

COVID-19 Pandemic Impact, Response, and Recovery Study

JUNE 2021

Study Overview



The COVID-19 pandemic is a once-in-a century crisis. Well over 3 million people have died from the disease as of June 2021, and entire economies have been disrupted in ways previously unimaginable. This global crisis also has shone a light on and deepened societal and gender inequalities, with women and girls bearing the brunt of care work and facing job and earnings losses at higher rates than men and boys, alongside other household and societal disruptions.

Numerous studies indicate that violence against women and girls, particularly domestic violence, have increased during the COVID crisis. In addition, UN Women projects that roughly 47 million more women will be pushed into extreme poverty this year alone. Moreover, the gendered economic impacts will be lasting. The World Economic Forum's most recent Global Gender Gap Report¹ projects that closing the global gender gap in economic participation, educational attainment, health, and political empowerment will take a generation longer as a result of the pandemic.

This study analyzes the social, economic, and personal security impacts of the COVID-19 pandemic, as well as the reach and impact of government response programs. More specifically, Fraym designed this study to better understand some of the gendered impacts of the pandemic from the perspectives of those directly affected, as well as to simulate the effects of targeted interventions designed to meet the needs of those most affected, including women living in poverty. First, we conducted large, georeferenced, nationally representative surveys in India, Kenya, and South Africa. All of these countries have been hard struck by the pandemic, particularly India and South Africa. All data collection was conducted in April 2021 via a combination of online, mobile phone, and face-to-face interviews.² These three surveys included nearly 50,000 respondents overall, making this one of **the largest gender-disaggregated and spatially-enabled studies of COVID-19 pandemic impacts on developing economies.**³

The surveys captured how COVID-19 has directly affected people's lives, as well as their perceptions of how the pandemic and government response programs have influenced the lives of others, including with respect to gender. It covered important issues such as:

- · Effects on employment, income, and household resources;
- Effects on non-employment activities like family care, shopping, and household chores;
- Effects on household food security;
- Perceptions of gender differences in health, economic, caregiving, and safety impacts of COVID-19;
- Perceptions of specific government programs related to child support, social protection, and gender-based violence; and
- Perceptions of national governments' and the international community's response to COVID-19 in their respective countries.

The results reveal significant differences in terms of the gendered impacts of the pandemic, but also point to signs of hope for a more equitable post-COVID world. People of all demographic groups in the examined countries recognize a need to invest in and support women and girls, families, and vulnerable communities. After years of policy advocacy by local and global civil society and women's rights groups in each of these countries, there is evidence of a growing understanding of what is needed to build more equitable societies.

Second, Fraym simulated the potential reach and impact of new, targeted interventions that could help address some of the challenges highlighted consistently in the survey findings from India, Kenya, and South Africa. Although we recognize that there are many programmatic avenues to build a more gender-equitable world, we focused on three specific thematic areas: (1) addressing the caregiving crisis; (2) providing economic lifelines to vulnerable families; and (3) supporting women's economic empowerment.

Each of the three thematic reports analyze programmatic interventions that have been implemented and evaluated in a broad range of developing country contexts. We draw upon the peer-reviewed evaluations of these programs in our simulation analyses, applying their associated effect sizes to a range of illustrative countries, including India, Kenya, and South Africa, as well as Nigeria, Senegal, and Uganda. For each thematic area, we report the potential reach and impact of an initial programmatic rollout for specific target populations, as well as for a fully scaled up program over time.

¹ For additional detail, see https://www.weforum.org/reports/ global-gender-gap-report-2021.

² All survey data was weighted to reflect the most recent population parameters available from national statistics offices across gender, age, education, and administrative region levels (i.e., states, regions, and provinces). Additional methodological information is available in the individual country reports, which can be found at https:// fraym.io/covid-impact/.

³ Detailed information on the questionnaire design, survey sample, and analytic findings can be found in each of the individual country reports.

COVID-19 Pandemic Impact and Government Responses: India, Kenya, and South Africa Survey Findings

In this section, we provide a brief summary of key trends and takeaways from the three country-focused surveys.

Key Finding 1

While both men and women report spending additional time on caregiving and household activities during the pandemic, women report doing so at significantly higher rates than men.

Women consistently report spending more time on caregiving for children and household activities at significantly higher rates than men during the pandemic. For instance, Kenyan women are roughly twice as likely as men to report spending more time on caring for children (42 percent versus 22 percent), household cleaning (43 percent versus 19 percent), and cooking/serving meals (34 percent versus 15 percent). While the self-reported difference between men and women is slightly lower in India and South Africa, the broader trend still holds. For instance, roughly 60 percent of Indian women report spending more time in these areas compared to between 45 percent and 50 percent of men.

Key Finding 2

Respondents widely believe that women have been disproportionately impacted by the pandemic, particularly with respect to increased caregiving responsibilities and exposure to domestic violence.

South Africans present the most striking attitudes about how the COVID-19 pandemic has affected

men and women differently. They are twenty times (20x) more likely to believe that increased caregiving responsibilities during the pandemic have impacted women more than men. South Africans are also fifteen times (15x) more likely to believe that greater exposure to domestic violence due to government stay-at-home orders has impacted women more than men. Kenyans are ten times (10x) and 5 times (5x), respectively, more likely to believe that women have been more impacted by increased caregiving responsibilities and by exposure to domestic violence. Indians are twice as likely to say the same thing about women being impacted more by potential violence inside the home. This provides evidence that not only are there statistically significant differences in self-reported impacts, but that individuals in all countries also believe that women have been disproportionately impacted by the COVID-19 pandemic with respect to both caregiving and domestic violence.

Key Finding 3

The pandemic's impact on employment and paid work levels is more country- and context-specific, with gendered effects varying across the three countries.

We asked two sets of questions regarding the impacts of the pandemic on employment. In terms of perceptions of job losses related directly or indirectly to school closures, the majority of respondents in Kenya and South Africa—and about half of respondents in India—believe that women and men have been affected equally. However, DURING THE PANDEMIC

SOUTH AFRICANS 200X more likely to believe women were more impacted by caregiving than men

KENYANS – **100X** more likely to believe women were more impacted by caregiving than men

INDIANS 2x as likely to say women were more impacted by potential violence inside the home there are key differences amongst the minority of respondents who cite gendered effects. For instance, among South Africans who cite gender differences, three times (3x) as many believe that such job losses have impacted women more than men (20 percent of respondents versus 6 percent). On the other hand, Indians and Kenyans who cite gendered effects are both slightly more likely to believe that men have been more impacted.

We also asked respondents about the impacts of the pandemic on their own paid working hours. Men and women across the three countries also report very different impacts here. The example of India is particularly notable. Roughly 43 percent of Indian women cite spending more time doing paid work during the pandemic than before (compared to 28 percent of men). Nearly all of these women report earning more money than their husbands/partners prior to the pandemic, as well as spending more time devoted to caregiving of children and family members during the pandemic.1 In other words, a significant percentage of Indian women appear to be disproportionately carrying both the financial and caretaking load for their families. Moreover, Indian men were more likely to report a decrease in the number of paid work hours during the pandemic (26 percent) than women (18 percent).

In Kenya, greater numbers of men than women report a decrease in paid work hours due to the pandemic (41 percent compared to 31 percent for women). In South Africa, self-reported job losses and changes in paid work hours are almost exactly the same for women and men.

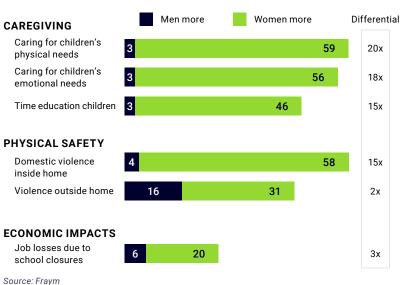
Key Finding 4

There is widespread public awareness and support for government response programs that target vulnerable families and women.

There is very strong public support for COVID-19 response programs that benefit vulnerable families and women.

 Public favorability exceeds 80 percent for each examined response program amongst every Indian demographic group (gender,

FIGURE 1: Has the COVID-19 pandemic impacted men or women more with respect to __ (SOUTH AFRICA)?



- ethnicity/caste, age, or marital status).
- A super majority of respondents in South Africa have a favorable view of the government's increased Child Support Grant for poor caregivers (79%) as well as government support services for domestic violence survivors (69%).²
- 87 percent of people surveyed in Kenya have a favorable view of the country's National Safety Net Programme (NSNP) as do 84 percent of the government's proposed County COVID-19 Social Economic Re-Engineering Recovery Strategy (CCSERS).

Key Finding 5

Government response programs have reached disadvantaged groups at higher rates, and respondents believe that these programs have provided economic benefits, particularly by increasing people's income and ability to work.

The Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGA) in India reaches Scheduled Caste, Scheduled Tribe, and Other Backward Castes (OBC) at far higher rates than

2 Favorability rates are slightly lower amongst white South Africans, yet nearly two-thirds have a favorable view of these two government response programs.

¹ There were 4,831 surveyed women who reported spending more time performing paid work during the pandemic compared to previously. Of these, 84 percent reported earning more than their spouse/partner before the COVID-19 pandemic began.

for other groups. For instance, 80 percent of surveyed Scheduled Caste Indians³ had either benefitted from the MGNREGA or know someone who has benefitted. By comparison, only 41 percent of Indians who do not fall into one of these marginalized population groups had either benefitted from the program or know someone who had. We find similar evidence in South Africa. For instance, 91 percent of black, young, and single South Africans have either benefitted from the Child Support Grant or know someone who has benefitted from the program. By comparison, only 31 percent of white South Africans, who earn three times more than black South Africans on average, had received this assistance or know someone who had in the past.4

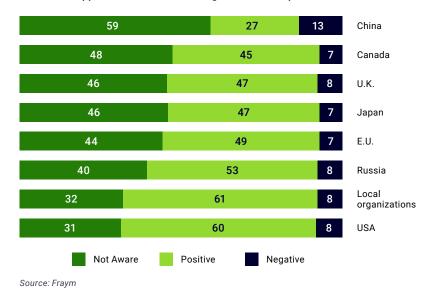
Super majorities of Indians, Kenyans, and South Africans cite economic benefits such as increased incomes and ability to work as key impacts of these government COVID-19 response programs. These trends extend to gender-based violence support services in India and South Africa as well.⁵

Key Finding 6

Public awareness of COVID-19 related support from major bilateral actors is very low in Kenya and South Africa.

The majority of Kenyans and South Africans are not aware of any pandemic-related support from major bilateral actors, including the United States, United Kingdom (UK), European Union, Canada, or Japan. Among those who are, such awareness is the highest for the United States and China. By contrast, the majority of Indians are aware of COVID-19 related support from major bilateral actors. Awareness and favorability rates here are highest for the United States and the lowest for China. Indians were also widely aware of and favorable towards Russian support, which is likely associated with medical supply shipments announced as the survey was underway.

FIGURE 2: Percent of respondents who have a __ perception of country's support towards INDIA during the COVID-19 pandemic.



Key Finding 7

Support from the World Health Organization during the pandemic is the most favorably viewed amongst multilateral organization, followed by the World Bank, UNICEF, and the World Food Program.

Public awareness of and favorability towards World Health Organization (WHO) support during the pandemic is higher than for any other multilateral or bilateral actor. However, awareness differs markedly across the three countries. Nearly nine in ten South Africans are aware of WHO support, of which 83 percent have a favorable view of the organization's engagement. Only one in two Kenyans are aware of any WHO support during the pandemic, although favorability is extremely high amongst those Kenyans who are aware. The World Bank, UNICEF, and World Food Program are next in terms of public awareness and favorability in all three countries, albeit rank significantly lower than the WHO in both categories. KENYA

over 85%

of people who have benefited from the National Safety Net Programme (NSNP) directly, or know someone who has benefited, believe recipients have increased their incomes

OVER 700% believe the NSNP improves their ability to work

5 Roughly 81 percent of Indians and two-thirds of South African cite an improved ability to work as a key benefit of their government's GBV support services.

³ Scheduled Caste Indians previously have been pejoratively referred to as "untouchables".

⁴ Sunday Times, "Whites earn three times more than blacks: Stats SA," 18 November 2019.

Gender-Transformative COVID-19 Recovery: Program Intervention Simulations

Drawing upon these survey findings and the literature, we examined different types of programmatic interventions that have been implemented in a broad range of developing country contexts that have targeted some of the highlighted challenges. We developed simulations of the effects of three types of interventions on various economic impacts in a select set of countries, namely: (1) addressing the caregiving crisis; (2) providing economic lifelines to vulnerable families; and (3) supporting women's economic empowerment. Detailed information on the methodological approach, data sources, assumptions, and analytic results can be found in each of the programmatic simulation reports.⁶ Here, we provide high-level findings related to the potential impacts of each type of intervention.

Addressing the Caregiving Crisis

Key Finding 8

An initial rollout of a targeted early childcare program could increase female employment by as many as 2.4 million women in Nigeria, Senegal, South Africa, and Uganda alone.

In our Addressing the Caregiving Crisis report, we analyze how programs targeted at caregivers of children can support and accelerate an equitable global recovery, including by enabling greater opportunities for female labor force participation. Peer-reviewed studies have consistently found that childcare and preschool, and/or related support programs, can increase female employment rates by between 8 and 22 percentage points.⁷ Such programs can help reduce the burden of unpaid care work, allowing women, households, and countries overall to benefit through greater economic activity, growth, and social inclusion.

Drawing upon this literature and previously available geo-referenced household survey data, Fraym simulated the potential impacts of investing in early childcare and preschool interventions in four specific focus countries—Nigeria, Senegal, South Africa, and Uganda. Figure 3 provides an example of the type of visualization included in our reports. Each grid (1km²) shows the number of potential beneficiaries, who are defined as working aged women and girls (15-49) living in poor households (the poorest 40 percent of the country) with a child 6 years or younger in the household.

BENEFICIARY PROFILE



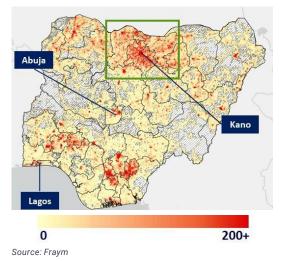
Working aged women and girls living in poor households with a child 6 years or younger in the household

6 Fraym • Mapping Humanity

⁶ Available at https://fraym.io/covid-impact/.

⁷ See Fraym (2021), Addressing the Caregiving Crisis: Gender-Transformative Global COVID-19 Recovery Plan for a complete list of these underlying studies.

FIGURE 3: Number of Potential Beneficiaries for an Early Childcare and Preschool Program, Nigeria⁸



Our report highlights how targeted COVID-19 recovery programs, supported by the global community, could lead to millions of women joining or re-joining the paid workforce. Specifically, we find that:

- An initial rollout of a targeted early childcare program could increase female employment by as many as 2.4 million women in Nigeria, Senegal, South Africa, and Uganda alone.
- A fully scaled-up program over time could potentially increase employment by as many as 5.2 million women in these four countries.

Supporting Women's Economic Empowerment

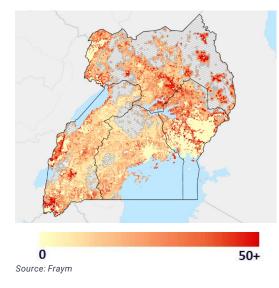
Key Finding 9

An initial rollout of a targeted productive asset and skill training program could increase household annual consumption by as much as \$170 and \$120 for households in Nigeria and Uganda, respectively. In our Supporting Women's Economic Empowerment report, we analyze how the provision of productive assets targeted at ultra-poor households can help support a more equitable pandemic recovery. Peer-reviewed studies have found that the provision of productive assets and associated skills training, typically channeled to women in ultra-poor rural households, consistently raises household consumption by between 5 and 23 percent.⁹ Drawing upon these peer-reviewed effect sizes and available survey microdata, Fraym simulated a range of potential impacts if similar, highly targeted programs were launched in Nigeria and Uganda.

Our report highlights that this type of program, supported by multilateral and bilateral development partners, could support women's economic empowerment and increased household-level consumption. Specifically, we find that:

- An *initial rollout* of a targeted productive asset and skill training program could increase household annual consumption by as much as \$170 in Nigeria and \$120 in Uganda, impacting nearly 6 million people.
- A *fully scaled-up program* over time could potentially reach nearly 4 million people in Uganda and nearly 17 million people in Nigeria.

FIGURE 4: Number of Potential Beneficiaries for a Productive Asset Provision and Skills Training Program, Uganda¹⁰



In this example, we utilized Nigeria 2018 Demographic and Health Survey microdata for our spatial data modeling and mapping software

- 9 See Fraym (2021), Supporting Women's Economic Empowerment: Gender-Transformative Global COVID-19 Recovery Plan for a complete list of these underlying studies.
- 10 Each 1 x 1 square kilometer grid shows the number of potential beneficiaries, who are defined as: households that are in the bottom quintile of consumption, live in rural areas, and are female headed. In this instance, we utilized Uganda 2019 General Panel Survey microdata for our spatial data modeling and mapping software.

INITIAL ROLLOUT

Early childcare could increase female employment by

2.4M

Productive asset & skill training could increase household annual consumption by

\$120+

FULLY SCALED-UP PROGRAM

Early childcare could increase female employment by

5.2M

Productive asset & skill training could reach nearly 4 MILLION PEOPLE IN UGANDA, and nearly

Providing Economic Lifelines

Key Finding 10

An initial rollout of targeted cash transfers could lift as many as 13 million people out of poverty in Kenya, Nigeria, Senegal, South Africa, and Uganda alone. In India, as many as 41 million people could be lifted out of poverty.

Lastly, in our *Providing Economic Lifelines* report, we analyze how temporary, targeted cash transfer programs can help to further mitigate the particularly dire effects of COVID-19 economic disruptions and stay-at-home policies on poor households who rely upon informal employment. Peer-reviewed studies have consistently found that cash transfer programs targeting such vulnerable populations can reduce poverty by 7 to 15 percentage points.¹¹ We simulate the potential poverty reduction impacts if these types of targeted programs were implemented in India, Kenya, Nigeria, Senegal, South Africa, and Uganda.¹² Specifically, given evidence that indicates cash transfers to women are more likely to benefit the whole household than transfers to men, our models include transfers to individuals living in households with at least one eligible woman.

Our report confirms that targeted rollouts of cash transfer programs can support economic resilience, equity, and inclusion for tens of millions of vulnerable people working in the informal economy. This would not only provide them with an economic lifeline, but also help position them to recover from the pandemic's particularly dire economic and social effects over the last year. Specifically, we find that:

- An *initial rollout* of targeted cash transfers could lift as many as 13 million people out of poverty in Kenya, Nigeria, Senegal, South Africa, and Uganda alone. In India, as many as 41 million people could be lifted out of poverty.
- A fully scaled-up program over time could potentially reduce poverty by as many as 18 million people in these same five countries. In India, this figure is 44 million.



Conclusion

Despite the many significant challenges, there are signs of hope for a more equitable post-COVID world, with countries recognizing a need to invest in families, women and girl, and vulnerable communities like never before. Beyond meeting the basic needs of their populations, country governments are looking to support gender-transformative programs, including pre-school and other forms of childcare, women's economic empowerment, digital and financial inclusion for women and girls, and gender-based violence prevention, as strategies to not only build back their economies, but to do so equitably. They increasingly recognize that only through gender-transformative societal change can they build more equitable, economically healthy societies, and lift more people out of poverty.

The global community—led by the G7 and G20 and supported by the World Bank and regional multilateral development banks—has a momentous opportunity to commit to a gender-transformative COVID-19 recovery. Such a recovery must incorporate, at minimum, investments in programs proven to both empower women and girls and foster societal change. Collectively, this approach of supporting multi-dimensional programs and interventions will drive a pandemic recovery that helps countries build back better.

11 See Fraym (2021), Providing Economic Lifelines: Gender-Transformative Global COVID-19 Recovery Plan for a complete list of these underlying studies.

12 These simulations also consider and acknowledge that similar types of economic lifeline and cash transfer programs may already be underway in these focus countries, with varying degrees of targeting coverage for women and vulnerable families.