I. Overview
The Novel Coronavirus (COVID-19) was declared a global pandemic by the World Health Organisation (WHO) on March 11, 2020. The virus, which originated in the Wuhan province of China in late 2019, has since spread to 177 countries. In Ethiopia, the first case was detected in Addis Ababa on March 13, 2020, posing a significant risk to the country at a time of growing political, social and economic uncertainty.

Indeed, experiences and lessons learned from the Zika and Ebola outbreaks, as well as the HIV pandemic, demonstrates that crisis magnify existing inequalities related to gender, age, sexuality, class and ability. Robust gender analysis and informed gender-integrated responses are therefore needed to strengthen access to humanitarian services, as well as to meet the distinct and intersectional needs of both genders.

So-far, in the COVID-19 health emergency, a number of gendered impacts have emerged globally. Although data suggest that the physical illness affect women less severely than men due to sex-based immunological differences, the secondary effects of the outbreak on gender-based violence (GBV), intimate partner violence (IPV), sexual exploitation and abuse (SEA) and paid work disproportionately impact women and girls. Moreover, due to their predominant role as caregivers within families and as front-line healthcare workers, women are at high risk of being exposed to the virus.

In Ethiopia, as of April 3, 2020, there are a total of 31 confirmed cases - with 342 suspected cases – of COVID-19 in Addis Ababa (Oromia), Bahir Dar Town (Amhara) and Dire Dawa (Somali). The Ethiopian Government has committed to enable the provision of humanitarian assistance, currently finalising a three-month national COVID-19 response plan with partners. In addition, the National Disaster Risk Management Commission (NDRMC) has activated an Emergency Coordination Centre (ECC) to coordinate multi-sector response to Ethiopian outbreak.

With this in mind, if the on-going response and preparedness to COVID-19 is to not reproduce nor to perpetuate inequities in Ethiopia, it is vital that gender norms, roles, and relations influencing men and women’s differential vulnerability to infection, exposure to pathogens, and treatment received are addressed. UN Women Ethiopia Country Office (ECO) therefore call on all partners to consider the sex and gender effects of the outbreak, both directly and indirectly. This will make certain that women and girls are kept in the front-line of preparedness and response.

II. Integrating Gender into Response and Preparedness
UN Women ECO follow the WHO Strategic Preparedness and Response Plan (SRSP), which emphasises mobilisation and community engagement in readiness and in response. Women and girl are crucial aspects to the success of such
strategies, and UN Women ECO work actively to promote and to ensure gender and gender mainstreaming into formulation and implementation of all COVID-19 preparedness and response plans in Ethiopia. Therefore, as a part of development and humanitarian programming, UN Women ECO must:

**Short-term:**
- Prepare for surges in SEA, IPV and GBV.
- Plan emergency messaging on the issue of hygiene, SEA and GBV.
- Circulate PSEA and APP Code of Conduct and other safeguarding measures.
- Continue development and humanitarian service provision as much as possible, accounting for programme restrictions.
- Support inter-agency development IEC materials and visual tools in English and in local languages on basic precautions, response and available services.
- Factor in gender-based differences in literacy levels and access to tools.
- Back inter-agency efforts to ensure the composition of medical personnel is gender balanced with gender sensitive health facilitates.
- Contribute with gender specialists in inter-agency response teams.
- Stress the need for priority support for women and girls in frontline responses.
- Develop SADD (sex- and age-disaggregated data) curriculum and training.
- Support the collection of SADD in humanitarian programming.
- Develop national PSEA curriculum and online trainings.

**Long-term:**
- Ensure the equal participation of women in response/long-term planning.
- Develop women economic empowerment strategies to mitigate the impact of the outbreak, and continue humanitarian work to find durable solutions.
- Ensure all M&E frameworks include gender-focused indicators.
- Ensure that all need assessments, plans and implementation will proactively adopt a do-no-harm approach.
- Continue prioritising mitigation, response and prevention GBV and PSEA.
- Work with local women’s groups/government/organisations before, during and after public health emergencies to build trust.
- Ensure that existing development and humanitarian operations/programmes adapt and scale up to the many risks posed by COVID-19.

III. Gendered Messaging

Irrespective of gender, ethnicity, nationality, ability and sexual orientation of beneficiaries, UN Women ECO emphasise that all staff and partners commit to proactive information sharing to ensure COVID-19 prevention and response accounts for the needs of all individuals. The efforts of UN Women ECO will take place with the full participation of women and girls to ensure support for at-risks populations in Ethiopia. This will be formalised through the integration of the following key objectivise and strategies:

**UN Women ECO will highlight that:**
- Women are playing an indispensable role in the fight against the outbreak, as healthcare work-
ers, social activists, peacebuilders, and family caregivers.

• Health emergencies disproportionately affect women and girls in a number of ways, including education, food security, health, livelihoods, and protection.

• After the outbreak has been contained, women and girls may continue to suffer from the impending social and economic disruption.

**UN Women ECO will stress that:**

• Women globally form 70 per cent of workers in the health and social sector, and the majority caregivers in Ethiopia are women.

• Institutions are stretched, with physical/mental toll on the frontline workers.

• Immediate needs of women healthcare professionals needs to be addressed, such as access to hygiene products/promoting flexible working arrangements.

• Women need equal access to response and to long-term impact planning.

**UN Women ECO will call attention to:**

• Women’s important role in promoting humanity and solidarity.

• Stigma and discrimination related to COVID-19, GBV, IPV, and SEA.

• PSEA and APP Code of Conduct and other safeguarding measures.

**UN Women ECO will advocate for:**

• Differential needs of women/girls in short and long-term recovery efforts.

• Development of culturally appropriate and gender sensitive IEC material.

• Development of targeted women economic empowerment strategies.

• Collection of sex- and age- disaggregated data.

• Inter-agency training in SADD and PSEA.

• Adapting programming and operations to the many risks posed by COVID-19.

**IV. Stakeholders and Partnership**

Stringent movement restrictions have been implemented across the country, including the closure of borders, schools and other public spaces with strict social distancing implementation. Most offices have been required to implement full time telecommuting arrangements, whereby UN Women ECO is taking diverse actions to mitigate the effects of the pandemic in planned projects/programmes in Ethiopia. These include:

• Implement Business Continuity Planning (incl. telecommuting modality for non-essential staff) as of March 16, 2020; this is in line with the instructions given by the Regional Coordinator in Ethiopia.

• Prepare contingency plan to identify/adapt key actions to be undertaken in humanitarian and development programme implementation.

• Promote use of virtual/online technologies for meetings and trainings.

• Plan bilaterally donor meetings on possible changes in activities/budget.

• Foster virtual strategies to involve partners in the undertaking of the evaluation and development of UN Women ECO Strategic Note.

• Prepare and share monthly updates with partners on key developments.
Gendered Impacts in Ethiopia

• Unequal Access to Healthcare:
The pandemic increases the burden on the health system in Ethiopia; thus, making additional barriers for all genders to access quality health services. In particular, these barriers are acutely felt by those who are most marginalised, such as people with low income, older people, people with disabilities, refugees, internally displaced persons, as well as social-, sexual- and gender-minority groups in Ethiopia.

• Women as Health Workers:
The WHO have identified those who are in contact with and those who care for COVID-19 patients to be at high-risk for infection. Globally, women form 70 per-cent of workers in the health and social sector. In addition, in Ethiopia, women health care workers might face challenges in regard to double burden of care, lack of decision-making power, on-going stigmatisation, and gender pay gap.

• Access to Sexual and Reproductive Health:
With the pandemic, resources are already being diverted from existing health services in order to support responses to the COVID-19 crisis in Ethiopia. This may lead to shortage of health professional, financial resources and medical support for sexual and reproductive health rights, which will have an unfortunate effect on Ethiopian women and girls.

• Gender-Based Violence & Intimate Partner Violence:
There is a high risk of increase in GBV and IPV throughout the COVID-19 pandemic in Ethiopia, as the virus may create multiple barriers for the women to seek support, to access services and to leave their abusers. During quarantine implementation, global activists have reported a dramatic rise in violence against women and girls. This will create a high demand and need for survivor-support services in Ethiopia.

• Sexual Exploitation and Abuse:
Emerging evidence, as well as experiences from previous outbreaks, suggest that the COVID-19 pandemic may increase the risk of sexual exploitation and abuse by humanitarian staff, state officials and armed guards. In Ethiopia, at-risk groups – especially single female-headed households – may be forced or coerced to provide sex in exchange for supplies.

• Decision-making & Leadership:
Globally, women are less likely to be leaders and decision-makers at all levels. In Ethiopia, women’s frontline interaction with communities place them in position to identify outbreak trends at local and national levels. It is therefore alarming that women have yet to be fully incorporated in global health security surveillance, detection and prevention mechanisms.

• Access to Information:
Literacy is highly gendered in Ethiopia, and only 41 per-cent of women and girls can read and write. In addition, low media access, insufficient internet penetration and language diversity limit communities’ access to information. Gendered CwC and CE strategies are thus crucial to ensure at-risk groups full access to timely and accurate information as the health emergency develops.

• Women Economic Empowerment & Wellbeing:
Economic challenges during the pandemic pose a serious threat to work and business activity in Ethiopia, which particularly expose women and girls to increased risk of exploitation and abuse. Therefore, short-term and long-term COVID-19 responses must incorporate women’s voices in order to protect and support women’s economic empowerment in Ethiopia.
V. Resources for Updates

UN Women response .......... [Gender Equality in COVID-19 Response]

UN Women guidance .......... [UN Women Checklist for COVID-19]

Situation Reports............... [WHO Emergencies: COVID-19 SITREPs]


COVID-19 Case Mapping ... [COVID-19 Dashboard]

VI. Key Contacts

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