code between 1 to 9

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

ASK ONLY FOR ANSWERS SELECTED IN E04. SINGLE ANSWER

1. Sexual harassment e.g inappropriate and unwelcome jokes, suggestive comments, leering, unwelcome touch/kisses, intrusive comments about their physical appearance, unwanted sexually explicit comments, people indecently exposing themselves to them (the range of sexual harassment)

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

ASK IF ANSWER TO E04a IS 1 TO 9

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

Who was the perpetrator/offender of the action?

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

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

ASK IF ANSWER TO E04a IS 1 TO 9

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

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

1. Family member
2. Friend
3. Women's Affairs office

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

ASK ALL

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

SINGLE ANSWER

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

ASK ALL

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

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

1. Call for access to friendly spaces for children in the community
 2. Seek support from family
 3. Seek religious leader
 4. Access to centres for women/men
 5. Approach community leaders
 6. Talk with friends
 7. Call helpline
 8. Call/go to police
 9. Go to health facility
 10. Seeking support from civil society/NGOs
 11. Other, specify _____
98. Do not know **[DO NOT READ]**
99. Refused **[DO NOT READ]**

ASK ALL

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

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

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

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

ASK ALL

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

READ ANSWERS. MULTIPLE ANSWER

1. Health care
 2. Food
 3. Water
 4. Sanitation - Hygiene
 5. Shelter and household items
 6. Being sure that you can continue to live in your current place (security of tenure)
 7. Education
 8. Earning a living/getting an income/working
 9. Safety and Security
 10. Other
98. Do not know **[DO NOT READ]**

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

