

1. ECONOMIC ACTIVITIES, HOUSEHOLD INCOME, AND OTHER RESOURCES

The economic consequences of the state of emergency and movement control measures negatively impacted individual incomes of most women and men as well as combined incomes of their households.



Around 80%

Women and men who were in paid fixed-term employment prior to COVID-19, remained in paid fixed employment.



There was an overall decline in the number of paid economic activities that the respondents reported engaging in.



Women, previously in paid employment, were more likely than men to transition into unemployment or into the 'not employed' category (i.e. not available to work, busy with unpaid care work, etc.).

Of those who lost their jobs;



Of women managed to transition to other economic activities.



Of **men** managed to transition to other economic activities.



Women and men were nearly equally affected by declines in personal incomes.



Approx. 6 out of 10

Individuals experienced individual declines.



Approx. 7 out of 10

Individuals reported declines in total household incomes.



Women

Experienced no changes in income since the onset of COVID-19



Women respondents living in semi-urban areas reported the highest level of financial difficulty during COVID-19.



Financial difficulties were least likely to be reported by women living in rural areas.



The highest proportion of respondents who reported "no difficulty" during COVID-19 were rural women.



Of men aged 55 years and above reported "no difficulty" during COVID-19.



The eating habits of women aged 18-**34** years were more likely to be negatively impacted than men of the same age.



Ate less or skip a meal because of lack of money or other resources during the pandemic.

















Nearly 9 out of 10

87% Women and men indicated that the prices of the food they normally buy increased during COVID-19.



Women and men were equally likely to experience problems with increases in food prices, but those living in rural areas were the least likely to say that food prices increased.



90% AGE: 35-54 years

Semi-urban areas

Men in semi-urban areas who reported being affected by increases in prices of food normally bought at the local market/shops since the onset of COVID-19.

Rural women were more likely than other groups to report that food prices had remained the same.





Men in rural areas

Were moderately affected by increases in food prices.



Women aged over 55 Years

Were moderately affected by increases in food prices.







3. EDUCATION







Lack of electricity/source of lighting was the most frequently cited challenge to continued learning.





Experienced limited access to the Internet.







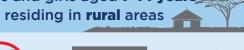
More girls than boys cited limited access to learning materials (e.g. books) as a challenge.

Boys and girls aged 7-14 years and residing in urban areas





Boys and girls aged 7-14 years and residing in **rural** areas









TV, print media and WhatsApp were the dominant mechanisms used by boys and girls aged **7-14 years** and residing in urban areas to study during COVID-19.







Applied no study measures.

Used print media to study.

Used radio to study.

The distribution of use of the various mechanisms between sexes was relatively even













The greatest disparities registering at 4% for online learning platforms, and 3% for TV.

Other challenges to continued learning



Lack of a skilled instructor/adult in the house.







Lack of a conducive environment.

These were considered significantly more of a challenge than...



Increased household chores for the learners.



The issue of multiple roles of the parent/guardian.







4. BURDEN OF CARE AND UNPAID CARE WORK

Women's responsibilities before COVID-19



65%

Food and meal management and food preparation.



60%

Cleaning.



63%

Shopping for own household/family members.



Collecting water/ firewood/fuel.



44%

Minding children without doing something specific for them.



41%

Playing with, talking to and reading to children.



41%

Instructing, teaching, training children.



41.4%

Caring for children, including feeding, cleaning, and physical care.

Increased time spent on chores during COVID-19



54%

52%

Women Men

Domestic chores related to cleaning.



43%

4**5**% 45

Women Men
Minding children without

doing something specific for them.



72

Women: **46%**

Men: 46%



42%

44%

Women Men

Instructing, teaching, training children.



45%

Women Men

Caring for children, including feeding, cleaning, and physical care Playing with, talking to and reading to children.



25%

13%

Daughters Sons

Women respondents received help with chores from their daughters and sons.



11%

Sons

Men respondents received help with chores from their sons.



28%

Partners

Men respondents received help with chores from their partners.



32%

36%

Men

Women

A significant number of women and men indicated that the time they devoted to helping/supporting non-household members in the community/ neighborhood has decreased since the onset of COVID-19.









5. WATER AND SANITATION

Since COVID-19 is highly contagious, one of the preventative measures is frequent handwashing and improved general hygiene. With most citizens more house-bound during the period of movement restrictions, the demand for water also increased.



15%

Respondents said that access to clean and safe water has always been a challenge.



15%

Respondents identified the long distance to the source as the reason for limited or no access to water.

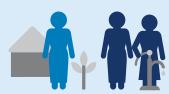


75%

Women had access to clean and safe water while only **6%** flagged this as a challenge.

1 in every 3

Rural women experienced the greatest challenge in accessing clean and safe water with nearly 1 in 3 reporting they had no access.



30%



69% Mon

and men had the highest access to clean and safe water.



More than half of the respondents blamed their limited or altogether lack of access to water on the supply schedule which only makes piped water available on certain days of the week.



0.3%

Proportion that cited fear of COVID-19 as a reason for limited or no access to water.



0.6%

Proportion that cited sources being closed due to the pandemic as reasons for limited or no access to water.









6. SOURCES OF AND ACCESS TO INFORMATION ABOUT COVID-19



99.9%

Have received information about COVID-19 prior to the survey.



94%



Identified mass media as their source of information about the pandemic.



20%

Reported that community health workers as their sources of information about COVID-19.



19%

Got information about COVID-19 from phone-calls and text messages.



44%

Relied on the Internet for information about the pandemic.



27%

Community (family and friends) also played a big role in providing information about the pandemic.



The way women and men sourced information about the pandemic shows a gender gap in ICT use.

39% Women **49%**

Men were statistically significantly more likely than **women** to use this information source. Efforts to bridge this gap across all spheres of life need to be strengthened and expanded.









7. HEALTH AND HEALTH-SEEKING BEHAVIOR

The pandemic and its associated movement and social distancing restrictions as well as the economic consequences have placed a lot of mental and emotional strain on individuals and households. Women reported a higher incidence of this.



60%

Of all respondents indicated that their own mental or emotional health¹ had been negatively affected since the onset of COVID-19.



64%

Women were more likely than men to have experienced a negative impact on their mental and emotional wellbeing.

Women aged 18-34 **years** reported the highest negative impact on their mental and emotional wellbeing during this time.

Women and men's worries during the pandemic



Women were anxious about getting COVID-19 compared to 56% of men

64%

Of women aged 18-34 years and men in urban areas considered contracting the disease their greatest concern. Women in rural areas were least concerned about contracting COVID-19 (44%)



Worried about death.



Worried about access to food.



Worried about access to medicine.



£3 23%

Concerns about other health issues, and safety related to the crisis (18%).



Respondents cited missing school as the next major concern after fears of contracting COVID-19.



Respondents indicated they have not been worried about any issue since the onset of the pandemic.



Of the respondents have some form of health insurance.



Women respondents and their households covered by health insurance compared to 23% of men.



Respondents who had problems accessing health care services.







¹ Mental or emotional health was categorized as issues relating to stress, anxiety, confidence, etc. for this survey.

8. SAFETY AND SECURITY





59%

Majority of respondents reported no changes in feelings of safety in the community from threat of violence or violence itself since the onset of COVID-19.

58% Women

60% Men

Minimal differences between women and men whose feelings of safety in the community from the threat of violence or violence itself have remained the same.

An equal number of women and men (31%) felt less safe since the onset of COVID-19.

10% felt safer.



Women living in semi-urban areas were less likely than other sub-groups to feel safe from threats of violence or violence itself. 92%

Of respondents reported that they had not personally experienced violence or threats of violence by the police or security agents during the pandemic. The assessment found that in general, women were least likely to encounter this kind of violence or threats of violence.



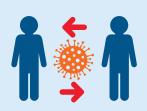
Women aged 55 years and above

75%

Highest proportion of respondents registered who felt the same level of safety as before the pandemic. 1% reported the lowest incidence of violence or threats of violence by police or security agents during this time while men aged 18-34 years reported the highest at 14%.

54%

Respondents who indicated that they were feeling just as safe at home as they did before the pandemic.



41%

Proportion of those feeling unsafe in their homes during this time. The main reason given for this is the **high risk of transmission of the disease**, especially due to the movement of children in high-density neighborhoods, thus making it a top concern. **Women (44%)** were more concerned about this issue than **men (37%)**.



24%

Of respondents cited an **increase in crime** as a significant concern, saying that this made them feel unsafe at home since the onset of the pandemic.



2%

Of respondents reported that stigma about having been infected with the disease was the least of their concerns.









9. GENDER-BASED VIOLENCE

Is GBV a problem in Ethiopia?





Respondents think it is a big problem.

69% Women

Think GBV is a big problem in Ethiopia compared to men.

Frequency of GBV



Women

More women think that GBV happens very often compared to men.



38% Women

Rural women and men were less likely than urban and semi-urban women and men to think GBV happens very often.



Women Men

Knew of at least one incidence of GBV during COVID-19.









Four types of GBV the respondents were most aware of:









Who is implicated in GBV?

29% Women **33%** Men

When queried about perpetrators, men were more likely than women to indicate neighbors.

30%

Implicated other members of the community.

24%

Implicated **friends.**

15%
Implicated
other family
members.

10%

Cited spouses and partners.

7%

Said that **they did not know** who the **perpetrators** of the most recent cases of GBV were.

1%

Implicated religious leaders.



Where to seek help for GBV

30%

Respondents who indicated that victims of GBV were most likely to seek help from the police.

25%

Reported "no, did not seek help" in reference to the victims.



14%

Respondents identified **health facilities** as a source of help.





