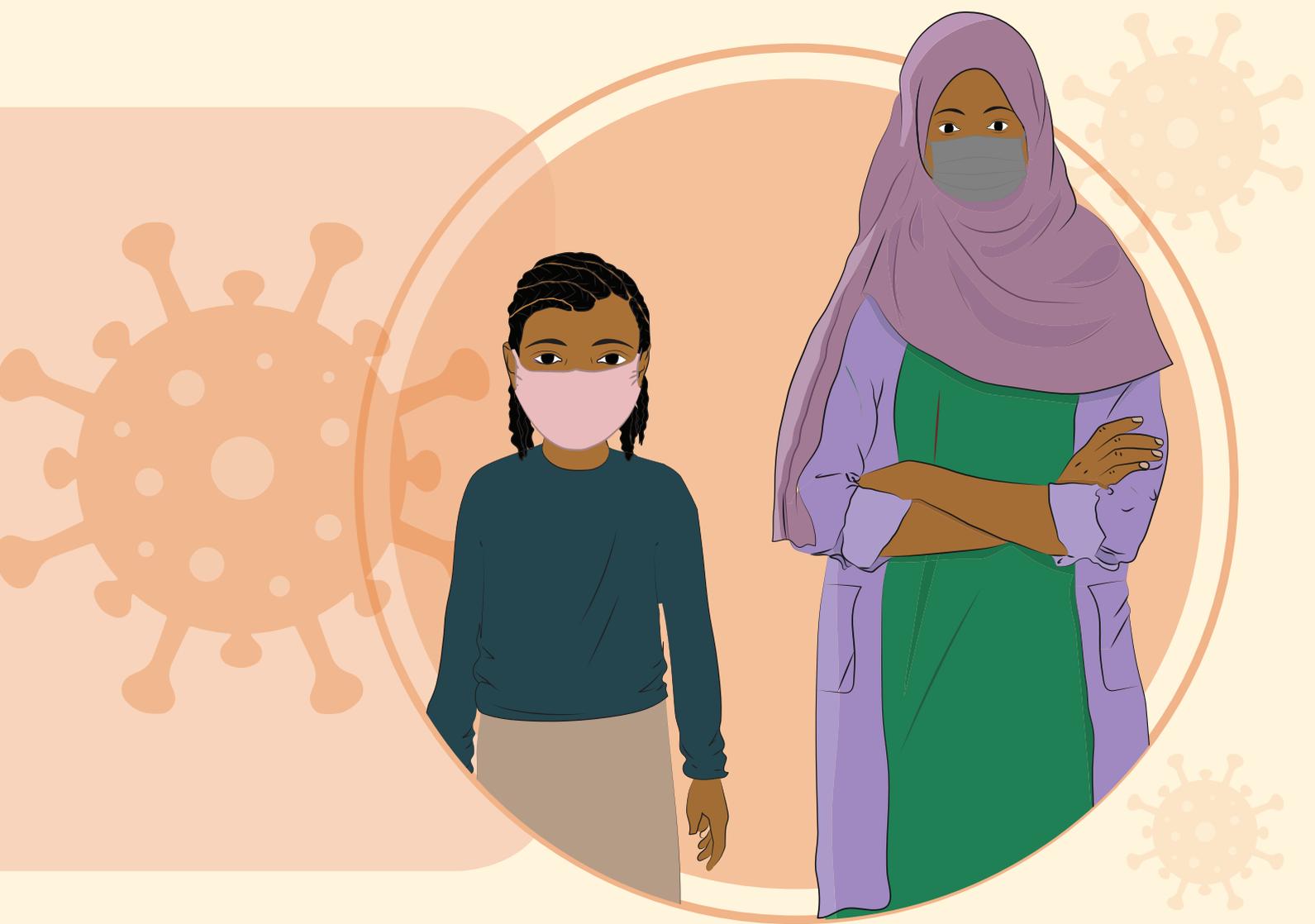


A STUDY ON THE IMPACT OF COVID-19 ON WOMEN AND GIRLS IN ETHIOPIA



A Study on The **Impact of COVID-19 on Women and Girls in Ethiopia**

Submitted to EUTF

By CARE Ethiopia

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TABLE OF CONTENTS

Abbreviations	iii
Key concepts	iv
Executive summary	vi
1 Introduction	9
2 Objectives of the research.....	11
3. Spatial and thematic scope of the research	12
4. Research methods/design	12
4.1. Desk review	12
4.2. Questionnaire-based survey	12
4.3. Sample size.....	13
4.4. Key Informant Interview (KII)	14
4.5. Focus Group Discussion.....	14
4.6. Activity observation.....	15
4.7. Data analysis and reporting.....	15
5. Ethical considerations.....	16
6. Limitation of the research	16
7. Results and discussions.....	17
7.1. Socioeconomic profile of the respondents.....	17
7.2. Socioeconomic impacts of COVID-19 pandemic	18
7.3. COVID-19 vs civic rights.....	29
7.4. COVID-19 vs gender-based violence (GBV).....	31
7.5. Impact of COVID-19 on health service access.....	36
7.6. Impact of COVID-19 on reproductive health service access.....	36
7.7. Support systems for the COVID-19 victims	37
7.8. Summary of the impacts of COVID-19 pandemic	39
8. Synthesis, recommendations, and lessons learned.	41
List of references	45
Annexes.....	47



LIST OF TABLE

Table 1: Distributions of respondents	13
Table 2: Socioeconomic profile of the respondents.....	17
Table 3: Employment status of the respondents	18
Table 4: Level of education of the respondents.....	18
Table 5: Number of respondents by impacts of COVID-19 pandemic.	19
Table 6: Respondents by socioeconomic impacts of COVID-19 pandemic	22
Table 7: Number of respondents by the status of income amid COVID-19 pandemic.....	23
Table 8: Number of respondents by the status of household assets amid COVID-19 pandemic...23	
Table 9: Number of married respondents by status of their spouses' assets amid COVID-19 pandemic.24	
Table 10: Impact of COVID-19 by group of respondents	25
Table 11: Number of respondents by reduced civic rights amid the COVID-19 pandemic. ...	29
Table 12: Risk of GBV amid COVID-19 pandemic.....	31
Table 13: Number of respondents by theirv observation type of perpetrators.....	32
Table 14: Number of respondents by specific violence they have either endured or witnessed in their areas.33	
Table 15: Respondents by the violence they have either endured or witnessed in their areas..	35
Table 16: Number of respondents by their perception of access to health services amid COVID-19...36	
Table 17: Number of respondents by the reproductive health impact of COVID-19	37
Table 18: Who was supporting you amid the pandemic?	38
Table 19: Summary of the impacts of COVID-19 by a group of respondents	39

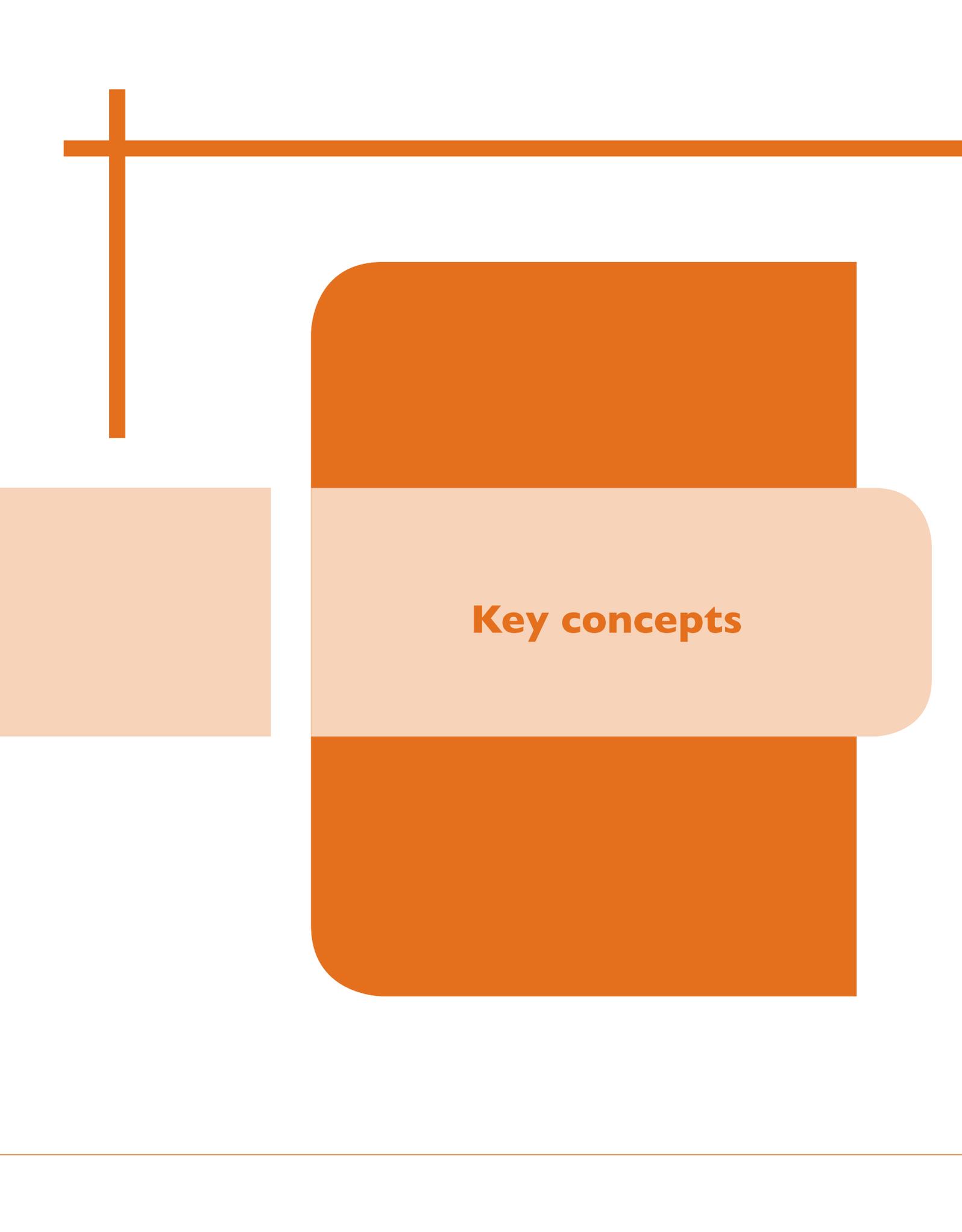
List of figures

Figure 1: KIs & FGD in Borena.....	16
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ABBREVIATIONS

AfNRS:	Afar National Regional State
AmNRS:	Amhara National Regional State
ARRA:	Agency for Refugee and Returnee Affairs
ARC:	Asaita Refugee Camp
BLIP:	Bole Lemi Industrial Park
CARE:	Cooperative for Assistance and Relief Everywhere
CEIC:	Center of Excellence International Consult
COVID-19:	Coronavirus Disease of 2019
CRPWDs:	Convention on the Rights of Persons with Disabilities /CRPD/
CSO/s:	Civil Society Organization/s
EUTF:	European Union Emergency Trust Fund
FDRE:	Federal Democratic Republic of Ethiopia
FGD/s:	Focus Group Discussion/s
FGM:	Female Genital Mutilation
GBV:	Gender Based Violence
KII:	Key Informant Interview
NGO/s:	Non-Governmental Organization/s
ONRS:	Oromia National Regional State
PWDs:	People With Disabilities
WWFS:	Women Working in Formal Settings



Key concepts

Civic rights

Civil rights are a class of rights that protect individuals' freedom from infringement by governments, social organizations, and private individuals. They ensure one's entitlement to participate in the civil and political life of society and the state without discrimination or repression (Kairys, 2001).

Gender-based violence

Gender Based Violence (GBV) is a harmful act or threat based on a person's sex or gender identity. It includes physical, sexual and psychological abuse, coercion, denial of liberty and economic deprivation whether occurring in public or private spheres. GBV is rooted in unjust and unequal power relations and structures, and rigid social and cultural norms.⁴⁹

Human rights-based approach

The human rights-based approach is a conceptual framework for human development that is normatively based on international human rights standards and operationally directed to promoting and protecting human rights. It seeks to analyze inequalities, which lie at the heart of development problems and redress discriminatory practices and unjust distributions of power that impede development progress (UNICEF, <https://www.unicef.org/policyanalysis/rights>).

Human rights

Human rights are rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status. Human rights include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work and education, and many more. Everyone is entitled to these rights, without discrimination (United Nations, <https://www.un.org>).

Social rights

Social rights are one category of human rights that are necessary to fulfill people's social needs. They include the rights to adequate standard of living, affordable housing, food, education, an equitable health system, and social security based on respect, not sanctions. There is evidence that they improve the lives of individuals and communities (Paul Hunt, 2017).



Executive summary

By August 9, 2021, Ethiopia had reported more than 284,000 COVID-19 cases and 4,426 deaths. Since COVID-19 was first reported in Ethiopia in March of 2021, the impacts of the pandemic, the measures taken to curb COVID-19, and additional political, economic, and environmental crises have severely impacted the population.

Women and girls bear different burdens in this crisis, and emergency responses often overlook the differences in impacts and needs for women, girls, men, and boys in humanitarian responses. To that end, this research—with funding from the EUTF (European Union Emergency Trust Fund) provides insight into the impact of COVID-19 on women and girls in Ethiopia. This insight informs recommendations and guide EUTF partners and other relevant stakeholders in the areas of EUTF interventions. With this objective in mind, four woredas (administrative districts), one refugee camp, and one Industrial Park (IP) were considered as sample areas. These are Sekota Zuria and Gazgibla woredas in Wag Hemra zone of Amhara region; Moyale and Miyo woredas in Borena Zone of Oromia region, Asayita Refugee Camp in Afar region, and Bole-Lemi Industrial Park in Addis Ababa.

This research surveyed 372 women and girls in April 2021. The quantitative surveys covered adult women and girls over the age of 15. It also provides insights into the differences between refugees, Internally Displaced People (IDPs), refugees, and migrants. Qualitative from focus group discussions and key informant interviews also reflects opinions from men and boys.

“ Most of us do not have the cash to buy both food and non-food items. In male-headed households, merely male has dominated all household resources.

“Food and other basics are in short supply. Shortage of items in the market and inflation had been major challenges since the outbreak of the pandemic”

Focus group participant



IMPACTS

Economic impacts are the most common challenge women and girls report. 64% of women and girls reported lower income, and 26% say they have lost their incomes entirely. 37% have either lost their jobs or been unable to continue their small businesses. Market closures, mobility restrictions, and the rise in unpaid labor at home are all impacting people's ability to earn income. The predicted 6.5% drop in the economy of Ethiopia and \$850 million reduction in remittances will put intense pressure on people to find other coping mechanisms. Single women running a household and women who were already poor or near the poverty line before COVID-19 face the highest risk. While individuals largely understand COVID-19 safety measures, they are prioritizing earning an income in any way they can over taking precautions against COVID-19

Health services are at risk. 55% of women and girls say they are losing access to health services. In some cases, health centers have been completely converted to COVID-19 care, and basic health services—such as sexual and reproductive health—have been suspended.

GBV is rising, and poses special risks for girls. 50% of women and girls have seen it rise. The most common increases in GBV are domestic violence and child marriage. Girls in all demographics (refugee, host community, IDP, and returnees) rank GBV as their primary concern right now.

Food security is a major issue. Food prices are rising, especially for high-protein foods like meat, fish, and milk. At least 23% of women and girls say there is scarcity of food. People are skipping meals, or ensuring that

“COVID-19 is affect poor women and girls more than it does the well-off people and men. In our district, many women have lost their jobs because of the pandemic; There are currently thousands of poor and unemployed women and girls in our district. Which leads to making the poverty of women worse than men.

In addition to the economic crisis, women have become more exposed to sexual harassment. Many women were raped and/or abused as schools closed and mobility restrictions were imposed. Although there have been numerous cases of violence against women, most of them do not want to talk about such sexual crimes committed because of culture or fear of further harassment.”

Government expert

“ My first job was ruined by the COVID-19 pandemic. I missed my customers. I joined this factory, that pays very low, for survival. Now I earn only about 2,500 ETB a month in this factory just because I must live even though it's hard to live with this money. If COVID-19 is eradicated, I would be thinking of returning to my old job. But I need seed money.”

Young woman in a factory

children eat first. The rising prices for food will only continue as a spike in agricultural input prices is likely to lower food production this year.

Existing safety nets are not enough. Only 55% of people say they have been able to access support from the government, humanitarian organizations, or community groups. People describe the safety net system as fragmented and disorganized, and that it is difficult to connect to support.

Education is a priority, especially for girls. 32% of women and girls say education has been impacted, and girls rank education as their second highest concern, after GBV. Boys also prioritize school, even above GBV or other concerns.

Priority Needs

Peace and security are the most important needs. Every demographic group prioritized peace and security as the single biggest need right now. They see that as a necessity to reclaim their rights, income opportunities, and ability to recover from crisis.

Food and cash are critical components of the safety net. Women and girls are primarily asking for food and cash support to meet critical needs like clothes and hygiene materials.

Plan for businesses to recover. Women are also asking for seed money to restart their businesses. 60% of people have completely depleted their own assets, and need support to start economic activity again that may require looking at agricultural input markets, long-term market accessibility, and value chains that are resilient in COVID-19.

Coordinate emergency response. People point to the difficulty in accessing support, and to how disjointed the current system is, making it a challenge to access support or

understand which actors can help. Investing in coordination to ensure more people are covered under the current responses will make impacts more effective.

Reinforce and reinstitute GBV services. Women are reporting the inability to take GBV cases to court because of the current state of emergency since high rates of GBV are being reported, it is essential to invest in supporting women and girls facing GBV and activities to reduce GBV.

Recommendations

Based on the above research/survey, key recommendations for interventions working with each group include:

Across groups;

- Continue to support and distribute items that can promote safety against COVID-19 (sanitizers, masks, access to clean water, sanitation)
- Identify opportunities to support girls to safely gather and connect with one another to promote ongoing education and social support networks.
- Engage social norms programming to support equity, and promote issues related to COVID-19 practices, ending child marriage and forced labor.
- Develop opportunities to build social safety nets and solidarity groups with women and girls through collective savings and emergency support funds.
- Deepen understanding of how relatives and neighbors are already supporting one another through the pandemic, and ways that government and CSO/NGO actors may bolster this.
- Explore gender sensitive cash transfer models to support all households to meet their needs.
- Develop opportunities to support intergenerational communication within households, in particularly engaging parents and children who have faced home schooling.
- Develop bridge and accelerator educational programs to enable access to education for those who had dropped out or fallen behind from closure of schools.
- Explore ways to provide attainable access to comprehensive healthcare, and safe transportation in the context of the pandemic.

For women workers in industrial areas;

- Support stronger systems to prevent sexual exploitation and abuse, and support survivors.
- Identify ways to negotiate for better pay and safer work conditions to support households through these times of emergencies.
- Promote regular social dialogue sessions between workers and key duty bearers, including factory managers, local governments and service providers. This will support dialogue with and access to service providers and promote linkages with unions and women's rights networks.
- Collaborate with local GBV hotlines, through a survivor-centered approach and provide GBV information, trauma counselling, legal and medical referrals.

For IDPs and Refugees

- Explore models for enabling access to health services, possibly through more mobile health services.
- Identify gaps in food aid mechanisms and ways to improve this model to sufficiently meet household needs.
- Support the establishment of complaint mechanisms to protect them from sexual harassment and abuse.

For host community members and returnees

- Identify opportunities for collectivizing agricultural work for better pay among laborers and potentially supporting cooperatives to collectively purchase inputs and sell outputs.
- Direct aid to support those facing food and housing insecurity.
- Identify income generating mechanisms and establish collective action groups to enable communities generate income and engage in income generating activities.

In Ethiopia, the first COVID-19 positive case was recorded on March 13, 2020 and the first COVID-19 death was reported on April 5, 2020. By 30 May, 2021, there were 271,345 confirmed cases in Ethiopia, of which 4,155 have died of the virus, and 237,544 are recovered. Most of the confirmed and death cases in Ethiopia are community transmitted (ActionAid-Ethiopia, 2020; Messay 2020b; UN-Ethiopia 2020). The pandemic has had a devastating impact in Ethiopia, particularly impacting those who are poor and whose livelihoods rely on the informal sector in urban areas where public spaces and housing tend to be more crowded with limited access to hygiene and sanitation (ActionAid-Ethiopia 2020; UNICEF-Ethiopia 2020a; UNICEF 2020b; UNDP 2020; USAID 2020; UN-Women 2020;).

Economically, 4.6 million formal-sector workers in Ethiopia reported having their jobs and livelihoods impacted by the pandemic. This has particularly impacted service and construction jobs, which has seen a drop in number of people employed in these sectors by 61% (Kiflie 2020; ActionAid-Ethiopia, 2020; Messay 2020b; UN-Ethiopia 2020). At the national level, studies report that since the pandemic, the country's gross domestic product has shrunk across the industry, service and agricultural sectors. Those in the informal sector face both greater health and livelihoods risks since the pandemic and some reports have also discussed greater risk of sexual exploitation and abuse, a higher number of people entering commercial sex work and increasing child labor through these times. It is estimated that the number of people living below the poverty line in Ethiopia will double from 22% to 48% of the population due to COVID-19 (ActionAid-Ethiopia 2020; UNICEF-Ethiopia 2020a; UNICEF 2020b; UNDP 2020; USAID 2020; UN-Women 2020).

Socially, the state of emergency declared by the government of Ethiopia banned social and religious gatherings. In addition, a number of services closed or limited service including schools, as public resources were directed to COVID-19 response and measures were taken to limit transmission. This led to limited mobility, deeper isolation, weakening of social networks and psychosocial distress (ActionAid-Ethiopia 2020; Messay 2020b). This combination has been tied to heightened risks of gender based violence, domestic violence, child marriage and sexual exploitation and abuse, though data remains scarce and largely under-reported (ActionAid-Ethiopia 2020; UNICEF-Ethiopia 2020a; UNICEF 2020b; UNDP 2020; USAID 2020; UN-Women 2020). With limited mobility, economic insecurity and reduced access to services has also meant that women and girls disproportionately take on burdens to meet household needs for healthcare, food insecurity and managing hygiene/sanitation (ActionAid-Ethiopia 2020; Messay 2020b).

Given these realities, the gendered impact of COVID-19 on Ethiopian women and girls demands adequate study to inform response.

It was with this context that CARE-Ethiopia through an EUTF funded service contract has conducted a study on COVID-19 to explore the impact of COVID-19 on women and girls in Ethiopia. The Center of Excellence International Consult PLC conducted this research.

2.

Objectives of the research

The overarching objective of this research is to understand the impacts of COVID-19 on women and girls in Ethiopia to improve a gendered pandemic response. In particular, the study aimed to understand the experiences of women and girls impacted by displacement (as IDPs, refugees, and host communities) and industrial workers.

The study aims to offer concrete recommendations to inform EUTF (European Union Emergency Trust Fund) partners and other relevant stakeholders in EUTF intervention zones.

3.

Methods

This research which applied a cross-sectional research design has 4 specific areas of inquiry:

1

What area of your life has been most impacted by COVID-19? How has the COVID crisis impacted your daily activity, livelihood, income, access to services, & safety (at individual & household levels)?

2

What is your priority need today for you and your household?

3

How have you been responding to COVID-19? What are your coping mechanisms?

4

What support are you receiving from formal (government and NGOs) and informal (family, community) entities?

5

How are you responding to the socioeconomic impacts of COVID-19?

3.1 Geographic Focus

The study focused on four woredas in the Oromia region, a refugee camp in the Afar region and an industrial park in Addis Ababa:

Oromia

- Wag Hemra Zone: Sekota Zuria and Gazgibla woredas
- Borena Zone: Moyale and Miyo woredas in Borena Zone of Oromia region

Afar: Asayita refugee camp.

Addis Ababa: Bole-Lemi Industrial Park in Addis Ababa.

In each locality, the study randomly selected women (>18 years) and girls (10-18 years) in CARE and EUTF program areas who are likely:

- Internally displaced persons (IDPs).
- Returnees (in Sekota Zuria, Gazgibla, Moyale, and Miyo woredas in this study).
- Refugees (Asaita refugee camp in this study).
- Potential migrants (in Sekota, Gazgibla, Moyale, and Miyo woredas in this study).
- Host communities (in Sekota, Gazgibla Moyale, and Miyo woredas in this study).
- Women working in formal settings such as industrial parks (Bole Lemi IP in this study).

In each zone, 5% of those surveyed were disabled.

Table I: Distributions of respondents

Regions	Zone	Woreda or sub-city	Number of respondents					
			Women	*5%	Girls	*5%	Total	*5%
Amhara	Wag Hemra	Sekota zuria woreda	31	2	31	2	62	4
		Gazgibla woreda	31	2	31	2	62	4
Oromia	Borena	Moyale	31	2	31	2	62	4
		Miyo	31	2	31	2	62	4
A/Ababa	A/Ababa	Bole Lemi Industrial Park	31	0	31	0	62	0
Afar	Zone I	Asaita refugee camp	31	2	31	2	62	4
Total	186	10	186	10	372	20		
Grand total	196	196	392					

NOTE:

*5% women and girls with disability. Seqota Zuria and Gazgibla woredas are found in Wag Hemra Zone; while Moyale and Miyo are located in the Borena zone of the Oromia region. All are EUTF RESET II operation areas. Asaita refugee camp (65kms from Semera) Afar speaker Eritreans (about 25,000 refugees of which about 50% are living in the camp).

In addition, the research incorporated Men and boys in FGDs and KIIs. Discussions mainly focused on the impacts of COVID-19 in the EUTF intervention areas such as resilience, jobs, and migration.

3.2 Methods

To explore these questions, the researchers undertook a mixed methods approach involving:

- 1. Desk Review:** of relevant literature including published articles, policy documents, and proclamations.
- 2. Survey questionnaire :** in each site, with 373 women and girls who were randomly selected across each of the four study areas (93 – 94 people surveyed in each sites).
- 3. Key Informant Interviews (KIIs):** Five KIIs were conducted in each site. These involved in depth interviews with influential community members, local administrators, academics, social/gender activists, and researchers as well as those representing pertinent agencies civil society organizations, EU partner organizations, Ministry of Women, Youth and Children's Affairs, Police, Courts, AAU Center for Gender Studies, Human Rights Commission, and the media. Discussions explored the impacts of COVID-19 on women and girls' empowerment, gender-based violence, and other social and economic impacts.
- 4. Focus Group Discussions (FGDs):** with girls, women community members, local administration officers/experts, the youth, elderly people, and experts working for relevant CSOs and government offices/ministries. A purposive sampling technique was used to select FGD participants. The selection of the participants was made to obtain important information relevant to the assignment. The group members' size was from 6 to 10. Three FGDs were conducted in each woreda. The first group was with women/girls' in the community, the second was men and boys, and the third involved experts working in relevant sector offices and CSOs.
- 5. Observation:** Researchers also observed relevant legal procedures, rehabilitation centers, schools and health centers. This offered insights on the situations of women and girls since the pandemic. In particular, researchers sought to observe community-level traditional self-support systems during the pandemic, existing inequalities among men/boys and women/girls, and the practical impacts of COVID-19 on women/girls' rights and GBVs (Annex 7).

3.3 Data analysis and reporting

The qualitative data (KII, FGDs & activity observations) was analyzed following five steps:

Stage 1: The original form's data was converted to Microsoft Word.

Stage 2: Checking and editing the transcripts for further analysis.

Stage 3: The research team undertook Data interpretation and analysis through coding, data reduction, the inquiry of trends in data, and developing categories.

Stage 4: Researchers analyzed the outputs from individual sessions to identify trends, similarities and differences.

Stage 5: Verification, and triangulation of the data with the reviewed pieces of literature and the primary data was made.

The quantitative data collected through the questionnaire-based survey was entered using the Census and Survey Processing System (CSPPro), and researchers analyzed data using SPSS.

Four (4) data collectors (enumerators) were assigned at each study area. Enumerators were trained in the overall procedure of data collection, approaching the respondents, informed consent, confidentiality, and safeguarding to ensure Do No Harm and COVID-19 safety.

4.

Limitation of the research

One of the limitations of the research is the inability to access IDPs in Miyo District Oromia National Regional State (ONRS) owing to the security challenges in the area. The existing armed conflicts between government forces and armed groups forced the enumerators not to access the IDPs respondents. As a result, the researchers are unable to include the voices of the IDPs in Miyo in this report.

5.

Results and discussions

Socioeconomic profile of the respondents

The survey was undertaken exclusively with women and girls. The total number of survey respondents (for quantitative approach) is 373 of which 3.94% were people with disabilities. The average age of the respondents was 28.53 years. Among respondents, 20% (n = 76) were returnees, 28.4% (n = 108) were host community members, 17.9% (n = 68) were IDPs, 17.4% (n = 66) were refugees (n = 66) and 16.31% (n = 62) were women/girls working in the formal sector (industrial sector).

Table 2: Socioeconomic profile of the respondents

Variables	Miyo district			Moyale			Gazgbela			Sekota			ARC (Afar)	WWFS (BLIP)
	Returnees	HC/PM	IDPs	Returnees	HC/PMs	IDPs	Returnees	HC/PM	IDPs	Returnees	HC/PM	Refugees		
Average age	28	27	31	32	27	29	32	27	26	32	30	27	23	
Number of PWDs	0	1	2	3	1	3	0	1		0	0	4	0	
Marital status														
Single	3	23	6	6	3	9	7	13	9	7	8	31	52	
Married	4	15	14	12	13	10	8	7	14	6	10	22	8	
Divorced	3	2	0	0	2	3	2	3	1	6	1	10	1	
Widowed	2	4	2	3	4	0	0	0	0	0	0	3	1	
Total	12	44	22	21	22	22	17	23	24	19	19	66	62	

Of the survey respondents, only 19.8% (n = 74) were employed, About 16.6% (n = 62) were temporarily employed, about 3.1% (n = 12) were permanent employees, and 21.8% (n = 83) were self employed.

Table 3: Employment status of the respondents

Employment status	Miyo district		Moyale			Gazgbela			Sekota			ARC (Afar)	WWFS (BLIP)	Total
	Returnees	HC/PM	IDPs	Returnees	HC/PMs	IDPs	Returnees	HC/PM	IDPs	Returnees	HC/PM	Refugees		
Temporary	0	0	0	0	0	0	0	0	0	0	0	0	62	62
Permanent	0	0	0	0	0	0	0	12	0	0	0	0	0	12
Self-employed	5	39	0	0	10	0	10	9	0	8	2	0	0	83
Total	12	44	0	20	22	0	15	23	0	15	19	0	62	232

About one in three (n = 135) respondents were unable to read and/or write, About one in four people (n = 96) studied until grades 5-8, Only 8.42% (32) respondents had graduated from secondary schooling and all MSc/BA holders belonged to the WWFS (BLIP) groups.

Table 4: Level of education of the respondents

Variables	Miyo district		Moyale			Gazgbela			Sekota			ARC (Afar)	WWFS (BLIP)	Total
	Returnees	HC/PM	IDPs	Returnees	HC/PMs	IDPs	Returnees	HC/PM	IDPs	Returnees	HC/PM	Refugees		
Grade 1 – 4	2	1	4	6	1	1	3	5	4	5	3	7	0	42 (11.05%)
Grade 5 – 8	5	15	3	4	15	4	8	6	1	9	5	16	5	96 (25.26%)
Grade 9 – 12	4	6	0	0	6	0	2	5	3	2	0	14	29	71 (18.68%)
Diplo- ma/ Levels	1	3	0	0	3	0	0	1	0	0	0	0	24	32 (8.42%)
BSc/ BA	0	0	0	0	0	0	0	0	0	0	0	0	4	4 (1.05%)
Total	12	25	0	10	25		13	17	8	16	8	37	62	245 (64.47%)

Socioeconomic impacts of COVID-19 pandemic

Based on the survey, about 35% of respondents reported losing standard of living since the outbreak of COVID-19 pandemic.

Table 5: Number of respondents by impacts of COVID-19 pandemic.

Variables	Miyo district		Moyale			Gazgbela			Sekota			ARC (Afar)	WWFS (BLIP)	Total
	Returnees	HC/PM	IDPs	Returnees	HC/PMs	IDPs	Returnees	HC/PM	IDPs	Returnees	HC/PM	Refugees		
Staying at home	0	0	0	0	0	0	0	0	1	0	0	44	0	45 (11.84%)
Lost employment	0	0	0	2	0	7	4	0	12	4	7	0	7	43 (11.31%)
Stopped business activities	1	0	7	9	4	4	3	0	3	6	2	0	60	99 (26.05%)
Displaced	2	1	0	0	0	1	0	1	4	2	3	0	1	15 (3.94%)
Reduce income	1	16	4	7	3	8	6	16	12	7	15	0	5	100 (26.31%)
Increased house chore	10	9	0	6	2	0	0	9	0	0	0	19	0	55 (14.47%)
Quit schooling	0	14	4	6	7	2	0	14	2	0	3	0	7	59 (14.47%)
No change	2	2	2	0	3	0	3	2	3	4	5	2	1	29 (7.63%)
Standard of living	3	10	16	7	0	14	14	12	15	15	6	4	13	129 (34.58%)
Adequate food	0	6	0	3	11	14	7	7	16	5	14	1	0	84 (22.52%)
Housing	3	0	0	0	0	0	0	0	1	5	6	0	0	15 (4.02%)
Clothing	3	0	1	0	0	4	3	3	8	3	4	0	0	29 (7.77%)
Right to job	0	2	0	7	0	3	4	4	1	11	4	0	0	36 (9.65%)
Social protection	0	4	0	0	1	2	8	13	7	12	7	0	3	57 (15.28%)
Health services	3	2	2	7	1	0	1	2	1	4	1	0	2	26 (6.97%)
Education	3	19	1	7	6	6	2	15	17	9	16	4	15	120 (32.17%)
GBV protection	0	0	0	0	0	0	0	1	2	1	0	0	0	4 (1.07%)

NOTE:

Multiple responses were allowed

One in four respondents mentioned loss of income and employment as a result of COVID-19. This was confirmed through focus group discussions, across sites.

Women returnees and IDPs in Moyale district observed:

“

Before the pandemic women and men used to engage in various additional income-generating activities. But after the pandemic, many women and men have terminated their work. ...Some men and women have been participating in small business activities and some of those who have been engaged in such activities have stopped working. While few continued despite the risk and this has made those household members who terminated their job depend on those who have continued to pursue their work.”

Similarly in Sekota district, government officials reported that the pandemic has deepened poverty and vulnerability for those who were already in poorer classes:

“

“In our district, many women have lost their jobs because of the pandemic. Women who used to work in small-scale markets were particularly vulnerable to poverty. The disease has left women in extreme poverty. There are currently thousands of poor and unemployed women and girls in our district. The poverty of women is worse than that of men.”

“To make matters worse, the problem of unemployment is getting worse, as already migrated women are returning to their homes because of the pandemic. Many women are being recruited from Addis Ababa, Adama, Bahir Dar, and even abroad (mainly Arab countries). Women who used to earn a living and work hard before the onset of the disease have now limited their activities. The customer has run away to avoid the pandemic. The income of most of them has reduced at least by half.

In Bole industrial park, a number of women worker respondents began factory work or moved into the factory dormitories due to the pandemic according to interviews:

“

“ I have experienced a lot of changes since the COVID-19 crisis. I had suspended my personal business (selling fruits in a village in the local market) and became employed with a smaller salary in addition to getting divorced and becoming a single mom. Before the crisis, my husband was with me and used to support our family. While I take care of care of my daughter. My husband has become a drunker now because of his job cut. Together with the existing inflation, everything has become beyond my capacity. I even cannot provide the necessities to my daughter. Life is now much more difficult than it was before the COVID-19 crisis. Mainly, I am forced to send my daughter to my mother who lives in a rural area, where there is no facility for my kid. I am unable to pay house rent because of my small salary. Now I live in the dormitory of the factory.”

“Before the COVID-19 crisis, I had another job. My daily income was over 250 ETB. That is 7,500 ETB per month. My first job was ruined by the COVID-19 pandemic. I missed my customers. I joined this factory for survival. The payment is very low. Now I earn only about 2,500 ETB a month in this factory just because I must live. It's hard to live with this money. I have a poor father and mother. I could not help them. I could not afford to pay house rent, so I live in the factory dormitory. If COVID-19 is eradicated, I would be thinking of returning to my old job. But I need seed money.”

In the Asayita refugee camp in Afar, one of the refugees also discussed how people's livelihoods have been impacted since COVID-19:

To some extent, female-headed households are more severely affected by food insecurity even before the pandemic. After the pandemic, many women have lost their informal income sources due to mobility restrictions. By and large, women suffered more than their counterparts due to restrictions.

Almost one in three women and girls surveyed discussed education as an impact of COVID-19, and one in six people mentioned that they dropped out of school due to the pandemic. This corresponds with school closures from March and October 2020, and a broader trend of decreasing access to services. Beyond the impact of COVID-19 on education, about 16% of survey responses reported social protection and 7% cited health services as impacted due to the pandemic. FGDs and KIIs in Moyale district confirmed this as the district hospital capacity has been redirected to only treat COVID-19 cases, cutting off access to services for obstetric care, including sexual and reproductive health. There is a scarcity of space for delivery in the hospital.

FGDs and KIIs with women returnees and IDPs in Moyale district also revealed the impact of shrinking access to services and relief:

Before the pandemic, NGOs helped poor women, and other vulnerable groups. However, the interviews and discussants argue that the aid has not been sufficient. The support scheme is not sufficient, and it does not cover their basic needs.

There is limited health care accessibility for the IDPs and returnees in the area especially for women girls, and persons with disabilities. The health center is poorly equipped with experts required to deliver the service. NGOs and Government organizations provide them with essential health information by organizing different events. They distribute fliers and organize awareness creation events in which all groups participate. The health center also provides guidance and support to women, adolescent boys and girls, and men about COVID-19 and other health issues.

The refugee camp in Afar, however, shared a different reality where services are more organized and concentrated to support registered refugees:

The refugees get medical services from the health center in the refugee camp. The health center provides the refugees with all the primary health care services that can be obtained from a health center. There are also medical service providers in town one of which is Asaita General Hospital and others are private clinics and pharmacies. Refugees with severe health issues are referred to the hospital in Dubti and Dessie towns. ARRA covers all the costs of the referred patients including their medical expenses, transportation, and per diem. However, the per diem per individual is 50 ETB and it makes it very difficult for the patient to cover their food and accommodation expenses. ARRA also provides awareness creation meetings and events to provide health information COVID-19 measures and treatment. There is no difference as to how health information is discussed and shared by gender or sex. The Afar community has a system of information sharing practice called Dagu through which the community exchange information.

22.5% of survey respondents mentioned access to adequate food has been a challenge as a result of the pandemic. This was also confirmed via FGDs and KIIs with women, girls, boys and men and men group in Moyale:

The pandemic has caused loss of income and increasing price of commodities in the market. It has become challenging to cover the expenses needed to get the required food items which affects the nutritional status of the respondents. It seems that women are having trouble breastfeeding owing to the pandemic. As they are disproportionately affected by the increasing food insecurity associated with the pandemic. It has become increasingly difficult for women to eat more meat and get milk that is very important for them to be able to effectively breastfeed their children.

Currently, there is widespread food insecurity and inefficiency of basic food items in the area (among the IDPs and returnees) which causes pregnant and lactating women to be lacking the required nutritional content for a healthy pregnancy. They need more support to fill the gap in addition to COVID-19 vaccination.

To some extent due to the increased food insecurity associated with the pandemic, there is a time where children, boys, and girls get the priority to eat first while household heads or the elder might reduce or skip a meal. Food is served to all household members at once while having no gender-based difference. Pregnant women and mothers who gave birth usually get special care where goat meat and milk are provided to them. However, all family members get the chance to eat together.

In Afar, food aid distribution provides a certain though inadequate amount of food. However unmet needs for food remain, particularly for people who are pregnant or lactating:

All family members get food aid and the decision on how to use such food aid has been made in the hands of the heads of the household. Food is prepared by women or girls for the family. Nothing has changed in this regard due to the pandemic. Generally, the refugees do not get enough food to support their family members. The only food available to them is the monthly food distribution. ARRA and other NGOs sometimes provide female-headed households and other vulnerable groups with additional food aid and support. But still not enough. Therefore, female-headed households must require special assistance from NGOs, the Government, or the private sector.

In the Afar, cultural priority is given to pregnant and lactating women. The interviewed pregnant women and the discussants argued that meat (especially goats) and milk are very crucial for pregnant women. But these food items have been in scarce supply. Whatever they have is shared and controlled by the household heads regardless of gender. This arrangement is not change amid COVID-19.

The pandemic has increased the price of food items that the refugees used to buy from the market to maintain some level of nutritional balance. Due to this some households were forced to skip some food items and they prioritize their children (boys and girls) to eat first. Other than that, there is no significant difference in nutritional status gender-wise due to the pandemic. Gender is not that much connected to malnutrition during the pandemic in the refugee camp.

COVID-19 pandemic has adversely affected the special nutritional needs of pregnant and breastfeeding women, people with HIV/AIDS, and other vulnerable groups in the Camp. Before the pandemic, the price of goats and sheep in the local market was relatively cheaper. Other important food items needed by pregnant and breastfeeding women such as milk and fish also become expensive. Hence, the refugee becomes unable to offer these food items to provide the pregnant and breastfeeding women which affected their special nutritional need. Moreover, to give priority to children eat first (boys and girls) pregnant and breastfeeding women skip some meals or reduce the size of meals. that lead to Women having trouble breastfeeding.

In this context, it is not surprising that one in six reported taking on more household work, which was reinforced by FGDs in Moyale and Afar.

A smaller but alarming set of responses (3.9%, n = 15) reported facing displacement and loss of home due to the pandemic.

In terms of income and assets, over 60% of respondents reported decreasing income and assets since the pandemic, with most others reporting no change. Similarly, over 71% of married respondents also reported decreasing income among their spouses, With only 2 people reporting increasing spouse income through this time (specifically an IDP and host community member in Sekota).

About 26.57% (n= 38) witnessed an insignificant change in the assets of their spouses. No married refugees observed the depletion assets in this regard.

Only 3 people reported increasing income through this time, among returnees and among host community members and returnees in Sekota and 1 refugee in Afar. In terms of asset only 6 respondents reported increasing assets, specifically among IDPs, returnees and Sekota host community members in Sekota as well as 1 returnee in Gazbela district.

In Gazbela, KIs paint a picture of the dire situation facing returnees in terms of access to healthcare, and the threats of violence with armed forces in the area :

“

Returnees from other countries in this area are very poor. We need masks, sanitizers, and soaps to protect ourselves from COVID-19. It is hard for us to access these important items. Practically, most of us have no resources. We do not have the cash to buy both food and non-food items. In the case of male-headed households, merely male has dominated all household resources. The nature of the pandemic does not allow us to move and work adequately. In addition to economic challenges, healthcare service points are not that accessible for everyone in this area especially women, and adolescent girls, persons with disabilities. The existing armed conflict between the Government and armed forces in this area has become an additional challenge for the whole community, especially for the poor returnees. The impact of COVID-19 is severe for Children, women, girls the elderly in this area. Food and other basics are in short supply. Particularly, at the beginning of the outbreak, there were no items to buy in the market. Still, shortages and inflation are major challenges ...”

Variables	Miyo district		Moyale			Gazgbela			Sekota			ARC (Afar)	WWFS (BLIP)	Total
	Returnees	HC/PM	IDPs	Returnees	HC/PMs	IDPs	Returnees	HC/PM	IDPs	Returnees	HC/PM	Refugees		
Increasing	0	0	0	0	0	4	0	0	0	1	1	1	0	7 (1.87%)
Decreasing	7	18	17	11	8	18	16	18	23	16	18	10	57	237 (63.53%)
No change	5	26	5	10	14	0	1	5	1	2	0	55	5	129 (34.58%)
Total	12	44	22	21	22	22	17	23	24	19	19	66	62	373 (100%)

Table 8: Number of respondents by the status of household assets amid COVID-19 pandemic

Variables	Miyo district		Moyale			Gazgbela			Sekota			ARC (Afar)	WWFS (BLIP)	Total
	Returnees	HC/PM	IDPs	Returnees	HC/PMs	IDPs	Returnees	HC/PM	IDPs	Returnees	HC/PM	Refugees		
Increased	0	0	0	0	0	0	1	0	3	1	1	0	0	6 (1.60%)
Depleted	12	40	15	16	15	22	15	19	19	13	12	0	26	224 (60.05%)
No change	12	4	7	5	7	0	1	4	2	5	6	66	36	155 (41.55%)
Total	12	44	22	21	22	22	17	23	24	19	19	66	62	373 (100%)

Table 9: Number of married respondents by status of their spouses' assets amid COVID-19 pandemic.

Variables	Miyo district		Moyale			Gazgbela			Sekota			ARC (Afar)	WWFS (BLIP)	Total
	Returnees	HC/PM	IDPs	Returnees	HC/PMs	IDPs	Returnees	HC/PM	IDPs	Returnees	HC/PM	Refugees		
Depleted	4	15	12	7	11	10	5	6	10	6	8	0	8	102 (71.32%)
Increased	0	0	0	0	0	0	0	0	1	0	1	0	0	2 (1.39%)
No change	0	0	1	5	1	0	3	1	3	1	1	22	0	38 (26.57%)
Total	4	15	14	12	13	10	8	7	14	6	10	22	8	143 (10050)

Disaggregating responses across returnees, IDPs, host community, refugees and women workers, top impacts for each group were:

- For returnees and IDPs the top 4 reported impacts have been economic with reported loss of resource, income and businesses or jobs.
- Host community members also reported loss of household resources most prominently, as well as loss of income and quitting schooling as the primary impact.
- Refugee respondents predominantly reported no change in household resources, but the largest impacts had been related to the increased restrictions and mandate to stay at home, along side increasing household chores.
- Almost all women workers reported that the pandemic forced to stop their own business activities. Following this, responses were comparable between those who reported no change vs. a loss in household resources (which were 36 and 26 responses, respectively).

The lower number of refugee respondents reporting depletion of resources aligns with FGD and KII respondents who discussed specific efforts to distribute basic goods through non-profit programs at the Asayita Refugee camp in Afar. However they also raise questions on equitable decision-making and use of resources shared:

The refugees are in short supply of different non-food items. They demand cloths, kitchen utilities, carpet for flooring, mattress, water containers and plastic bottles, soap, hand sanitizers, sanitary pads, and face masks. Specially sanitizers and face masks are highly required.

ARRA provides monthly food and cash aid regularly for every registered refugee. The household heads control the decision on how to use the resources and they are also responsible for the management of the resources. But women have more control and management role on the food-related items or resources while men control and manage cash-related resources.

These discussions also aligned with the strong number of responses related to feeling trapped at home due to the pandemic:

Table 10: Impact of COVID-19 by group of respondents

Impacts	Returnees	IDPs	HC	Refugees	WWFS	Total
Household resource depleted	56	56	86	0	26	224
Household resource increased	2	3	1	0	0	6
No change of household resource	19	10	21	66	36	152
Suffered staying at home	0	1	0	44	0	45
Lost employment	10	19	7	0	7	43
Quit-self employment	19	14	6	0	60	99
Displaced	4	5	5	0	1	15
Faced reduce income	21	24	60	0	5	110
Increased house chore	16	0	20	19	0	55
Quit schooling	6	8	38	0	7	59
No change	9	5	12	2	1	29
Total surveyed respondents	69	68	108	66	62	373

NOTE: Multiple responses were allowed

5.3 COVID-19 and its impact across different dimensions of life

In terms of different aspects of life outlined below, nearly half of all respondents discussed restrictions on movement as a major impact. Beyond that, health was a major concern reported across 18.5% of respondent, particularly in Moyale and Sekota. Education was named as a concern in 10.7% of respondes, with many respondents mentioning this in the Bole industrial zone, Sekota, Miyo and Gazbela.

Table II: Number of respondents by reduced civic rights amid the COVID-19 pandemic.

Variables	Miyo district		Moyale			Gazgbela			Sekota			ARC (Afar)	WWFS (BLIP)	Total
	Returnees	HC/PM	IDPs	Returnees	HC/PMs	IDPs	Returnees	HC/PM	IDPs	Returnees	HC/PM	Refugees		
Health / Control over one's Body														
Rights to health	1	3	5	19	3	1	5	4	14	4	3	2	5	69 (18.50%)
Forced pregnancy	0	0	0	1	0	0	2	0	5	2	5	0	0	15 (4.02%)
Birth control rights	0	0	0	8	0	1	0	1	2	0	4	0	0	16 (4.29%)
Reproductive rights	0	0	0	0	0	0	0	0	1	0	0	0	0	1 (0.27%)
Political														
Rights to vote	0	0	0	0	0	4	1	1	5	1	1	0	0	13 (3.49%)
Socio-economic														
Right to work	0	1	1	6	1	2	5	3	9	6	5	0	1	40 (10.72%)
Rights to education	10	13	0	9	6	1	7	11	12	7	6	4	19	105 (28.15%)
Property rights	0	0	0	0	0	1	0	1	1	3	0	0	0	6 (1.61%)
Freedom to divorce	0	0	0	0	0	3	0	1	4	1	3	0	0	12 (3.22%)
Violence														
Freedom of movement	8	23	14	8	7	8	10	12	14	14	11	5	42	176 (47.17%)
Freedom from violence	0	0	0	0	0	1	0	1	5	0	2	0	0	9 (2.41%)

NOTE: Multiple responses were allowed

5.4 COVID-19 vs gender-based violence (GBV)

As shown in Table 12, all groups of respondents (except refugees) either experienced or witnessed GBV since COVID-19. More than 50% of the respondents indicated that they observed increased GBV during the pandemic in their areas. However, About 48.79% (n = 182) have observed no changes in this regard.

Geographically, however, data shows

In addition to the economic crisis, women are also exposed to sexual harassment crisis. Many women were raped and/or abused as schools closed and mobility restrictions were imposed. Although there have been numerous cases of violence against women, most of them do not want to talk about such sexual crimes committed because of culture or fear of further harassment which makes the number of victims higher than the reported case to the police.

Sadly, since women are being raped, including by close relatives, There are those who become pregnant unwillingly From which some died of illegal and improper abortion. We also know that in addition to economic hardship and sexual abuse, many women are suffering from an ordinary household tasks that must be done regularly (household chores), such as cooking, fetching water and firewood, washing clothes, cleaning, and dining kids. The schoolgirls [teenagers] are busy from morning till night. They do not have time to read/study and play traditional games. In general, the effects of the disease on women are far greater than those of men.

Discussions with government officials in Sekota district also confirmed increased risk of GBV with the pandemic.

Those in Asayita Refugee Camp observed no changes in GBV (rate of GBV is the same as before) cases in/around the camp amid the pandemic. This is reflected in both survey responses as well as dialogues with Moyale:

Both in the community and in the camp, there is no place where women and girls/men and boys feel unsafe or try to avoid both during day and night, because there are no issues that make them feel unsafe.

The specific protection needs of women, men, boys, girls, and individuals with disabilities during the pandemic vary. Women need legal protection against any form of gender-based violence, while girls need protection against early marriage. These protection needs are not necessarily associated with the pandemic in fact no change is observed in this regard due to the occurrence of COVID-19. Female genital mutilation and early marriage are still the continued risk that needs protection. Gender-based violence against women is not that much a risk because it rarely happened in the refugee community. There was no change in the role men, boys, women, and girls play in their community amid the pandemic. There is also no change in groups and individuals who have no access to resources, services, and assistance.

The priority needs for the refugees are access to food and cash. They mostly depend on aid and that is not sufficient at all especially since the cash provided is very limited. Access to health services is also very limited and refugees are not getting adequate health services.

Of the total WWFS (Women Working in Formal Setting) working in BLIP (Bole Lemi Industrial Park), about 32.25% (n = 20) indicated that they either faced or observed GBV directly owing to COVID-19 pandemic, either at the workplace or at their residential areas. Key informants representing governmental organizations (such as police and health offices) in all study areas (except Asayita Refugee Camp) also indicated the unprecedented increasing rate of GBV during the pandemic. The main reason for this, according to KIs and FGDs, was the closure of schools and the fact that female students were staying at home.

Table 12: Risk of GBV amid COVID-19 pandemic

Observation of GBV increment	Miyo district		Moyale			Gazgbela			Sekota			ARC (Afar)	WWFS (BLIP)	Total
	Returnees	HC/PM	IDPs	Returnees	HC/PMs	IDPs	Returnees	HC/PM	IDPs	Returnees	HC/PM	Refugees		
Yes	10	27	15	12	15	16	10	14	17	17	14	0	20	191 (50.13%)
No change	2	17	7	9	7	6	7	9	7	2	5	66	42	182 (48.79%)
Total	12	44	22	21	22	22	17	23	24	19	19	66	62	373 (100%)
Number of respondents by type of violence they faced/observed														
Domestic violence	10	21	4	0	2	8	3	18	3	7	7	2	7	92 (24.66%)
Child marriage	3	3	9	11	10	5	5	0	12	5	7	0	3	73 (19.57%)
Rape	0	0	0	1	0	4	0	3	4	6	5	0	27	50 (13.40%)
Deprivation of basic needs	0	0	1	0	1	5	0	0	4	4	17	6	0	38 (10.18%)
Partner abandonment / divorce I	2	0	0	0	0	4	1	2	0	8	3	0	2	22 (5.89%)
Child labor	0	1	1	2	0	0	1	1	0	6	6	0	0	18 (4.82%)
Transactional sex	0	0	0	0	0	1	2	1	5	4	2	0	0	15 (4.02%)
Non-consensual Unsafe sex	1	0	0	0	0	1	1	1	2	4	4	0	0	14 (3.75%)
FGM	0	1	2	0	2	0	2	0	1	0	2	1	0	11 (2.94%)
Denial of leisure at home	0	1	0	0	0	0	0	0	1	1	3	0	5	11 (2.94%)
Overwork	0	0	0	0	0	0	1	0	0	0	1	0	8	10 (2.68%)
Denial of home-based reading	0	0	0	1	1	0	0	0	1	0	1	0	1	5 (1.34%)

NOTE: Multiple responses were allowed

Most significantly, about 24.66% (n = 92) of the respondents either faced or observed domestic violence and about 19.57% (n = 73) reported to have faced/observed child marriage amid the pandemic. About 13.40% (n = 50) indicated to have either observed or heard of rape cases. Deprivation of basic needs (such as food and shelter) was observed by 10.18% (n = 38) of the respondents. Partner abandonment and child labor were observed by 5.89% (n = 22) and 4.82% (n = 18) respondents, respectively. Transactional sex was reported by 4.02% (n = 15) of survey respondents.

In terms of reported perpetrators of harm, almost 70% of respondents stated the perpetrator was not a family member or neighbor but someone else. About 15% (n = 43) of women and girls surveyed reported violence coming from close relatives, about 7% (n=20) stated the abuser was a someone living in their home but not family, and almost 6% reported the person causing harm to be a neighbor.

Table 13: Number of respondents by their observation type of perpetrators

Variables	Miyo district		Moyale			Gazgbela			Sekota			ARC (Afar)	WWFS (BLIP)	Total
	Returnees	HC/ PM	IDPs	Returnees	HC/ PMs	IDPs	Returnees	HC/ PM	IDPs	Returnees	HC/ PM	Refugees		
A close relative (such as father, brother, and uncle)	0	0	0	0	0	5	7	0	2	10	7	0	12	43 (14.93%)
House-mate but not relative	0	0	0	1	0	5	2	1	2	8	1	0	0	20 (6.94%)
Neighbor	1	0	0	2	0	0	0	1	0	0	0	0	13	17 (5.90%)
Father-in-law	0	0	0	0	0	0	0	0	5	2	0	0	2	9 (3.12%)
Spouse	0	0	0	0	0	0	1	0	0	4	0	0	0	5 (1.73%)
Others	19	22	22	0	22	1	0	42	0	0	0	66	0	194 (67.36%)

NOTE: Multiple responses were allowed

Another set of responses probed into specifically what types of violence people had experienced (e.g. verbal, physical, sexual, psycho logic and economic) as indicated under Table 14 below. With regard to violence against children, almost one in three respondents named child labor impacting girls since the outburst of COVID-19 which was followed by reports of verbal abuse (20.5% of respondents reporting), physical abuse (18.3%) , economic abuse (15.6%), coercion (14.8%), and emotional abuse (8.3%). However, almost 20% women and girls surveyed reported no impact of COVID-19 on violence.

Table 14: Number of respondents by specific violence they have either endured or witnessed in their areas.

Variables	Miyo district		Moyale			Gazgbela			Sekota			ARC (Afar)	WWFS (BLIP)	Total
	Returnees	HC/ PM	IDPs	Returnees	HC/ PMs	IDPs	Returnees	HC/ PM	IDPs	Returnees	HC/ PM	Refugees		
Child labor (girls)	12	10	14	15	10	10	9	7	10	8	6	1	0	122 (32.70%)
Verbal abuse	12	8	16	15	8	0	0	0	15	1	0	1	0	76 (20.43%)
Physical abuse	11	3	15	11	3	1	5	2	2	3	7	0	5	68 (18.27%)
Domination/ coercion	1	0	0	0	0	3	8	21	0	9	0	1	12	55 (14.78%)
Economic abuse	4	4	14	10	4	1	3	1	0	3	14	0	0	58 (15.59%)
Emotional abuse & Intimidation	4	3	14	2	3	0	2	0	1	0	0	2	0	31 (8.33%)
Sexual abuse	1	0	3	2	0	1	0	1	0	2	0	0	0	10 (2.68%)
provision of low status to women	1	0	0	1	0	0	1	0	0	0	0	0	0	3 (0.80%)
Not faced/ noticed abuses	0	0	0	0	0	9	0	0	0	0	0	62	0	71 (19.08%)

NOTE: Multiple responses were allowed

Table 15 shows how different groups have experienced or seen violence. Since COVID-19, increases of violence has been reported mostly by women workers in the Bole Lemi Industrial Park, Host Community Members and Returnees. However, The nature of reported violence varied by group. The most highly reported by group were:

- Women who lived and worked in the industrial park: restricted mobility as well as rape.
- Host community members: domestic violence, economic abuse and denial of reproductive health services.
- Returnees: physical abuse, child marriage and denial of reproductive health services
- IDPs: verbal abuse, child marriage, restricted mobility
- Refugees: reported very low levels of violence though 10% reported absence of basic needs

Table 15: Respondents by the violence they have either endured or witnessed in their areas.

Variable	Returnees	IDPs	HC	Refugees	WWIS	Total	
						Qty	%
Domestic violence	20	15	49	2	7	93	24.93
Child marriage	24	26	20	0	3	73	19.57
FGM (Female Genital Mutilation)	2	3	5	1	0	11	2.95
Rape, coercive and violent sex	7	8	8	0	27	50	13.40
Divorce	15	4	5	0	2	26	6.97
Child labor	9	1	8	0	0	18	4.83
Absence of basic needs	4	10	18	6	0	38	10.19
Overwork	1	0	1	0	8	10	2.68
Postpone marriage time	6	5	3	2	1	17	4.56
Postpone childbearing time	3	4	2	2	0	11	2.95
Absence of reproductive health services	25	3	23	1	2	54	14.48
Physical abuse	30	18	15	0	5	68	18.23
Emotional abuse & intimidation	8	15	6	2	0	31	8.31
Forced restriction of mobility	15	23	0	0	45	83	22.25
Verbal abuse	26	31	16	1	0	74	19.84
Economic abuse	20	15	23	0	0	58	15.55
Not faced/observed abuses	0	9	0	62	0	71	19.03
Total surveyed respondents	69	68	108	66	62	373	100.00

NOTE: Multiple responses were allowed

5.5 Impact of COVID-19 on health service access

The movement restrictions introduced around Ethiopia to curb the spread of the coronavirus disease have had far-reaching consequences which includes effects on access to healthcare. People living in slums and rural areas have been particularly hard hit. Relevant key informants in the study areas observed a decrease in the number of service-seekers mainly at the beginning of the pandemic in Ethiopia. In the study areas, about 55.49% (n = 207) of the surveyed respondents observed that health institution has been less accessible to the public amid COVID-19 pandemic. This may be because the institutions had given more attention to COVID-19 cases. About 20.37% (n = 76) did not observe any change in accessibility of health services in their areas. Only 1.87% (n = 7) respondents indicated that the facilities have been more accessible amid the pandemic, while 15.54% (n = 58) have not observed the changes or did not know what has been happening to the sector.

Table 16: Number of respondents by their perception of access to health services amid COVID-19

Variables	Miyo district		Moyale			Gazgbela			Sekota			ARC (Afar)	WWFS (BLIP)	Total
	Returnees	HC/PM	IDPs	Returnees	HC/PMs	IDPs	Returnees	HC/PM	IDPs	Returnees	HC/PM	Refugees		
Less accessible now than before	9	12	16	18	14	12	12	12	12	12	0	43	35	207 (55.49%)
The same as the previous situation	1	0	1	2	0	5	3	0	7	6	1	23	27	76 (20.37%)
More accessible now than before	0	0	0	0	0	2	0	2	1	1	1	0	0	7 (1.87%)
Don't know	2	12	0	1	8	3	2	9	4	0	17	0	0	58 (15.54%)
Total	12	44	22	21	22	22	17	23	24	19	19	66	62	373 (100%)

5.6 Impact of COVID-19 on reproductive health service access

Several reports and research findings indicate that the pandemic has affected reproductive health and maternity services especially in low-resource countries (Abdelbadee and Abbas, 2020). Of the

total surveyed respondents, about 9.11% (n = 34) have indicated to have postponed their marriage because of the COVID-19 pandemic and 4.55% (n = 17) respondents postponed childbearing. About 20.64% (n = 77) of women and girls suffered from a lack of reproductive health information while fewer respondents of WWFS (Women Working in Formal Settings) in Bole Lemi Industrial Park and the refugees in Asayita (Afar) reported reproductive health impacts of COVID-19. However, The vast majority (81.23%, n = 303) of the surveyed respondents indicated that they have not faced COVID-19-induced significant reproductive health impacts so far. Note, this indicates changes in people's access to reproductive health and rights from before and since the pandemic as opposed to overall access to reproductive health and rights which may have already been limited prior to the pandemic.

Table 17: Number of respondents by the reproductive health impact of COVID-19

Variables	Miyo district		Moyale			Gazgbela			Sekota			ARC (Afar)	WWFS (BLIP)	Total
	Returnees	HC/ PM	IDPs	Returnees	HC/ PMs	IDPs	Returnees	HC/ PM	IDPs	Returnees	HC/ PM	Refugees		
Postpone marriage time	2	5	2	1	3	2	3	1	4	3	4	2	2	34 (9.11%)
Cancel/ Postpone childbearing time	0	0	1	0	0	2	2	3	3	2	2	2	0	17 (4.55%)
Lack of health information	1	17	3	1	5	3	4	2	3	23	1	12	2	77 (20.64%)
No reproductive impact	11	22	16	20	17	18	14	22	18	11	14	61	59	303 (81.23%)

NOTE: Multiple responses were allowed

5.7 Support systems for the COVID-19 victims

The research team observed that support systems for the victims of the pandemic was limited.

While 34.18% (n= 81) and 23.63% (n = 56) of people reported support from government and NGOs/CSOs respectively, discussions revealed the support has been insufficient. According to some key informants and discussants, social, governmental and NGO support has been insufficient and irregular, and supplies offered do not meet the needs of the people.

Support from relatives and neighbors have provided support to 18.56% (n = 44) of respondents, since the pandemic. However, About 26.58% (n = 63) had no support at all.

Table 18: Who was supporting you amid the pandemic?

Variables	Miyo district		Moyale			Gazgbela			Sekota			ARC (Afar)	WWFS (BLIP)	Total
	Returnees	HC/PM	IDPs	Returnees	HC/PMs	IDPs	Returnees	HC/PM	IDPs	Returnees	HC/PM	Refugees		
Government	2	3	14	3	1	11	7	5	16	5	9	5	0	81 (34.18%)
NGOs/CSOs	1	8	6	3	3	3	6	5	6	5	5	5	0	56 (23.63%)
Relatives	3	1	0	0	1	3	3	2	1	0	4	0	24	42 (17.72%)
Neighbors	0	0	0	0	0	0	0	2	0	0	0	0	0	2 (0.84%)
No support	1	7	3	5	4	0	0	4	0	6	0	0	33	63 (26.58%)
Total	7	18	17	11	8	18	16	18	23	16	18	10	57	237 (100%)

NOTE: Multiple responses were allowed

5.8 Summary of the impacts of COVID-19 pandemic

In addition to the impacts discussed, the respondents also indicated several other challenges and abuses that have faced since the pandemic. Responses across groups are listed below in Table 19.

Table 19: Summary of the impacts of COVID-19 by a group of respondents

Returnees	IDPs	Host community	Refugees
Women			
<ul style="list-style-type: none"> • separation from relatives • postponement of marriage and birth schedule • forced to change business types & livelihoods • limited health services • reduced job opportunities. • no cross-border trade • low price for livestock & its products • more frustration and fear of COVID-19 infestation • lack of access to agricultural inputs • less help from relatives • lost jobs • sometimes no food to eat • less help from relatives • fear & frustration among family • high cost of living & inflation • loss of household assets • decreased income 	<ul style="list-style-type: none"> • separation from relatives (both inside and abroad) • Postponement of marriage and childbirth • hopelessness • more limited livelihood options • increased GBVs • closure of business • reduced job opportunities • low price for livestock & its products • more frustration and fear of COVID-19 infestation • lack of access to agricultural inputs • less help from relatives • losing jobs • sometimes no food to eat. • fear & frustration among family • high cost of living & inflation • loss of household assets • decreased income 	<ul style="list-style-type: none"> • overall frustration and disturbance of livelihoods • Cancellation and/or postponement of some socio-cultural events such as weddings • reduced trade exchange and lack of commodities in the local market. • reduced job opportunities. • no cross-border trade • low price for livestock & its products • more frustration and fear of COVID-19 infestation • lack of access to agricultural inputs • less help from relatives • lost jobs • sometimes no food to eat. • less help from relatives • fear & frustration among family • high cost of living & inflation • loss of household assets • decreased income 	<ul style="list-style-type: none"> • more frustrations • lack of some commodities in the local market • more frustration and fear of COVID-19 infestation • less help from relatives • fear & frustration among family • high cost of living & inflation • loss of household assets • decreased income.

Girls			
<ul style="list-style-type: none"> • increased GBVs • limited health services • school closure and the resultant hopelessness among children • less help from relatives • fear & frustration among family • high cost of living & inflation • loss of household assets • decreased income. 	<ul style="list-style-type: none"> • increased GBVs • limited health services • school closure and the resultant hopelessness among children • less help from relatives • fear & frustration among family • high cost of living & inflation • loss of household assets • decreased income. 	<ul style="list-style-type: none"> • increased GBVs • limited health services • school closure and the resultant hopelessness among children • less help from relatives • fear & frustration among family • high cost of living & inflation • loss of household assets • decreased income 	<ul style="list-style-type: none"> • limited health services • school closure and the resultant hopelessness among children • less help from relatives • fear & frustration among family • high cost of living & inflation • loss of household assets • decreased income
Men			
<ul style="list-style-type: none"> • Increased alcoholism and drug • forced to change business types & livelihoods. • less help from relatives • fear & frustration among family • high cost of living & inflation • loss of household assets • decreased income 	<ul style="list-style-type: none"> • more limited livelihood options • less help from relatives • fear & frustration among family • high cost of living & inflation • loss of household assets • decreased income 	<ul style="list-style-type: none"> • reduced trade exchange and lack of commodities in the local market • less help from relatives • fear & frustration among family • high cost of living & inflation • loss of household assets • decreased income. 	<ul style="list-style-type: none"> • less help from relatives • fear & frustration among family • high cost of living & inflation • loss of household assets • decreased income
Boys			
<ul style="list-style-type: none"> • school closure and the resultant hopelessness among children • limited health services • less help from relatives • fear & frustration among family • high cost of living & inflation • loss of household assets • decreased income 	<ul style="list-style-type: none"> • limited health services • school closure and the resultant hopelessness among children • less help from relatives • fear & frustration among family • high cost of living & inflation • loss of household assets • decreased income 	<ul style="list-style-type: none"> • limited health services • school closure and the resultant hopelessness among children • less help from relatives • fear & frustration among family • high cost of living & inflation • loss of household assets • decreased income 	<ul style="list-style-type: none"> • limited health services • less help from relatives • fear & frustration among family • high cost of living & inflation • loss of household assets • decreased income.

The respondents were asked as to how they were coping with the COVID-19-induced socio-economic and health challenges at present. They are aware of the measures put in place by the MoH (FDRE Ministry of Health), such as social distancing, avoiding large public gatherings, wearing a face mask, staying at home, washing hands frequently, and using hand sanitizer.

These measures have not, however, been fully adopted particularly as people struggle to meet basic needs. Uptake of practices have also differed between men, women, boys, and girls. Some reported higher substance use (drugs, alcohol) among men and boys through these times, which respondents attributed to increased GBV. A number of respondents also reported sending children to more economically stable relatives to care for them.

Among returnees, while some have started small businesses they still struggled to earn enough to sustain their households. A few were thinking of a second or third round of migration. A number of refugees sought to resettle in Europe, the USA, or Australia. Some refugees started to integrate with the local community and run small-scale businesses out of the camp.

Respondent Recommendations

Above all, the respondents demanded peace and security at national, regional, and local levels. The respondents mentioned priority needs including cash support to enhance their livelihoods, clothes for themselves and their children, and seed money to re-start business. The host community required market linkage for their livestock products, re-opening of cross-border job and trade opportunities, livestock restocking, access to education and adult learning facilities, food aid, PPE, tailored life skill training, and improved access to health facilities (particularly reproductive health).

Respondents across all groups asked for : mitigation of violence and abuses, food supply for adults and supplementary food for their children, enhanced water and sanitation facilities, enhanced sustainable development programs such as soil and water protection; more job opportunities for the youth group to discourage cross-border human trafficking; and support of educational materials for their children.

The summary of the recommendations for each group is given below:

Returnees	IDPs	Host community	Refugees
<ul style="list-style-type: none"> • above all, peace and stability • cash support for livelihoods and seed money to re-start their business • market linkage for their livestock products • cross-border job opportunity • livestock restocking • access to education and adult learning facilities • food aid • jobs & PPE • tailored life skill training, re-integration 	<ul style="list-style-type: none"> • above all peace and security in their origins and national level • clothes for themselves and their children • improved access to health facilities, particularly reproductive health • enhanced insecurity • mitigation of violence and abuses • food supply for adults and supplementary food for their children • enhanced water and sanitation facilities • more domiciliary materials for cooking and storage 	<ul style="list-style-type: none"> • above all peace and security at local, regional, and national levels • more integration works with IDPs and returnees. • Enhanced sustainable development programs such as soil and water protection. • restocking of livestock • enhanced market linkage and value chain • more job opportunities for the youth group to discourage cross-border human trafficking. • Life skill training for the youth in the community • food aid • support of educational materials for their children • water and sanitation facilities 	<ul style="list-style-type: none"> • enhanced support in supply of food, water, and sanitation services • facilitation asylum in more developed countries such as USA, Europe, and Australia • less restriction of movement across Ethiopia for businesses • startup capital to engage in local businesses. • more PPEs and health services • access to local businesses and services such as banking

6.

Synthesis, recommendations, and lessons learned

The general objective of the research was to understand the impacts of COVID-19 on women and girls in Ethiopia to improve the pandemic response with a gender focus. The study was carried out in different geographical areas where the EUTF has implemented projects in the past years: in four woredas, one refugee camp, and one formal business settings in Addis Ababa, Amhara, Afar, and Oromia regions. Both quantitative (survey) and qualitative approaches were employed in this study.

The finding of the study showed that the COVID-19 pandemic has greatly impacted the lives and livelihoods of the surveyed community (returnees, host community, IDPs, women/girls working in informal settings, and the refugees). However, refugees, who had already been living in controlled areas with concentrated aid efforts, reported the least sense change due to COVID-19.

Among other adverse impacts, the pandemic significantly reduced income, and resulted in a scarcity

of necessities such as food and clothes. It impacted marriages, childbearing, and travel (migration) schedules in addition to further limiting access to reproductive healthcare. Respondents reported reduced support from family members (both within Ethiopia and abroad) and remittances though some reported sending children to live with more economically stable relatives.

Business and school closures as well as social distancing have also had a psychosocial impact on women and girls. The restrictions of mobility and greater isolation connected to closures and stay at home orders have also increased risks of gender based violence.

The host community, specifically, reported experiencing both scarcity and skyrocketing prices of agricultural inputs (such as fertilizer and selected seed) amid the pandemic.

As a coping mechanisms, women and girls reported in the face of the pandemic seeking the support of family/relatives, NGOs, government organizations, changing of livelihoods mechanisms and involvement in more low-paying jobs.

Study Recommendations for EU and Partners

Based on this learning, key recommendations for interventions working with each group include:

Across groups

- Continue to support and distribute items that can promote safety against COVID-19 (sanitizers, masks, access to clean water, sanitation).
- Identify opportunities to support girls to safely gather and connect with one another to promote ongoing education and social support networks.
- Engage social norms programming to support equity, and promote issues related to COVID-19 practices, ending child marriage and forced labor.
- Develop opportunities to build social safety nets and solidarity groups with women and girls through collective savings and emergency support funds.
- Deepen understanding of how relatives and neighbors are already supporting one another through the pandemic, and ways that government and CSO/NGO actors may bolster this.
- Explore gender sensitive cash transfer models to support all households to meet their needs.
- Develop opportunities to support intergenerational communication within households, in particularly engaging parents and children who have faced home schooling.
- Develop bridge and accelerator educational programs to enable access to education for those who had dropped out or fallen behind from closure of schools.
- Explore ways to provide attainable access to comprehensive healthcare, and safe transportation in the context of the pandemic.

For women workers in industrial areas;

- Support stronger systems to prevent sexual exploitation and abuse and support survivors.
- Identify ways to negotiate for better pay and safer work conditions to support households through these times of emergencies.
- Promote regular social dialogue sessions between workers and key duty bearers, including factory managers and local government and service providers. This will support dialogue with and access to service providers and promote linkages with unions and women's rights networks.
- Collaborate with local GBV hotlines, through a survivor-centered approach and provide GBV information, trauma counselling, legal and medical referrals.

For IDPs and Refugees

- Explore models for enabling access to health services, possibly through more mobile health services.
- Identify gaps in food aid mechanisms and ways to improve this model to sufficiently meet household needs.
- Support the establishment of complaint mechanisms to protect them from sexual attasment and abuse.
- For host community members and returnees
- Identify opportunities for collectivizing agricultural work for better pay among laborers and potentially supporting cooperatives to collectively purchase inputs and sell outputs.
- Direct aid to support those facing food and housing insecurity
- Identify income generating mechanisms and establish collective action groups to enable communities generate income and engage in income generating activities.

List of references

1. Abdelbadee A. and Abbas A. (2020). Impact of COVID-19 on reproductive health and maternity services in low resource countries. *Eur J Contracept Reprod Health Care*. 2020 Oct;25(5):402-404. doi: 10.1080/13625187.2020.1768527. Epub. PMID: 32436744.
2. ActionAid-Ethiopia (2020). The Impact of COVID-19 on Women's and Girls' Rights and Gender-Based Violence (in selected woredas and sub-cities in Addis Ababa, Oromia, and Amhara Regions), Addis Ababa
3. Central Statistical Agency /CSA/. 2017. Population Projection of Ethiopia for All Regions at Woreda Level from 2014-2017, Federal Democratic Republic of Ethiopia Central Statistical Agency Addis Ababa
4. Creswell, J. W. (2009). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. London: SAGE Publications, Inc
5. Ethiopian Investment Commission /EIC/ (2016). *Ethiopian Investment Report, EIC*, Addis Ababa
6. Federal Democratic Republic of Ethiopia /FDRE/ (2019). *Organizations of Civil Societies Proclamation No 1113/2019*, Federal Negarit Gazette, Addis Ababa
7. Hunt, Paul (2017). *Social Rights are Human Rights*, Center for Welfare Reform (www.centerforwelfarereform.com)
8. National Bank of Ethiopia /NBE/ (2016). *Annual report 2015/16. Domestic Economic Analysis and Publication Directorate*. National Bank of Ethiopia. Addis Ababa
9. Messay Mulugeta (2020a). *Food Security Impacts of COVID-19 and Policy Responses in Ethiopia* In CHO Choongjae (Ed.) *Crises and Fragility: Economic Impact of COVID-19 and Policy Responses*, KIEP Visiting Scholars Program, Sejong
10. Messay Mulugeta (2020b). *Baseline Study on the Existing Efforts of the Addis Ababa City Government in Addressing the Secondary Impacts of COVID-19 on the Life of Vulnerable Group of the Society*, submitted to Consortium of Christian Relief and Development, Addis Ababa
11. UNICEF (undated). *Situation Analysis of Children and Women in Addis Ababa* (Compiled based on the data from Ethiopia Demographic and Health Survey (EDHS), Household Consumption and Expenditure Survey (HCES), Education Statistics Annual Abstract (ESAA) and Welfare Monitoring Survey), Addis Ababa
12. United Nations (1948). *Universal Declaration of Human Rights*, New York
13. United Nations (2006). *Convention on the Rights of Persons with Disabilities (CRPD)*, New York

14. United Nations (2008). Convention of the Rights of Persons with Disabilities and Optional Protocol, New York
15. United Nations Development Programme /UNDP/ (May 2020). Gender-Based Violence and COVID-19, UNDP Brief (<https://www.undp.org>)
16. United Nations-Ethiopia (April 2020). Policy Brief: The Impact of COVID-19 on Women, New York
17. United Nations General Assembly (1979). Convention on the Elimination of All Forms of Discrimination against Women, New York
18. United Nations Children's Fund /UNICEF/ (June 2020a). Ethiopia: Novel Coronavirus (COVID-19), Situation Report No. 13, New York
19. United Nations Children's Fund /UNICEF/ (August 2020b). Ethiopia COVID-19 Situation Report No. 17: 16-31
20. United States Agency for International Development (USAID) (October 2020). Gender Equality and Women's Empowerment, <https://www.usaid.gov/ethiopia>
21. UN Women (May 2020), COVID-19 Shadow pandemic: Domestic Violence in the World of Work: A Call to Action for the Private Sector, ERAW COVID-19 briefs

Annexes

I. A questionnaire designed for Internally displaced persons (IDPs)

Dear respondent,

The objective of this questionnaire is to understand the concrete aspects of the impacts of COVID-19 on women and girls in Ethiopia to improve the pandemic response with a gender focus and thereby provide recommendations and guide EUTF (European Union Emergency Trust Fund) partners and other relevant stakeholders in the areas of EUTF interventions. The study aims to obtain essential information about gender roles, relations, and responsibilities and how it has changed during the crisis along with capacities and vulnerabilities and programming and policy recommendations. Your ideas are valuable and will be held in utmost confidentiality to be used only to analyze this research. If you accept participating in this interview, you will be doing so voluntarily, and there will not be any monetary returns. You are also free to refuse to give ideas in case you do not feel comfortable and free to withdraw from the interview anytime you want. This interview will take about an hour of your time.

NOTE: Multiple responses were allowed

No	Questions	Category	Code
1.	Name of the refugee camp?		
2.	Would you please give us answers to the specific questions listed below?	Came from?	
		Date of arrival?	
		Reason for migration?	
		How long you lived in the area	
		Plan of future arrival	
		In-camp IDP (Yes/No)	
	Out-of-camp IDP (Yes/No)		
3.	Sex of the respondent	Female	1
		Male	2
		Other	3
4.	Age of the respondent (Write in numerical value) []		
5.	Any disability? (Please mention): _____		

6.	Marital status of the respondent	Single	1
		Married	2
		Divorced	4
		Widowed	3
		Polygamous	4
		Other (specify): _____	5
7.	The education level of the respondent	Not read and write	1
		Grade 1 – 4	2
		Grade 5 – 8	3
		Grade 9 – 12	4
		Diploma/Levels	5
		BSc/MSc	6
		Above BSC/MSc	7
8.	Are you aware of COVID-19?	Yes	1
		No	2
9.	Would you please list how COVID-19 transmits?		
10.	What change/s happened to your usual duty because of COVID-19? (Multiple responses are allowed)	Staying in the camp	1
		Lost employment/job	2
		Quit self-employment	3
		Displaced	4
		Reduced income	5
		Increased in camp/house chore	6
		Decreased in camp/house chore	7
		Quit schooling	8
		No change	9
		Other (specify): _____	10
11.	What is the status of your income after COVID-19?	Increasing	1
		Decreasing	2
		Constant	3
12.	If your response above is 'increasing or decreasing', is it because of the pandemic?	Yes	1
		No	2
		Don't know	3
13.	What was your livelihood before the COVID-19?		
14.	What is your current livelihood (after the COVID-19)?		
15.	Is there any change in your household's assets due to the COVID-19?	Depleted	1
		Increased	2
		No change	3
16.	Is there any change in your husband's assets due to COVID 19?	Depleted	1
		Increased	2
		No change	3

17.	Any adverse impact on your or your husband because of the Coronavirus pandemic?	Yes, there is an adverse impact	1
		No adverse impact	2
		Do not know	3
18.	Any adverse impact on your or your husband because of the Coronavirus pandemic?	Yes, there is an adverse impact	1
		No adverse impact	2
		Do not know	3
19.	If your response to the above question is 'yes, there is the adverse impact', who is supporting you or your household along with the pandemic?	The government	1
		NGO/CSO	2
		Relative/s	3
		Neighbor/s	4
		No support at all	5
		Other (specify)	6
20.	Have your accesses to social rights been reduced due to COVID 19	Adequate standard of living,	1
		Adequate food,	2
		Housing	3
		Clothing	4
		The right to a job	5
		Social protection	6
		Health services	7
		Education	8
		GBV protection service	9
		Other (please mention): _____	10
21.	Do you think that your accesses to the listed civic rights have been reduced due to COVID-19?	Equal employment	1
		Right to vote	2
		Property rights	3
		Freedom of movement	4
		Right to health	5
		Right to education	6
		Reproductive rights	7
		Birth control rights	8
		Forced pregnancy	9
		Freedom from violence	10
		Freedom divorce	11
22.	Do you think that risk of gender-based violence has increased with the occurrence of Coronavirus in your area?	Yes	1
		No	2
		No change	3
		No observation	4

23.	Have you ever experienced/heard/ witnessed the problem/s mentioned across after the occurrence of Coronavirus in Ethiopia? (Multiple responses are allowed)	Domestic violence	1
		Child marriage	2
		FGM	3
		Transactional sex	4
		Rape	5
		Unsafe sex	6
		Divorce	7
		Child labor	8
		Denial of basic needs (such as food, water, etc.)	9
		Denial of home-based enjoyment/play games	10
		Denial of home-based reading	11
		Overwork	12
		Other (please mention): _____	13
24.	In case you experienced/heard/witnessed rape and/or unsafe sex, who was the intimidator?	A close relative (such as father, brother, and uncle)	1
		Father-in-law	2
		Spouse	3
		Housemate but not relative	4
		Neighbor	5
		Other (please mention): _____	6
25.	If you have heard (or happened to you) of any domestic violence happened/happening to girls/women in your area during Coronavirus, what specific is it? (Multiple responses are allowed)	Control	1
		Physical Abuse	2
		Sexual Abuse	3
		Emotional Abuse & Intimidation	4
		Isolation	5
		Verbal Abuse: Coercion, Threats, & Blame	6
		Using Male Privilege	7
		Economic Abuse	8
		Other (mention please):	9
26.	Have you heard of (any child labor to girls in your area during Coronavirus?	Yes	1
		No	2

27.	Have you heard of any girl or woman in your area who suffered the problem/s mentioned across after the occurrence of the Coronavirus in Ethiopia? (Multiple responses are allowed)	Domestic violence	1
		Child marriage/teenage pregnancy	2
		Transactional sex	3
		Rape	4
		Unsafe sex	5
		Sexual exploitation	6
		Unexpected pregnancy	7
		Divorce	8
		Child labor	9
		Denial of basic needs (such as food, water, etc.)	10
		Denial of home-based enjoyment/play games	11
		Denial of home-based reading	12
		Overwork	13
		Other (please mention): _____	14
28.	Which sex has been more affected by the adverse impacts of the problems mentioned above? Encircle 1 for girls/women, 2 for male, 3 for similar impacts	1	
		2	
		3	
29.	If you are employed by others or self-employed, what happened to your business because of the Coronavirus pandemic?	The business is closed	1
		loss of income	2
		The business declined/lessened transaction	3
		The business moved to other places	3
		Changed the type of business	4
		Changed the way the business is made	5
		No change to the business	6
		Other (specify): _____	6
30.	In case your pre-Coronavirus business has been affected (fully/partially closed), what is your source of income for living at this time? (multiple choices are possible)	Husband's income	1
		Parents	2
		Relatives	3
		Consuming reserve	4
		Started safer business	5
		Continued business despite the risk	6
		Other (specify): _____	6
31.	The accessibility of health services for your reproductive cases after the occurrence of Coronavirus? (multiple choices are possible)	The same as the previous situation	1
		More accessible now than before	2
		Less accessible now than before	3
		Unable to comment	4
32.	Is the occurrence of Coronavirus affecting your reproductive capacities & opportunities	Yes	1
		No	2
		In difference	3

33.	If your response above is 'yes,' what is the Impact?	Postpone marriage time	1
		Postpone childbearing time	2
		Coercive and violent sex	3
		unable to access reproductive health information	4
		No reproductive impact	5
34.	Which of your (anyone you know) women's and girls' child right/s is/are violated due to the Coronavirus pandemic in your area? (multiple choices are possible)	freedom from fear	1
		freedom of choice	2
		the right to freedom from torture	4
		the right to freedom from cruel, inhuman or degrading treatment or punishment	5
		ownership over one's body	6
		the right to a speedy adjudication	7
		right to be accorded treatment appropriate to their age	8
Other, please mention			
35.	Mention the area of your life that has been most impacted by COVID-19		
36.	What is your priority need today for you?		
37.	What is your priority need today for your family?		
38.	What are your coping mechanisms to the adverse impacts of COVID-19?		

(2) Questionnaire designed for returnees.

Dear respondent,

The objective of this questionnaire is to understand the concrete aspects of the impacts of COVID-19 on women and girls in Ethiopia to improve the pandemic response with a gender focus and thereby provide recommendations and guide EUTF (European Union Emergency Trust Fund) partners and other relevant stakeholders in the areas of EUTF interventions. The study aims to obtain essential information about gender roles, relations, and responsibilities and how it has changed during the crisis along with capacities and vulnerabilities and programming and policy recommendations. Your ideas are valuable and will be held in utmost confidentiality to be used only to analyze this research. If you accept participating in this interview, you will be doing so voluntarily, and there will not be any monetary returns. You are also free to refuse to give ideas in case you do not feel comfortable and free to withdraw from the interview anytime you want. This interview will take about an hour of your time.

NOTE: The questionnaire is designed for girls and women in the community.

No	Questions	Category	Code
1.	Area of residence (Woreda)?	Sekota Zuria woreda	1
		Gazgibla woreda	2
		Moyale	3
		Miyo	4
2.	Would you please give us answers to the specific questions listed below?	Recently returned from?	
		Date of return?	
		Reason for return?	
		How long you lived abroad?	
		Reason for migration	
		Are you thinking of another migration?	
		Current livelihoods	
3.	Sex of the respondent	Female	1
		Male	2
		Other	3
4.	Age of the respondent (Write in numerical value) []		
5.	Any disability? (Please mention): _____		
6.	Marital status of the respondent	Single	1
		Married	2
		Divorced	4
		Widowed	3
		Polygamous	4
		Other (specify): _____	5
7.	Employment status?	Employed by others	1
		Underemployed	2
		Self-employed (own business)	3
		Unemployed	4
		Others (specify): _____	5
8.	If 'Employed by others or self-employed', would you please mention the type of employment you are in?		
9.	The education level of the respondent	Not read and write	1
		Grade 1 – 4	2
		Grade 5 – 8	3
		Grade 9 – 12	4
		Diploma/Levels	5
		BSc/MSc	6
		Above BSC/MSc	7
10.	Are you aware of COVID-19?	Yes	1
		No	2
11.	Would you please list how COVID-19 transmits?		
12.	What change/s happened to your usual duty because of COVID-19?		

13.	Staying at home (Multiple responses are allowed)	I	
		Lost employment/job	2
		Quit self-employment	3
		Displaced	4
		Reduced income	5
		Increased house chore	6
		Decreased house chore	7
		Quit schooling	8
		No change	9
		Other (specify): _____	10
14.	What is the status of your income after COVID-19?	Increasing	1
		Decreasing	2
		Constant	3
15.	What was your livelihood before the COVID-19?		
16.	What is your current livelihood (after the COVID-19)?		
17.	Is there any change in your household's assets due to the COVID-19?	Depleted	1
		Increased	2
		No change	3
18.	Is there any change in your husband's assets due to COVID 19?	Depleted	1
		Increased	2
		No change	3
19.	Any adverse impact on your or your husband because of the Coronavirus pandemic?	Yes, there is an adverse impact	1
		No adverse impact	2
		Do not know	3
20.	Any adverse impact on your or your husband because of the Coronavirus pandemic?	Yes, there is an adverse impact	1
		No adverse impact	2
		Do not know	3
21.	If your response to the above question is 'yes, there is the adverse impact', who is supporting you or your household along with the pandemic?	The government	1
		NGO/CSO	2
		Relative/s	3
		Neighbor/s	4
		No support at all	5
		Other (specify)	6

22.	Have your accesses to social rights been reduced due to COVID 19	Adequate standard of living,	1
		Adequate food,	2
		Housing	3
		Clothing	4
		The right to a job	5
		Social protection	6
		Health services	7
		Education	8
		GBV protection service	9
		Other (please mention): _____	10
23.	Do you think that your access to the listed civic rights have been reduced due to COVID-19?	Equal employment	1
		Right to vote	2
		Property rights	3
		Freedom of movement	4
		Right to health	5
		Right to education	6
		Reproductive rights	7
		Birth control rights	8
		Forced pregnancy	9
		Freedom from violence	10
		Freedom divorce	11
24.	Do you think that risk of gender-based violence has increased with the occurrence of Coronavirus in your area?	Yes	1
		No	2
		No change	3
		No observation	4
25.	Have you ever experienced/heard/ witnessed the problem/s mentioned across after the occurrence of Coronavirus in Ethiopia? (Multiple responses are allowed)	Domestic violence	1
		Child marriage	2
		FGM	3
		Transactional sex	4
		Rape	5
		Unsafe sex	6
		Divorce	7
		Child labor	8
		Denial of basic needs (such as food, water, etc.)	9
		Denial of home-based enjoyment/play games	10
		Denial of home-based reading	11
		Overwork	12
		Other (please mention): _____	13

26.	In case you experienced/heard/witnessed rape and/or unsafe sex, who was the intimidator?	A close relative (such as father, brother, and uncle)	1
		Father-in-law	2
		Spouse	3
		Housemate but not relative	4
		Neighbor	5
		Other (please mention): _____	6
27.	If you have heard (or happened to you) of any domestic violence happened/happening to girls/women in your area during Coronavirus, what specific is it? (Multiple responses are allowed)	Control	1
		Physical Abuse	2
		Sexual Abuse	3
		Emotional Abuse & Intimidation	4
		Isolation	5
		Verbal Abuse: Coercion, Threats, & Blame	6
		Using Male Privilege	7
		Economic Abuse	8
		Other (mention please): _____	9
28.	Have you heard of (any child labor to girls in your area during Coronavirus?	Yes	1
		No	2
29.	Have you heard of any girl or woman in your area who suffered the problem/s mentioned across after the occurrence of the Coronavirus in Ethiopia? (Multiple responses are allowed)	Domestic violence	1
		Child marriage/teenage pregnancy	2
		Transactional sex	3
		Rape	4
		Unsafe sex	5
		Sexual exploitation	6
		Unexpected pregnancy	7
		Divorce	8
		Child labor	9
		Denial of basic needs (such as food, water, etc.)	10
		Denial of home-based enjoyment/play games	11
		Denial of home-based reading	12
		Overwork	13
Other (please mention): _____	14		
30.	Which sex has been more affected by the adverse impacts of the problems mentioned above? Encircle 1 for girls/women, 2 for male, 3 for similar impacts		

31.	If you are employed by others or self-employed, what happened to your business because of the Coronavirus pandemic?	The business is closed	1
		loss of income	2
		The business declined/lessened transaction	3
		The business moved to other places	3
		Changed the type of business	4
		Changed the way the business is made	5
		No change to the business	6
		Other (specify): _____	6
32.	In case your pre-Coronavirus business has been affected (fully/partially closed), what is your source of income for living at this time? (multiple choices are possible)	Husband's income	1
		Parents	2
		Relatives	3
		Consuming reserve	4
		Started safer business	5
		Continued business despite the risk	6
		Other (specify): _____	6
33.	The accessibility of health services for your reproductive cases after the occurrence of Coronavirus? (multiple choices are possible)	The same as the previous situation	1
		More accessible now than before	2
		Less accessible now than before	3
		Unable to comment	4
34.	Is the occurrence of Coronavirus affecting your reproductive capacities & opportunities	Yes	1
		No	2
		In difference	3
35.	If your response above is 'yes,' what is the Impact?	Postpone marriage time	1
		Postpone childbearing time	2
		Coercive and violent sex	3
		Denied reproductive health information	4
		No reproductive impact	5
36.	Which of your (anyone you know) women's and girls' child right/s is/are violated due to the Coronavirus pandemic in your area? (multiple choices are possible)	freedom from fear	1
		freedom of choice	2
		the right to freedom from torture	3
		the right to freedom from cruel, inhuman or degrading treatment or punishment	4
		ownership over one's body	5
		the right to a speedy adjudication	6
		right to be accorded treatment appropriate to their age	7
		Other, please mention	8
37.	Mention the area of your life that has been most impacted by COVID-19		
38.	What is your priority need today for you?		
39.	What is your priority need today for your household?		
40.	What are your coping mechanisms to the adverse impacts of COVID-19?		

3. A questionnaire designed for refugees

Dear respondent,

The objective of this questionnaire is to understand the concrete aspects of the impacts of COVID-19 on women and girls in Ethiopia to improve the pandemic response with a gender focus and thereby provide recommendations and guide EUTF (European Union Emergency Trust Fund) partners and other relevant stakeholders in the areas of EUTF interventions. The study aims to obtain essential information about gender roles, relations, and responsibilities and how it has changed during the crisis along with capacities and vulnerabilities and programming and policy recommendations. Your ideas are valuable and will be held in utmost confidentiality to be used only to analyze this research. If you accept participating in this interview, you will be doing so voluntarily, and there will not be any monetary returns. You are also free to refuse to give ideas in case you do not feel comfortable and free to withdraw from the interview anytime you want. This interview will take about an hour of your time.

NOTE: The questionnaire is designed for girls and women in the community.

No	Questions	Category	Code
1.	Name of the refugee camp?		
2.	Would you please give us answers to the specific questions listed below?	Came from?	
		Date of arrival?	
		Reason for migration?	
		How long you lived in the camp	
		Plan of future arrival	
		In-camp refugee (Yes/No)	
		Out-of-camp refugee (Yes/No)	
3.	Sex of the respondent	Female	1
		Male	2
		Other	3
4.	Age of the respondent (Write in numerical value)	[]	
5.	Any disability? (Please mention): _____ _____		
6.	Marital status of the respondent	Single	1
		Married	2
		Divorced	4
		Widowed	3
		Polygamous	4
		Other (specify): _____	5

7.	If 'Employed by others or self-employed', would you please mention the type of employment you are in?		
8.	The education level of the respondent	Not read and write	1
		Grade 1 – 4	2
		Grade 5 – 8	3
		Grade 9 – 12	4
		Diploma/Levels	5
		BSc/MSc	6
		Above BSc/MSc	7
9.	Are you aware of COVID-19?	Yes	1
		No	2
10.	Would you please list how COVID-19 transmits?		
11.	What change/s happened to your usual duty because of COVID-19? (Multiple responses are allowed)	Staying in the camp	1
		Lost employment/job	2
		Quit self-employment	3
		Displaced	4
		Reduced income	5
		Increased in camp/house chore	6
		Decreased in camp/house chore	7
		Quit schooling	8
		No change	9
		Other (specify): _____	10
12.	What is the status of your income after COVID-19?	Increasing	1
		Decreasing	2
		Constant	3
13.	What was your livelihood before the COVID-19?		
14.	What is your current livelihood (after the COVID-19)?		
15.	Is there any change in your household's assets due to the COVID-19?	Depleted	1
		Increased	2
		No change	3
16.	Is there any change in your husband's assets due to COVID 19?	Depleted	1
		Increased	2
		No change	3
17.	Any adverse impact on your or your husband because of the Coronavirus pandemic?	Yes, there is an adverse impact	1
		No adverse impact	2
		Do not know	3
18.	Any adverse impact on your or your husband because of the Coronavirus pandemic?	Yes, there is an adverse impact	1
		No adverse impact	2
		Do not know	3

19.	If your response to the above question is 'yes, there is the adverse impact', who is supporting you or your household along with the pandemic?	The government	1
		NGO/CSO	2
		Relative/s	3
		Neighbor/s	4
		No support at all	5
		Other (specify)	6
20.	Have your accesses to social rights been reduced due to COVID 19	Adequate standard of living,	1
		Adequate food,	2
		Housing	3
		Clothing	4
		The right to a job	5
		Social protection	6
		Health services	7
		Education	8
		GBV protection service	9
		Other (please mention): _____	10
21.	Do you think that your accesses to the listed civic rights have been reduced due to COVID-19?	Equal employment	1
		Right to vote	2
		Property rights	3
		Freedom of movement	4
		Right to health	5
		Right to education	6
		Reproductive rights	7
		Birth control rights	8
		Forced pregnancy	9
		Freedom from violence	10
		Freedom divorce	11
22.	Do you think that risk of gender-based violence has increased with the occurrence of Coronavirus in your area?	Yes	1
		No	2
		No change	3
		No observation	4

23.	Have you ever experienced/heard/ witnessed the problem/s mentioned across after the occurrence of Coronavirus in Ethiopia? (Multiple responses are allowed)	Domestic violence	1
		Child marriage	2
		FGM	3
		Transactional sex	4
		Rape	5
		Unsafe sex	6
		Divorce	7
		Child labor	8
		Denial of basic needs (such as food, water, etc.)	9
		Denial of home-based enjoyment/play games	10
		Denial of home-based reading	11
		Overwork	12
		Other (please mention): _____	13
24.	In case you experienced/heard/witnessed rape and/ or unsafe sex, who was the intimidator?	A close relative (such as father, brother, and uncle)	1
		Father-in-law	2
		Spouse	3
		Housemate but not relative	4
		Neighbor	5
		Other (please mention): _____	6
25.	If you have heard (or happened to you) of any domestic violence happened/happening to girls/women in your area during Coronavirus, what specific is it? (Multiple responses are allowed)	Control	1
		Physical Abuse	2
		Sexual Abuse	3
		Emotional Abuse & Intimidation	4
		Isolation	5
		Verbal Abuse: Coercion, Threats, & Blame	6
		Using Male Privilege	7
		Economic Abuse	8
		Other (mention please):	9
26.	Have you heard of (any child labor to girls in your area during Coronavirus?	Yes	1
		No	2

27.	Have you heard of any girl or woman in your area who suffered the problem/s mentioned across after the occurrence of the Coronavirus in Ethiopia? (Multiple responses are allowed)	Domestic violence	1
		Child marriage/teenage pregnancy	2
		Transactional sex	3
		Rape	4
		Unsafe sex	5
		Sexual exploitation	6
		Unexpected pregnancy	7
		Divorce	8
		Child labor	9
		Denial of basic needs (such as food, water, etc.)	10
		Denial of home-based enjoyment/play games	11
		Denial of home-based readding	12
		Overwork	13
		Other (please mention): _____	14
28.	Which sex has been more affected by the adverse impacts of the problems mentioned above? En-circle 1 for girls/women, 2 for male, 3 for similar impacts	1	
		2	
		3	
29.	If you are employed by others or self-employed, what happened to your business because of the Coronavirus pandemic?	The business is closed	1
		loss of income	2
		The business declined/lessened transaction	3
		The business moved to other places	3
		Changed the type of business	4
		Changed the way the business is made	5
		No change to the business	6
		Other (specify): _____	6
30.	In case your pre-Coronavirus business has been affected (fully/partially closed), what is your source of income for living at this time? (multiple choices are possible)	Husband's income	1
		Parents	2
		Relatives	3
		Consuming reserve	4
		Started safer business	5
		Continued business despite the risk	6
		Other (specify): _____	6
31.	The accessibility of health services for your reproductive cases after the occurrence of Coronavirus? (multiple choices are possible)	The same as the previous situation	1
		More accessible now than before	2
		Less accessible now than before	3
		Unable to comment	4
32.	Is the occurrence of Coronavirus affecting your reproductive capacities & opportunities	Yes	1
		No	2
		In difference	3

33.	If your response above is 'yes,' what is the Impact?	Postpone marriage time	1
		Postpone childbearing time	2
		Coercive and violent sex	3
		Unable to access reproductive health information	4
		No reproductive impact	5
34.	Which of your (anyone you know) women's and girls' child right/s is/are violated due to the Corona-virus pandemic in your area? (multiple choices are possible)	freedom from fear	1
		freedom of choice	2
		the right to freedom from torture	4
		the right to freedom from cruel, inhuman or degrading treatment or punishment	5
		ownership over one's body	6
		the right to a speedy adjudication	7
		right to be accorded treatment appropriate to their age	8
		Other, please mention	
35.	Mention the area of your life that has been most impacted by COVID-19		
36.	What is your priority need today for you?		
37.	What is your priority need today for your family?		
38.	What are your coping mechanisms to the adverse impacts of COVID-19?		

(4) A questionnaire designed for potential migrants and host communities

Dear respondent,

The objective of this questionnaire is to understand the concrete aspects of the impacts of COVID-19 on women and girls in Ethiopia to improve the pandemic response with a gender focus and thereby provide recommendations and guide EUTF (European Union Emergency Trust Fund) partners and other relevant stakeholders in the areas of EUTF interventions. The study aims to obtain essential information about gender roles, relations, and responsibilities and how it has changed during the crisis along with capacities and vulnerabilities and programming and policy recommendations. Your ideas are valuable and will be held in utmost confidentiality to be used only to analyze this research. If you accept participating in this interview, you will be doing so voluntarily, and there will not be any monetary returns. You are also free to refuse to give ideas in case you do not feel comfortable and free to withdraw from the interview anytime you want. This interview will take about an hour of your time.

NOTE: The questionnaire is designed for girls and women in the community.

No	Questions	Category	Code
1.	Area of residence (woreda)?	Sekota Zuria woreda	1
		Gazgibla woreda	2
		Moyale woreda	3
		Miyo woreda	4
2.	Which can best explains your current status? (Multiple responses is possible)	Host community	1
		Potential migrant	2
		Other (specify):	3
3.	Sex of the respondent	Female	1
		Male	2
		Other	3
4.	Age of the respondent (Write in numerical value)	[]	
5.	Any disability? (Please mention): _____ _____		
6.	Marital status of the respondent		
		Single	1
		Married	2
		Divorced	4
		Widowed	3
		Polygamous	4
Other (specify): _____	5		
7.	Employment status?	Employed by others	1
		Underemployed	2
		Self-employed (own business)	3
		Unemployed	4
		Others (specify): _____	5
8.	The education level of the respondent	Not read and write	1
		Grade 1 – 4	2
		Grade 5 – 8	3
		Grade 9 – 12	4
		Diploma/Levels	5
		BSc/MSc	6
		Above BSc/MSc	7
9.	Are you aware of COVID-19?	Yes	1
		No	2
10.	Would you please list how COVID-19 transmits?		

11.	What change/s happened to your usual duty because of COVID-19?	Staying at home (Multiple responses are allowed)	1
		Lost employment/job	2
		Quit self-employment	3
		Displaced	4
		Reduced income	5
		Increased house chore	6
		Decreased house chore	7
		Quit schooling	8
		No change	9
		Other (specify): _____	10
12.	What is the status of your income after COVID-19?	Increasing	1
		Decreasing	2
		Constant	3
13.	What was your livelihood before the COVID-19?		
14.	What is your current livelihood (after the COVID-19)?		
15.	Is there any change in your household's assets due to the COVID-19?	Depleted	1
		Increased	2
		No change	3
16.	Is there any change in your husband's assets due to COVID 19?	I	
		Depleted	
		Increased	2
		No change	3
17.	Any adverse impact on your or your husband because of the Coronavirus pandemic?	Yes, there is an adverse impact	1
		No adverse impact	2
		Do not know	3
18.	Any adverse impact on your or your husband because of the Coronavirus pandemic?	Yes, there is an adverse impact	1
		No adverse impact	2
		Do not know	3
19.	If your response to the above question is 'yes, there is the adverse impact', who is supporting you or your household along with the pandemic?	The government	1
		NGO/CSO	2
		Relative/s	3
		Neighbor/s	4
		No support at all	5
		Other (specify)	6

20.	Have your accesses to social rights been reduced due to COVID 19	Adequate standard of living,	1
		Adequate food,	2
		Housing	3
		Clothing	4
		The right to a job	5
		Social protection	6
		Health services	7
		Education	8
		GBV protection service	9
		Other (please mention): _____	10
21.	Do you think that your access to the listed civic rights has been reduced due to COVID-19?	Equal employment	1
		Right to vote	2
		Property rights	3
		Freedom of movement	4
		Right to health	5
		Right to education	6
		Reproductive rights	7
		Birth control rights	8
		Forced pregnancy	9
		Freedom from violence	10
		Freedom divorce	11
22.	Do you think that risk of gender-based violence has increased with the occurrence of Coronavirus in your area?	Yes	1
		No	2
		No change	3
		No observation	4
23.	Have you ever experienced/heard/ witnessed the problem/s mentioned across after the occurrence of Coronavirus in Ethiopia? (Multiple responses are allowed)	Domestic violence	1
		Child marriage	2
		FGM	3
		Transactional sex	4
		Rape	5
		Unsafe sex	6
		Divorce	7
		Child labor	8
		Denial of basic needs (such as food, water, etc.)	9
		Denial of home-based enjoyment/play games	10
		Denial of home-based reading	11
		Overwork	12
		Other (please mention): _____	13

24.	In case you experienced/heard/witnessed rape and/or unsafe sex, who was the intimidator?	A close relative (such as father, brother, and uncle)	1
		Father-in-law	2
		Spouse	3
		Housemate but not relative	4
		Neighbor	5
		Other (please mention): _____	6
25.	If you have heard (or happened to you) of any domestic violence happened/happening to girls/women in your area during Coronavirus, what specific is it? (Multiple responses are allowed)	Control	1
		Physical Abuse	2
		Sexual Abuse	3
		Emotional Abuse & Intimidation	4
		Isolation	5
		Verbal Abuse: Coercion, Threats, & Blame	6
		Using Male Privilege	7
		Economic Abuse	8
26.	Have you heard of (any child labor to girls in your area during Coronavirus?	Other (mention please):	9
		Yes	1
27.	Have you heard of any girl or woman in your area who suffered the problem/s mentioned across after the occurrence of the Coronavirus in Ethiopia? (Multiple responses are allowed)	No	2
		Domestic violence	1
		Child marriage/teenage pregnancy	2
		Transactional sex	3
		Rape	4
		Unsafe sex	5
		Sexual exploitation	6
		Unexpected pregnancy	7
		Divorce	8
		Child labor	9
		Denial of basic needs (such as food, water, etc.)	10
		Denial of home-based enjoyment/play games	11
		Denial of home-based reading	12
		Overwork	13
Other (please mention): _____	14		
28.	Which sex has been more affected by the adverse impacts of the problems mentioned above? Encircle 1 for girls/women, 2 for male, 3 for similar impacts		1
29.	If you are employed by others, what happened to your business because of the Coronavirus pandemic?	The business is closed	1
		loss of income	2
		The business declined/lessened transaction	3
		The business moved to other places	3
		Changed the type of business	4
		Changed the way the business is made	5
		No change to the business	6
Other (specify): _____	7		

30.	In case your pre-Coronavirus business has been affected (fully/partially closed), what is your source of income for living at this time? (multiple choices are possible)	Husband's income	1
		Parents	2
		Relatives	3
		Consuming reserve	4
		Started safer business	5
		Continued business despite the risk	6
		Other (specify): _____	7
31.	The accessibility of health services for your reproductive cases after the occurrence of Coronavirus? (multiple choices are possible)	The same as the previous situation	1
		More accessible now than before	2
		Less accessible now than before	3
		Unable to comment	4
32.	Is the occurrence of Coronavirus affecting your reproductive capacities & opportunities	Yes	1
		No	2
		In difference	3
33.	If your response above is 'yes,' what is the Impact?	Postpone marriage time	1
		Postpone childbearing time	2
		Coercive and violent sex	3
		Unable to access reproductive health information	4
		No reproductive impact	5
34.	Which of your (anyone you know) women's and girls' child right/s is/are violated due to the Coronavirus pandemic in your area? (multiple choices are possible) inhuman or degrading treatment or punishment	freedom from fear	1
		freedom of choice	2
		the right to freedom from torture	3
		the right to freedom from cruel,	4
		ownership over one's body	5
		the right to a speedy adjudication	6
		right to be accorded treatment appropriate to their age	7
		Other, please mention	8
35.	Mention the area of your life that has been most impacted by COVID-19		
36.	What is your priority need today for you?		
37.	What is your priority need today for your household?		
38.	What are your coping mechanisms to the adverse impacts of COVID-19?		

(5) A questionnaire designed for women/girls working informal sectors (Bole-Lemi Industrial Park)

Dear respondent,

The objective of this questionnaire is to understand the concrete aspects of the impacts of

COVID-19 on women and girls in Ethiopia to improve the pandemic response with a gender focus and thereby provide recommendations and guide EUTF (European Union Emergency Trust Fund) partners and other relevant stakeholders in the areas of EUTF interventions. The study aims to obtain essential information about gender roles, relations, and responsibilities and how it has changed during the crisis along with capacities and vulnerabilities and programming and policy recommendations. Your ideas are valuable and will be held in utmost confidentiality to be used only to analyze this research. If you accept participating in this interview, you will be doing so voluntarily, and there will not be any monetary returns. You are also free to refuse to give ideas in case you do not feel comfortable and free to withdraw from the interview anytime you want. This interview will take about an hour of your time.

NOTE: The questionnaire is designed for girls and women in the community.

No	Questions	Category	
1.	Name of the Industrial Park (IP)		
2.	Which can best explains your current status? (Multiple response is possible)	Internally displaced	1
		Returnee	2
		Potential migrant	3
		Women working in the formal settings such as industrial parks.	4
	Other (specify):	5	
3.	Sex of the respondent	Female	1
		Male	2
		Other	3
4.	Age of the respondent (Write in numerical value)		
5.	Any disability? (Please mention): _____		
6.	Marital status of the respondent	Single	
		Married	
		Divorced	
		Widowed	
		Polygamous	
	Other (specify): _____		
7.	Which one can best explain your status of employment?	Temporary employment	
		Permanent employment	
		Underemployed	
		Other (pls specify): _____	

8.	The education level of the respondent	Not read and write	
		Grade 1 – 4	
		Grade 5 – 8	
		Grade 9 – 12	
		Diploma/Levels	
		BSc/MSc	
		Above BSc/MSc	
9.	Are you aware of COVID-19?	Yes	
		No	
10.	Would you please list how COVID-19 transmits?	Staying at home	
11.	What change/s happened to your usual duty because of COVID-19? (Multiple responses are allowed)	Lost employment/job	
		Quit self-employment	
		Displaced	
		Reduced income	
		Increased house chore	
		Decreased house chore	
		Quit schooling	
		No change	
12.	What is the status of your income after COVID-19?	Other (specify): _____	
		Increasing	
		Decreasing	
13.	What was your livelihood before the COVID-19?	Constant	
14.	What is your current livelihood (after the COVID-19)?		
15.	Is there any change in your household's assets due to the COVID-19?	Depleted	
		Increased	
		No change	
16.	If you are married, is there any change in your husband's assets due to COVID 19?	Depleted	
		Increased	
		No change	
17.	Any adverse impact on your or your husband because of the Coronavirus pandemic?	Yes, there is an adverse impact	
		No adverse impact	
		Do not know	
18.	If your response to the above question is 'yes, there is the adverse impact', who is supporting you or your household along with the pandemic?	The government	
		NGO/CSO	
		Relative/s	
		Neighbor/s	
		No support at all	
	Other (specify)		

19.	Have your accesses to social rights been reduced due to COVID 19	Adequate standard of living,	
		Adequate food,	
		Housing	
		Clothing	
		The right to a job	
		Social protection	
		Health services	
		Education	
		GBV protection service	
		Other (please mention): _____	
20.	Do you think that your accesses to the listed civic rights have been reduced due to COVID-19?	Equal employment	
		Right to vote	
		Property rights	
		Freedom of movement	
		Right to health	
		Right to education	
		Reproductive rights	
		Birth control rights	
		Forced pregnancy	
		Freedom from violence	
		Freedom divorce	
		21.	Do you think that risk of gender-based violence has increased with the occurrence of Coronavirus in your area?
No			
No change			
No observation			
22.	Have you ever experience/heard/ witnessed the problem/s mentioned across after the occurrence of Coronavirus in Ethiopia? (Multiple responses are allowed)	Domestic violence	
		Child marriage	
		FGM	
		Transactional sex	
		Rape	
		Unsafe sex	
		Divorce	
		Child labor	
		Denial of basic needs (such as food, water, etc.)	
		Denial of home-based enjoyment/play games	
		Denial of home-based reading	
		Overwork	
		Other (please mention): _____	

23.	In case you experienced/heard/witnessed rape and/or unsafe sex, who was the intimidator?	A close relative (such as father, brother, and uncle)	
		Father-in-law	
		Spouse	
		Housemate but not relative	
		Neighbor	
		Other (please mention): _____	
24.	If you have heard (or happened to you) of any domestic violence happened/happening to girls/women in your area during Coronavirus, what specific is it? (Multiple responses are allowed)	Control	
		Physical Abuse	
		Sexual Abuse	
		Emotional Abuse & Intimidation	
		Isolation	
		Verbal Abuse: Coercion, Threats, & Blame	
		Using Male Privilege	
		Economic Abuse	
		Other (mention please):	
25.	Have you heard of (any child labor to girls in your area during Coronavirus?	Yes	
		No	
26.	Have you heard of any girl or woman in your area who suffered the problem/s mentioned across after the occurrence of the Coronavirus in Ethiopia? (Multiple responses are allowed)	Domestic violence	
		Child marriage/teenage pregnancy	
		Transactional sex	
		Rape	
		Unsafe sex	
		Sexual exploitation	
		Unexpected pregnancy	
		Divorce	
		Child labor	
		Denial of basic needs (such as food, water, etc.)	
		Denial of home-based enjoyment/play games	
		Denial of home-based reading	
Overwork			
Other (please mention): _____			
27.	Which sex has been more affected by the adverse impacts of the problems mentioned above? Encircle 1 for girls/women, 2 for male, 3 for similar impacts		

28.	As you are employed by others, what happened to your business because of the Coronavirus pandemic?	The business is closed	
		loss of income	
		The business declined/lessened transaction	
		The business moved to other places	
		Changed the type of business	
		Changed the way the business is made	
		No change to the business	
		Other (specify): _____	
29.	The accessibility of health services for your reproductive cases after the occurrence of Coronavirus? (multiple choices are possible)	The same as the previous situation	
		More accessible now than before	
		Less accessible now than before	
		Unable to comment	
30.	Is the occurrence of Coronavirus affecting your reproductive capacities & opportunities	Yes	
		No	
		In difference	
31.	If your response above is 'yes,' what is the Impact?	Postpone marriage time	
		Postpone childbearing time	
		Coercive and violent sex	
		Unable to access reproductive health information	
		No reproductive impact	
32.	Which of your (anyone you know) women's and girls' child right/s is/are violated due to the Coronavirus pandemic in your area? (multiple choices are possible) inhuman or degrading treatment or punishment	freedom from fear	
		freedom of choice	
		the right to freedom from torture	
		the right to freedom from cruel, ownership over one's body	
		the right to a speedy adjudication	
		right to be accorded treatment appropriate to their age	
		Other, please mention	
33.	Mention the area of your life that has been most impacted by COVID-19		
34.	What is your priority need today for you?		
35.	What is your priority need today for your household?		
36.	What are your coping mechanisms to the adverse impacts of COVID-19?		

(6) Key Informant Interview & Focus Group Discussion Guides designed for Internally displaced persons (IDPs); returnees; refugees; potential migrants; host communities; women working in formal settings such as industrial parks, and officials and experts.

Dear respondent,

The objective of this interview or discussion is to understand the concrete aspects of the impacts of COVID-19 on women and girls in Ethiopia to improve the pandemic response with a gender focus and thereby provide recommendations and guide EUTF (European Union Emergency Trust Fund) partners and other relevant stakeholders in the areas of EUTF interventions. The study aims to obtain essential information about gender roles, relations, and responsibilities and how it has changed during the crisis along with capacities and vulnerabilities and programming and policy recommendations. Your ideas are valuable and will be held in utmost confidentiality to be used only to analyze this research. If you accept participating in this interview, you will be doing so voluntarily, and there will not be any monetary returns. You are also free to refuse to give ideas in case you do not feel comfortable and free to withdraw from the interview anytime you want. This interview will take about an hour of your time. The questions are designed taking into account the gender roles and responsibilities; women's decision-making power; access to and control over resources and services; and GBV/protection.

Thank you in advance for your cooperation.

Note to the enumerator

Please consider the status of the respondent and skip irrelevant questions (if any).

1. What are the Non-Food Items (NFI) needs of women and men during the COVID-19 pandemic? (Compare to what they had before the COVID-19 pandemic)
2. How did destitute women, households headed by women, and other vulnerable groups get NFIs before the pandemic?
3. Do women have cash for NFIs at present during the pandemic?
4. Who has access to and control of resources? Who is responsible for resources and management?
5. How has the health, including sexual and reproductive health, of women and adult girls changed since the pandemic? Are women and men affected differently by diseases or other health problems? How does this differ by sex?

6. What is the perceived change in mortality rates of the affected population during the pandemic? Is there a disproportionate number of deaths among women, men, girls, or boys? If so, why?
7. What are the unique health needs for the vulnerable/sub-groups (pregnant and lactating women, adolescent girls)?
8. Are the healthcare service points accessible for everyone especially women, and adolescent girls, persons with disabilities?
9. Do women and men talk about and/or get information about health differently during the pandemic? How about adolescent boys and girls?
10. Does food insecurity differ by gender during the pandemic? If so, why?
11. Who gets food aid on behalf of the household? Who decides how to use it? (How is food shared within households? Who eats first?) (Compare to what they had before the COVID-19 pandemic)
12. Are women-headed households getting enough food during the pandemic? Do they require special assistance for receiving food?
13. What are the eating habits of the population as a whole during this pandemic? Do food needs differ by gender?
14. What livelihood assets do women and men control? Has the COVID-19 pandemic affected who controls what?
15. What types of agriculture, farming, fishing, trade, and food supply existed before the pandemic? What role did women and men play in these sectors? What about disabled women and men?
16. How much time do women, men, girls, and boys spend on unpaid work (fetching water, cooking, collecting firewood, caring for children, washing clothes, etc.) during the pandemic? (Compare to what they had before the COVID-19 pandemic)
17. How does nutritional status by gender? Are any groups (girls or boys, older men or women) disproportionately affected during the COVID-19, and if so, for what reason?
18. How is gender connected to malnutrition during the pandemic? (Compare to what they had before the COVID-19 pandemic)
19. Do you think that the COVID-19 pandemic has adversely affected the special nutritional needs of pregnant and breastfeeding women, people with HIV/AIDS, and other vulnerable groups during the pandemic? If so, how?
20. Are women having trouble breastfeeding owing to the pandemic? If yes, how?
21. How has the COVID-19 pandemic affected girls' and boys' access to education?
22. How many adolescent girls and boys are currently out of school owing to the pandemic? What safety and access problems do schools have?

23. Are any girls and boys stigmatized by their COVID-19 experiences? Does this stop them from going to school?
24. What are the specific protection needs of women, men, boys, and girls, and individuals with disabilities during the pandemic? What are the continued risks for each group?
25. Are there any changes in the roles men, boys, women, girls play in their community after the emergency/COVID-19?
26. Are there groups and individuals who have no access to resources, services, and assistance? If yes, can you mention them? Yes/No
27. What is your priority need today for you and your household?
28. What are the different skills and capacities of women, men, boys, and girls?
29. Within this community, is there a place where women and girls/men and boys feel unsafe or try to avoid? (During the day? Night?) What issues make them feel unsafe?
30. When there is a security problem, who can women and girls/men and boys seek assistance from?
31. Are there places where women and girls/men and boys can go to voice their security concerns?
32. What could be done in this community to create a safe environment for women and girls/ men and boys?
33. Control and access to resources

Sources & benefits	Access				Control				Additional notes
	Men	Boys	Women	Girls	Men	Boys	Women	Girls	
Food									
Water									
Cash									
Health services									
Livestock									
Land									
Other resources (pls mention)									

34. What resources or support are they relying on/What support are you receiving from?
 Formal entities (government and CSOs/NGOs)?
 Informal (family, community, religious organization)?

6.

Individual Story-COVID-19

Purpose: Understand the impact of the crisis from the perspective of an affected individual woman, man, boy, or girl from an individual from a vulnerable or at-risk group within the COVID-19 crisis.

Tool Notes: This tool uses storytelling alongside semi-structured interview questions. It is important not to lead the storytelling – the hope is that this tool will help to raise issues that may not have been anticipated in designing the assessment. There may be repetition between the information that comes up in the story and some of the interview questions but ask the interview questions anyway. Remember to get informed consent from your interviewee and ask whether they wish to remain anonymous.

Note for the facilitator:

It will be useful to have information regarding support services that you could provide to the responder following the interview.

Introduction

1. Thank the participant(s) for the interview
2. Explain the objectives and expectations of the interview
3. Outline the amount of time the interview will take
4. Obtain the informant's consent to record the interview

Geographic location: _____ Interview Date: _____

Sex of key informant: _____

Age of key informant: _____

The specific situation of the individual (e.g. do they identify as having a disability, are they of a specific ethnic/religious group, refugee/IDP, etc)

Story of Change: Affected individual reflects on changes to gender roles since the crisis

1. What changes have you experienced since the COVID-19 crisis?
2. Probe: How were things before the crisis, and how are they different
3. Probe: What changes have you experienced specifically as a woman/man/boy/girl? Or being from a specific group (insert as relevant).
4. Of those changes, which is the most significant and why?
5. Probe: Why do these changes matter?

Network Analysis: Coping mechanisms of an affected family or household

1. Mapping of impact: Who do you know that has been affected by COVID-19, both directly or indirectly? How have they been affected? (prompt: this can be social, economic, health-related impacts)
2. Capacities: What resources are the family/household members relying on during this time? What are the different capacities and skills of each member of the family? How are these skills and capacities helping the family/household plan for, cope with and respond to COVID-19?
3. Coping Strategies: How are different family/household members coping with COVID-19?
4. Vulnerabilities: Who is vulnerable within the context of COVID-19 and why? What are the different vulnerabilities of women, men, boys, and girls? As well as different age groups and different groups of people? (e.g. pregnant women, persons with a disability or chronic health conditions)
5. Decision Making: How does the household make decisions? Who within the household decides about education, access to health services, household income, and movement outside the home?
6. Who is consulted? Who is not consulted? How is this impacting women, men, boys, and girls in the household since COVID-19?

Needs and concerns

1. What are your needs since the COVID-19 crisis happened?
2. What are the needs of other members of your family? (Probe: What are the main needs of women and girls, of men and boys and other groups?)
3. Do you have any specific concerns related to the crisis?
4. Do you have all the support you need to cope with COVID-19? What support is missing?
5. What suggestions do you have about how local or national leaders/authorities could better respond to your needs?

(Footnotes)

