



WOMEN AND GIRLS LEFT BEHIND

GLARING GAPS IN PANDEMIC RESPONSES

ABOUT THIS REPORT:

This publication compiles and analyses the results of Rapid Gender Assessment surveys (RGAs) on the socioeconomic impacts of COVID-19 in 45 countries, produced by UN Women in partnership with national statistical offices, governmental entities, international partners, or private sector. The report confirmed uneven pandemic impacts for women on five key areas of concern: 1) participation in the workforce; 2) unpaid care and domestic work; 3) emotional and physical well-being; 4) access to goods and services; and 5) relief and social protection measures. The report also draws on the findings from the [UNDP-UN Women Gender Response Tracker](#), which provides information on how countries are integrating gender equality in their policy responses. Country cases on how the RGA results have been used to inform critical gender-responsive policies and recovery plans to build back better are also provided in the report.

The RGA landing page, which provides harmonized, pooled estimates and corresponding microdata can be found on the Women Count Data Hub at: <https://data.unwomen.org/rga>.

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INTRODUCTION

The brunt of the pandemic has been borne by women and girls

Emerging evidence suggests that the COVID-19 pandemic has compounded existing vulnerabilities faced by women and girls and threatened to further widen gender and socioeconomic inequalities. Women's already vulnerable work conditions – faced by earning less, saving less and holding more insecure jobs – left them more exposed to labour market disruptions. In addition to the economic burden, the pandemic intensified unpaid care and domestic work. With children out of school, heightened care needs of older persons, and overwhelmed health services, UN Women research¹ confirms that this burden has fallen disproportionately on the shoulders of women. Moreover, the reallocation of health resources and priorities in hospitals and health centres – including sexual and reproductive health services – has impaired women's access to basic goods and services. Women's physical and mental health has suffered, and a culmination of these intensified consequences could further harm women's well-being.

UN Women's timely data response

Since policy is only ever as good as the data that inform it, expanding gender data collection will play an important role in ensuring that women's needs are at the centre of COVID-19 responses.

With that in mind, UN Women has been leading the charge on gender data to inform a gender-sensitive response to COVID-19. UN Women in collaboration with the World Health Organization (WHO) published the first comprehensive data on the [health impacts of COVID-19 by sex and age](#). In cooperation with partner UN agencies, UN Women built the [COVID-19 and gender monitor](#) to drive gendered responses to the crisis. UN Women and UNDP also jointly launched a [Global COVID-19 Gender Response Tracker](#) that provides information on how countries are integrating gender equality in their policy responses.² Most recently, UN Women released [Measuring the shadow pandemic: Violence against women during COVID-19](#), a 13-country study funded by the Bill and Melinda Gates Foundation.

Rapid gender assessments track impacts across 58 countries

To produce much-needed gender data on the impact of COVID-19, UN Women teamed up with national statistical offices, governmental entities and international partners to roll out [Rapid Gender Assessment surveys \(RGAs\) on the socioeconomic impacts of COVID-19](#) in 58 countries, across all regions: Arab States (9), Asia and the Pacific (11), East and Southern Africa (8), Europe and Central Asia (16), Latin America and the Caribbean (3), and West and Central Africa (11). Pooled estimates presented in this report refer to 45 of those countries, based on 99,939 respondents, of which 48% are women and 52% are men.³ The data are representative of each country and were collected between April 2020 and March 2021. While the results provide strong evidence of the gendered impacts of the pandemic, the pooled estimates represent only 20% of the world's population and therefore do not constitute regional or global averages.⁴

The RGAs focus on five key areas of concern: 1) participation in the workforce; 2) unpaid care and domestic work; 3) emotional and physical well-being; 4) access to goods and services; and 5) relief and social protection measures.

The findings confirmed uneven pandemic impacts for women. Partnered women living with children were more likely than partnered men living with children to see their employment disrupted. They were also more likely to shoulder increased unpaid care and domestic work. Moreover, women's access to sexual and reproductive health services and products, transportation, food and water has been impeded. Unsurprisingly, women's physical and mental well-being was strained by the pandemic, particularly that of younger women and partnered women living with children.

Women and girls are left behind

The data reveal that national responses have insufficiently addressed the needs of women and girls. Women were less likely than men to receive cash relief or social protection even though they were more likely to lose their jobs. Further, women without children and younger women and girls were especially likely to be left out of government support and social protection schemes. Now, countries can use the RGA findings to more effectively target their responses and reach those left behind.

WOMEN'S PAID WORK WAS MOST LIKELY TO BE DISRUPTED

The COVID-19 pandemic created simultaneous disruptions to both supply and demand, which adversely affected the labour market. Evidence from the RGAs reveals that the pandemic and associated restrictions drove employment losses, reductions in paid work hours and lost earnings for both women and men.

Both women and men lost their jobs but women saw more reduced paid work hours

Approximately a quarter of women and men in the 45-country RGA sample (23% of women and 24% of men) lost their jobs as a result of the pandemic's disruptions. These job losses have especially slowed women's labour market participation, considering that prior to the pandemic women's participation was more limited than men's – with a rate for women aged 25–54 of 63%, compared to 94% for men.⁵ In some countries, the magnitude of the gap was substantial. In Cambodia, where women are overrepresented in the sectors hit hardest by the pandemic – notably the garment and tourism sectors – women were 2.5 times more likely than men to lose their jobs. Further, across the RGA sample, women employed⁶ formally or informally were more likely than men to report losing their jobs (17% of women versus 11% of men).

The decline in employment is also reflected in average paid working hours. Half of women and men (49%) reported a reduction in paid work hours. But more countries (6 out of 10) saw women experiencing more losses of paid working hours. In Bangladesh, the gender gap was especially considerable, with women 1.6 times as likely as men to report reduced paid work hours. This could be the result of women's overrepresentation in factory jobs in Bangladesh, which experienced a reduction in work orders and in turn reduced

workforce capacity because of disruptions to global supply and demand chains.⁷

Own-account women workers⁸ were especially likely to see their paid work hours reduced (82% women compared to 65% of men). This is explained by the fact that women own-account workers are overrepresented in the retail trade, accommodation and food sectors, which have been hit hard by the pandemic.⁹ Furthermore, globally, 86% of own-account workers work informally, and women working informally are more affected than men by the pandemic as they are often in more vulnerable situations than their male counterparts.

Earnings plummeted and women's recovery is projected to be slower than men's

Around 6 in 10 women and men (62% women and 64% men) reported lost earnings.¹⁰ Women were slightly less likely than men to report losses, which could be associated with the fact that globally, before the pandemic, women's earnings were already more volatile. In fact, prior to the pandemic, women were globally earning 77% of what men earn,¹¹ they were more likely to work on a part-time basis,¹² and to face employment interruptions, particularly due to motherhood.¹³ As such, women may have been less likely than men to report a change if their earnings remained similarly low.

Reinforcing these findings, an International Labour Organization (ILO) analysis estimated that 8.8% of global working hours were lost in 2020 relative to the fourth quarter of 2019. Working-hour losses combine employment losses and reduced working hours for those who remain employed. It also estimated that women's job recovery will be slower than men's in 2021.¹⁴

Prime working-aged women living with children were especially likely to lose their economic security

Prime working-age women (aged between 24 and 44), were more likely than men to report losing their jobs (28% of women versus 24% of men) and see reduced paid working hours (55% of women versus 51% of men). Two-thirds (66%) of women in this age range have children in the household and, worryingly, they were especially more likely than men in the same age range to lose their job (29% of women versus 20% of men living with children). Younger women (aged between 18 and 24) living with children were also especially more likely than younger men living with children to see a reduction in paid work hours (56% women versus 44% men).

Before the pandemic, there were substantial labour market inequalities between women and men living as a couple with young children in the household.¹⁵ But data from the RGAs demonstrate that marriage and childbearing further dampened women's labour force participation during the pandemic. Indeed, partnered women with children in the household were those most likely to lose their jobs (30% of women versus 23% of men).¹⁶ This varied across countries. In Cambodia and Kenya, where women and men's labour participation did not present significant differences¹⁷, women's likelihood of losing their jobs was much higher than men's (34% of women versus 25% of men in Cambodia and 22% of women versus 9% of men in Kenya). Meanwhile in Lebanon and Jordan – where men were significantly more likely than women to participate in the labour market prior to the pandemic¹⁸– men were significantly more likely to lose their jobs (31% of men versus 14% of women in Lebanon and 22% of men versus 10% of women in Jordan).

Marriage and childbearing, in addition to affecting job losses, also impacted women's work capacity. Partnered women with children in the household saw the largest drop in paid work hours (63% of women and 60% of men).

Widowed women were also economically hard-hit

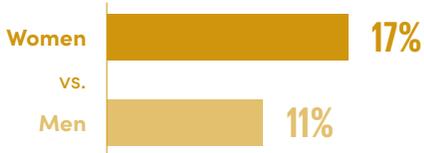
Women's specific vulnerabilities are often aggravated for widowed women who, beyond the grief and trauma of the loss of a spouse, face economic insecurity, discrimination, stigmatization and harmful traditional practices on the basis of their marital status.¹⁹ The RGA data show that when widowed women are treated as a separate group from single women, widowed²⁰ women without children in the household emerge as especially likely to lose their jobs (37%) – even more so than partnered women with children. And widowed women with children in the household were especially likely to reduce their paid working hours (78%), even more so than partnered women with children in the household.

Women with limited education were especially vulnerable to economic losses

The job security of women with low educational attainment was especially vulnerable to the pandemic shock. Women with only primary education (completed or not) were those most likely among women and men to lose their jobs (29% of women and 27% of men). Meanwhile, women with secondary education (completed or not) were the most likely among other women and men to reduce the number of paid work hours (64% of women and 54% of men). Indeed, in line with previous studies that suggest that economic shocks differently affect the labour market experiences of people with different levels of education, those with lower educational attainment were affected the most.²¹ The RGA findings suggest that this is further compounded for women.

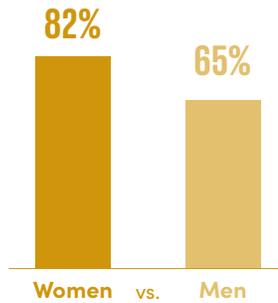
WOMEN WERE MORE LIKELY TO LOSE THEIR JOBS OR REDUCE THEIR PAID WORK

1 in 4 people lost their jobs

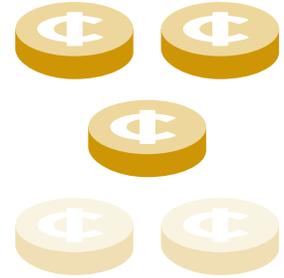


1 in 2 people saw work hours reduced

But independent women workers were especially affected

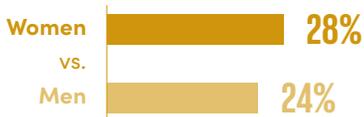


3 in 5 people lost earnings



WORKING WOMEN CARING FOR CHILDREN WERE MOST LIKELY TO LOSE THEIR ECONOMIC SECURITY

Women aged 24–44 were more likely than men to lose their jobs

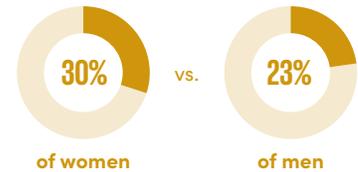


while 55% of women vs. 51% of men saw reduced paid work hours

Women living with children were more likely to lose their jobs than men living with children



Partnered women living with children were most likely to lose their jobs



They also saw the largest drop in paid work hours (63% vs 60% of men)

Younger women (aged 18–24) living with children were more likely than younger men living with children to see reduced paid work hours



Widowed women were especially likely to lose their jobs (28% of women vs. 23% of men) and reduce their paid working hours



WOMEN ARE LESS LIKELY TO SEE JOB RECOVERY

The number of employed women in 2021 is projected to be

13 million less

than in 2019, while the number of employed men is projected to be the same

Fewer working-age women will be employed in 2021



WOMEN TOOK ON EVEN MORE UNPAID CARE AND DOMESTIC WORK

Pandemic-related lockdowns and shelter-in-place orders increased care demands and domestic work in households everywhere. Schools and other service closures, restrictions to mobility, and caring for sick household members have all multiplied needs and demand for care and household chores.

Prior to COVID-19, the distribution of unpaid care work was already unequal, and women were on average doing 2.5 times the amount of unpaid care and domestic work as men globally,²² largely because of gender roles that consider unpaid care and domestic work as “women’s work”. Data from the RGAs show that prior to the pandemic, women were more likely to spend the most time on at least one domestic activity (82% of women and 75% of men), more likely to spend the most time on at least one childcare responsibility (72% of women and 48% of men), and more likely to spend the most time on at least one activity related to assisting elderly or sick or disabled adults (71% of women and 58% of men).

The domestic burden continued to fall largely on women during the pandemic

While both women and men are bearing the burden of the increased domestic work and unpaid care responsibilities, the RGAs confirm that women are still carrying the heaviest load. Women were slightly more likely than men to report an increase in domestic work (61% of women and 60% of men) as well as in the intensity of domestic work, as measured by an increase of at least three activities (25% of women and 21% of men). In 27 out of 45 countries, women were more likely than men to report an increase in domestic work by upwards of 5 percentage points. In Côte d’Ivoire, women were more likely than men to report increased domestic work by 14 percentage points; by 12 percentage points in Afghanistan, by 11 in Thailand and by 10 in Turkey.

Women were also more likely to report an increase in care responsibilities and in their intensity. When it comes to childcare, women were more likely to report increased responsibilities (56% of women and 54% of men) and an increased intensity of such responsibilities (32% of women and 28% of men). In Bangladesh, however, men were more likely than women to report increased childcare responsibilities (77% of men versus 67% of women); however, this could be because women spending significantly more time than men on cleaning (54% of women and 41% of men) and cooking (24% of women and 8% of men).

While women were carrying the heaviest burden, more men reported increasing time spent on adult care. Men were in fact more likely than women to report increased responsibilities related to assisting elderly, sick or disabled adults, providing physical and emotional care and/or administrative and accounting support (48% of women and 54% of men).

The circumstances of the pandemic, with both women and men spending more time at home, could offer an opportunity for gender roles to shift within the home. However, more evidence is needed to see if this trend continues over time.

Women who lost jobs/hours were more likely to see increased unpaid care and domestic work

Women who experienced employment losses (lost jobs or reduced working hours) were more likely than men to report an increase in unpaid care and domestic work (78% of women versus 75% of men). Furthermore, women who experienced employment losses were 1.3 times as likely as women who did not report an increase in unpaid care and domestic work; whereas men who experienced

employment losses were only 1.1 times as likely as men who did not experience employment losses to report an increase in unpaid care and domestic work.

Women living with children bore the brunt of the increased unpaid care and domestic work

A recent report by the ILO shows that prior to the pandemic, the amount of time women dedicated to unpaid care work increased with the presence of children in the household²³. Partnered women living with children were more likely to spend the most time on domestic work in 2019 (88% of women compared to 80% of men), followed by partnered women without children in the household (82% of women and 79% of men), and single women living with children (80% of women and 78% of men).

RGA data demonstrate that the pandemic is mirroring these household trends, with the heaviest load falling on women living with children. Women with children in the household were more likely than men with children to report an increase in domestic work (65% of women and 61% of men), and an increase in childcare (65% of women and 59% of men) and those who were partnered saw the biggest increase.

More than half of older women reported increased unpaid care and domestic work

While it has been hypothesized that the greater vulnerability to the coronavirus in older age and the need to separate children from older members reduces the provision of care by older individuals,²⁴ the RGA data reveal that older women and men actually reported an increase in unpaid care and domestic work. In fact, more than half of older women reported an increase in domestic work (57%) and childcare (51%). This is also higher than the rate for older men (46% of whom reported an increase in domestic work and 47% of whom reported increased childcare). Accordingly, older people, especially older women, should not exclusively be perceived as care recipients, but also as providers of care.

Women were less likely to receive help from others for unpaid care and domestic work

Despite taking on the brunt of increased domestic work and care activities, women were less likely than men to receive additional support from their spouses (58% of women compared to 75% of men), from other family members (68% of women versus 72% of men), from children (62% of women and 69% of men), and from domestic workers (14% of women and 20% of men). In all countries except Ethiopia, women were less likely than men to receive support from their spouses.

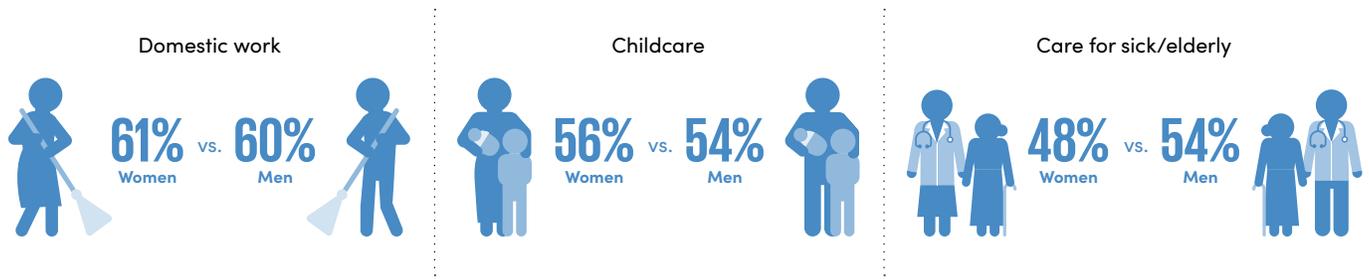
Partnered women living with children were the most impacted

Globally, before the pandemic, prime-working-age women were already far less likely to be in the labour force when they had a partner and had young children (49% of women compared to 97% of men).

When the pandemic hit, partnered women living with children were those most likely to lose jobs and working hours, with approximately one-third losing their job (30% of women versus 23% men) and nearly two-thirds (63% of women versus 60% of men) experiencing reduced paid working hours. They were also those most likely to report an increase in unpaid care and domestic work, with more than two-thirds reporting an increase in domestic work (67% of women versus 63% of men) and in childcare (70% of women versus 65% of men).

Indeed, partnered women living with children who took on additional unpaid care and domestic work were more likely than partnered men living with children to lose their jobs (30% of women versus 24% of men), and more likely to report a reduction in paid work hours (64% of women versus 62% of men). This points to the fact that women's domestic and care obligations force them to cut down on paid working hours more than men, reflecting the unequal ways in which domestic and economic responsibilities are shared between women and men who are living together. This puts women at risk of losing some of the economic ground they had gained over the past decades.

CARE AND DOMESTIC WORK INCREASED FOR 6 IN 10 PEOPLE



CARE AND DOMESTIC WORK INTENSIFIED* MORE FOR WOMEN THAN MEN



*Note: Intensity is measured by a reported increase in time spent in at least three activities.

Women spent more time than men time on certain activities:

1.2x

more time cleaning, instructing children and collecting water or wood

1.3x

more time playing with children

1.7x

more time cooking

WOMEN'S UNPAID CARE WORK INCREASED WHILE THEIR PAID WORK DECREASED

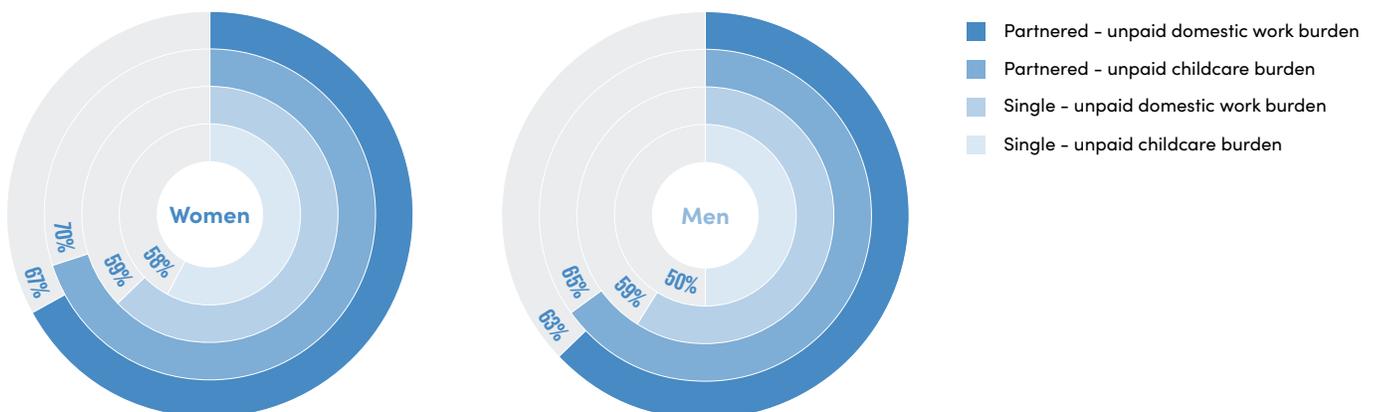
Partnered women living with children who took on additional unpaid care and domestic work lost their jobs or reduced their paid work hours.

30%
lost their jobs



64%
reduced paid work hours

WOMEN LIVING WITH CHILDREN FACED GREATER UNPAID WORK BURDENS



COVID-19 DISRUPTED ACCESS TO BASIC GOODS AND SERVICES

COVID-19-related measures, including curfews and lockdowns, crippled people's mobility as well as their access to basic services and goods, including food and water. The pandemic has also disrupted the health sector, often leading people to be reluctant to seek routine medical care out of fear of contracting COVID-19, and limiting their access to basic health services, including sexual and reproductive health services. Moreover, financial constraints due to employment losses further worsen people's access to basic health goods and services.

The provision of sexual and reproductive health services, including maternal health care, are central to the health, rights and well-being of women and girls. Limited access to these services could exacerbate maternal mortality and morbidity, and increase rates of adolescent pregnancies, HIV and sexually transmitted diseases.²⁵

Women's access to health services, including sexual and reproductive care, has been hampered

Evidence from the RGAs shows that almost half of women (48%) faced difficulty in accessing sanitary and health products – including menstrual products, contraceptives and soap – and over one-third (37%) had trouble accessing medical care – including obstetric and gynecological services.²⁶

In Afghanistan and Bangladesh, where inequitable gender norms and stigma related to sexuality are prevalent,²⁷ more than three-quarters of women reported difficulties in accessing sanitary and health products, and 83% of women in Afghanistan had trouble accessing medical care. Indeed,

Afghanistan's health indicators – specifically on sexual and reproductive health – were among the lowest globally even before the pandemic, in part due to decades of conflict; but the pandemic's restrictions have further compounded the problems for women and girls.²⁸

Younger women (aged between 18–24 years) were especially likely to face difficulties accessing sanitary and health products (58% of women). This is worrying considering that sexually transmitted diseases, including HIV/AIDS, are most common in the 15–24 age group and in all countries young women face the highest risk of HIV infection through heterosexual contact.²⁹

Women and men reported increased difficulty accessing food, threatening food security

Prior to the pandemic, the gender gap in accessing sufficient food increased from 2018 to 2019, especially in Northern Africa and Western Asia. Women were more likely to be food insecure than men, even when they had the same income and education levels.³⁰ The pandemic further aggravated food insecurity for women and men, threatening to curtail progress in bridging the gender gap in accessing food. Evidence from the RGAs revealed that women and men faced increasing difficulties accessing food and water. Almost half of respondents (47% of women and 53% of men) reported having difficulty accessing food for their households. There were, however, variations across countries. In Bangladesh, women were considerably more likely than men to report difficulty accessing food (64 versus 44%), while in the Philippines men were significantly more likely than women to report this (80 versus 43%).

Women were especially likely to have limited access to water

The presence or absence of a safe and sufficient water supply and improved sanitation facilities has a disproportionate effect on the lives of women and girls. First, women and girls are usually in charge of collecting water, placing a time and physical burden on them and potentially exposing them to COVID-19 infection. Second, women have specific hygiene needs during menstruation, pregnancy and child-rearing which require adequate water supply.³¹ Addressing women's water needs has been deemed critical to achieve gender equity.³²

Nonetheless, RGA data demonstrate that one in five women and men reported difficulty in accessing water because of the pandemic (22% women and 21% men). Gaps were wider in countries such as the Philippines (21% women and 12% men) and Cambodia (15% women and 9% men). As such, restricted access to water takes a disproportionate toll on women and girls.

The pandemic has worsened access to transportation

Data collected in 2019, from 610 cities in 95 countries, demonstrated that only half of the world's urban population had proper access to public transport.³³ The pandemic worsened the situation, with half of men and 47% of women reporting increased challenges in accessing transport. In 9 out of 13 countries in which access to transport was unequal between women and men, women were more likely to face challenges in accessing public transport. For instance, in Cambodia women were more than twice as likely as men

to face difficulties accessing transport (34% women and 16% men). Women, who rely more on public transportation than men, face a complex interaction of socioeconomic barriers and pandemic restrictions that impede their mobility and access to transport.³⁴ Moreover, the pandemic risks further increasing the "pink tax" on transport, which is the additional cost women pay for safety reasons.³⁵

Women had more limited access to digital technologies than men

Technological progress has the potential to improve social and economic outcomes for women. Yet, it also poses the risk of repeating and amplifying existing gender inequalities. Prior to the pandemic, despite several interventions and policies to enhance women's digital empowerment, gender gaps persisted in access to digital technologies. Women's access to the Internet and mobile phones was estimated at about 85% of the level for men, and a total of 1.7 billion women in the global South were unconnected.³⁶

Data from the RGAs show that this digital divide was reflected during the pandemic. Women were less likely than men to use digital technologies to access information on COVID-19 (37 versus 42%). Women's use was also lower than men's in 24 out of 36 countries. Nonetheless, women were much more likely than men to use the Internet in the Philippines (57 vs. 32%) and in Cambodia (69 vs. 52%).

There is also an important age and gender gap. While younger women (aged 18–24) were more likely to use the Internet and social media to access COVID-19 information than women overall, they were still less likely than younger men to do so (42% women and 52% men).³⁷

WOMEN HAD TROUBLE MEETING THEIR HEALTH NEEDS

48% of women had difficulty accessing sanitary and health products – including menstrual products, contraceptives and soap

37% of women had trouble accessing medical care – including obstetric and gynecological services

1.4 million unintended pregnancies may have occurred because of women's inability to access family planning services

1 IN 2 PEOPLE HAD TROUBLE ACCESSING FOOD



1 IN 4 PEOPLE HAD TROUBLE ACCESSING WATER



WOMEN HAD LESS ACCESS TO COVID-19 INFORMATION VIA DIGITAL TECHNOLOGIES

Women were less likely than men to use digital technologies to access information on COVID-19:



Younger women (aged 18–24) were less likely than younger men to do so:



WOMEN'S WELL-BEING WAS STRAINED

The COVID-19 crisis has heightened the risk factors generally associated with poor mental health – including economic and health insecurity, unemployment, fear, limited access to basic goods and services. Meanwhile, supportive factors – including social connection, physical exercise, daily routine, and access to health services – fell. In fact, almost two-thirds of women and men (62%) said that they felt a greater strain on their mental and emotional health during the pandemic.³⁸

In 22 out of 33 countries, women were more likely than men to report that their mental and emotional well-being has been impaired.³⁹ In Chile, Nepal, Bangladesh and Afghanistan, more than three-quarters of women reported experiencing mental and emotional burdens, while in Colombia and Mexico less than a quarter of women reported this.

Considering that women have predominantly carried the burden of increased unpaid care and domestic responsibilities, they were especially likely to report increased stress and strains on their mental health. Women who reported increased unpaid care and domestic work were 1.6 times as likely to report increased mental and emotional stress as women who did not see increases in such work, while men who reported increased unpaid care and domestic work were 1.4 times as likely to report increased emotional and mental stress as men who did not report increases in such work. This suggests that the uptick in unpaid care and domestic work has especially impacted women's mental and emotional well-being.

Partnered women living with children faced mental or emotional strains

The mental and emotional health of women and men varied by household composition and age. While both partnered women and men living with children experienced strain on their mental or emotional well-being, partnered women living with children were marginally more likely than partnered men to experience this (69 versus 67%), which may be because partnered women living with children were hit hardest economically and carried the heaviest domestic and care workload. Widowed women living with children were also likely to report adverse impacts to their mental or emotional well-being, and more so than widowed men living with children (72% women and 68% men).

Conversely, single men living with children were more likely than single women living with children to report mental and emotional strains (70 versus 74%, respectively). Single men's higher vulnerability to emotional or mental stress could be associated with the fact that men as single parents generally experience lower levels of support from friends, family and other people, especially driven by men's reduced willingness to seek help.⁴⁰

Younger women experienced mental or emotional stress

About 3 in 4 (71%) women aged 18 - 24 experienced mental or emotional stress, compared to 59% of men in the same age range. The rates were even higher for women in Chile, where 90% of young women reported such impacts. While there were no significant differences in stress levels between women and men aged 60 years or older, men aged 45 - 59 were more likely than women in the same age range to report increases in stress levels (51% women and 63% men).

Compounding economic and social stresses, the RGAs reveal that women and men faced circumstances causing increased stress in their households. Almost 3 in 10 women (29%) reported experiencing illness and death in their household, compared to 27% of men.⁴¹ In Afghanistan, women and men were especially likely to report illness and death in their households (68% of women and men).

Furthermore, people's feelings of safety were shaken. Approximately 17% of women and men reported facing increased discrimination⁴² and 18% of women and 22% of men reported increased violence in their community. Also, 44% of women and men said they do not feel safe at home,⁴³ with the most-cited reason being that crime had increased (31% of women and 43% of men), followed by the concern that they live in densely populated areas where children play (30% of women and 23% of men). In some countries, such as Colombia, Côte d'Ivoire, Guinea, Senegal and Mali, around 9 in 10 women and men reported not feeling safe at home, and in Guinea and Mali, women were more likely than men to report this.

2 IN 3 PEOPLE FELT INCREASED STRAINS ON MENTAL OR EMOTIONAL HEALTH

In 22 out of 33 countries

women were more likely than men to report that their mental or emotional well-being had been impaired

AS WOMEN'S UNPAID WORK BURDENS INCREASED, SO DID THEIR MENTAL OR EMOTIONAL STRESS

Women who reported an increase in unpaid work were

1.6x

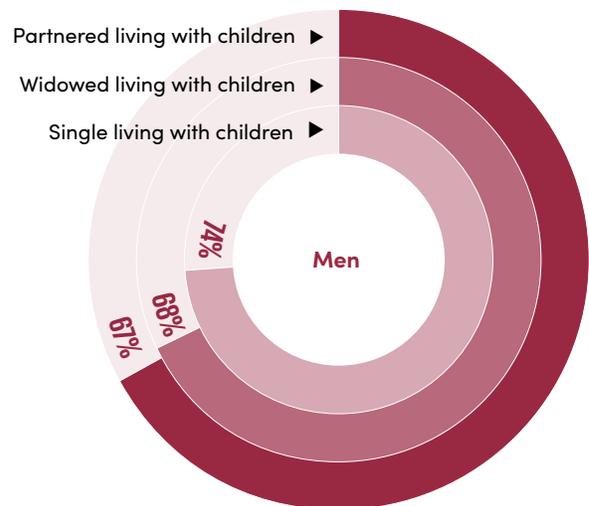
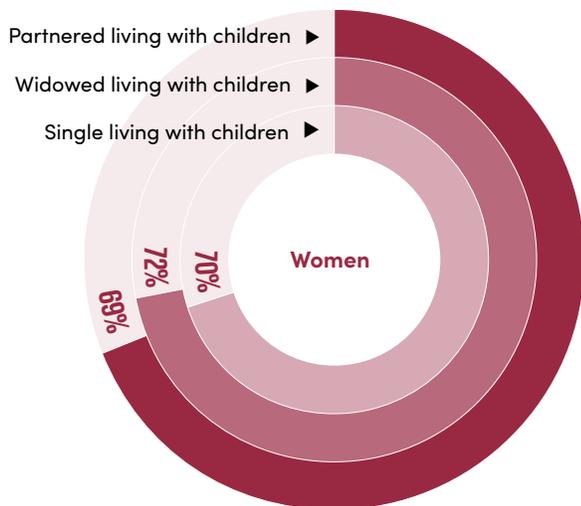
more likely to report increased mental or emotional stress

Men who reported an increase in unpaid work were

1.4x

more likely to report increased emotional or mental stress

WOMEN CARING FOR CHILDREN FACED GREATER STRAINS ON MENTAL OR EMOTIONAL WELL-BEING



YOUNGER WOMEN (18-24) EXPERIENCED GREATER MENTAL OR EMOTIONAL STRESS



COVID-19 EXPOSES GENDER GAPS IN RELIEF AND SOCIAL PROTECTION MEASURES

To recover from the crisis, relief and social protection measures are imperative to meet the needs of vulnerable groups. Prior to the pandemic, only 31% of the global population was covered by comprehensive social protection systems, with women's coverage more limited than men's by 8 percentage points.⁴⁴ This implies that the majority of people, and especially women, either were not or were only partially covered when the pandemic spread.

Women were less likely to receive cash relief or social protection from governments or NGOs

During the pandemic, governments' social protection schemes have fallen short of their potential as an enabler and equalizer. The [UNDP-UN Women COVID-19 Global Gender Response Tracker](#) reveals that most countries' social protection and jobs responses have remained largely blind to women's rights and needs. As of April 2021, only about 13% of the social protection and labour market measures adopted in response to the pandemic dealt with women's economic security and only 11% addressed unpaid care through ensuring paid family leave, shorter/flexible work arrangements, emergency childcare services or support for long-term care facilities.⁴⁵

Evidence from the RGAs also shows that women were less likely to report receiving pandemic-related cash relief from governments (10% of women versus 16% of men).⁴⁶ It is important to highlight that surveys were administered at different times across countries, and some surveys may have been administered before relief measures were fully dispensed. Moreover, the way respondents report having received relief does not account for the scope, scale and duration of the relief package. Furthermore, the fact that many countries adopted digital tools and applications to

target their relief measures could have impeded women's access to relief measures and contributed to the gender gap in relief delivery, considering that women were globally less likely than men to have access to the Internet and mobile phones.⁴⁷

In addition to limited relief, unemployed women were half as likely as men to report that they are covered by unemployment insurance (7% of women versus 14% of men) in countries where this was asked.⁴⁸

International organizations and NGOs also played a role in providing relief measures to mitigate the impacts of COVID-19. Nonetheless, women were slightly less likely than men to report receiving support from NGOs (9 versus 10%, respectively).⁴⁹ The gendered differences in NGOs' support were substantial in the Philippines (6% of women versus 28% of men), in Mexico (7% of women versus 33% of men), and in Serbia (51% of women versus 69% of men).

Women's more limited access to cash relief and social protection is especially worrying considering the disproportionate impact the crisis has had on women's economic security and provision of unpaid care.

In most countries, government cash relief was not associated with losing one's job

Surprisingly, in 25 out of 34 countries surveyed, loss of jobs had no impact on whether women reported receiving cash relief from government. In only 5 out of 34 countries were women who lost jobs more likely to report receiving cash relief than those who did not. In fact, in 4 out of 34 countries, women who lost their jobs were actually less likely to report receiving cash relief than those who did not lose them.

Similarly, in 23 out of 34 countries, loss of jobs had no impact on whether men reported receiving cash relief from government. Men who lost their jobs were more likely to report receiving cash relief than those who did not lose their jobs in only 2 out of 34 countries, while in 9 out of 34 countries they were less likely to report receiving cash relief than those who did not lose their jobs.

In fact, countries mainly used pre-existing administrative data such as social registries and voters' databases to target households and individuals with relief measures. This implies that the targeting and eligibility criteria was based on previously collected, and often outdated, information and statistics rather than on the immediate economic impacts of the pandemic.⁵⁰

Women were especially likely to be left out of social protection

Women without children in the household (whether single, widowed or partnered) were the least likely to report receiving cash relief (8% women versus 17% of men). Widows without children in the household were especially likely not to receive cash relief (7% of women and 9% of men).

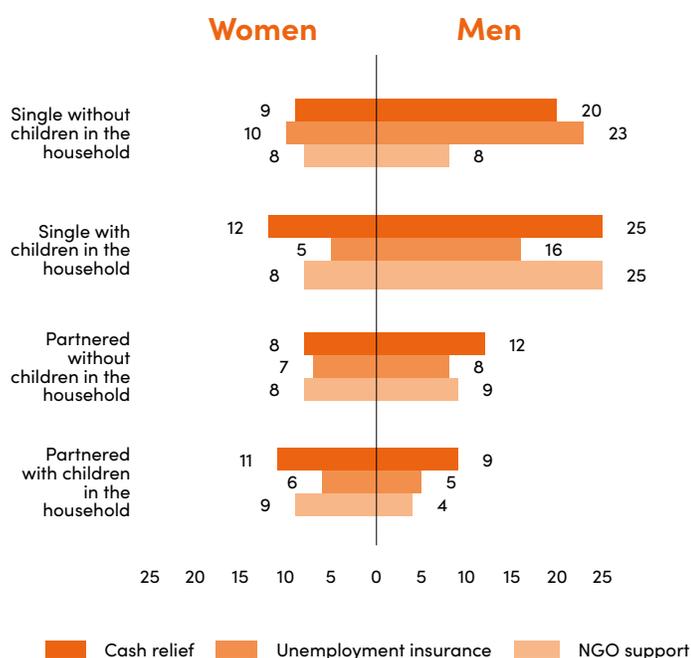
A study by Women in Informal Employment: Globalizing and Organizing (WIEGO) conducted in 11 cities also found that women informal workers without children were less likely than those with children to receive government cash assistance, suggesting that relief measures were more likely to reach those already covered by some form of social assistance (like families with children), than to reach those previously uncovered (like single women).⁵¹ Moreover, existing social programmes, such as Brazil's Bolsa Familia, often targeted mothers when covering families with children.⁵²

Single women, including widows, with children in the household were far less likely than single men with children in the household to be covered by unemployment insurance (5% of women and 16% of men) and were especially less likely than single men living with children to get cash relief or NGO support (12 and 8% of women, versus 25% of men for both types).

Single men without children in the household were those most likely to report being covered by unemployment insurance (23% versus only 8% of single women without children in the household).

FIGURE 1

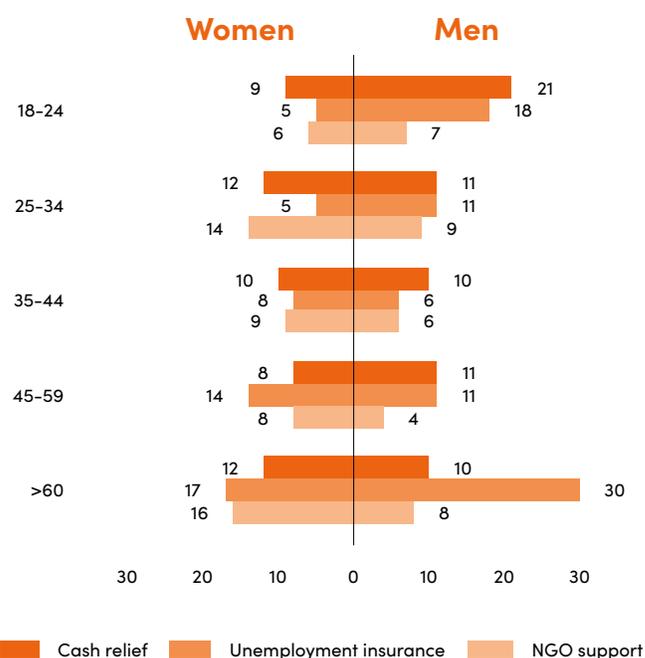
Percentage of people who received relief measures during COVID-19, by sex, type of source and presence of children in the household



Source: UN Women calculations, based on rapid gender assessments on the socioeconomic impact of COVID-19, 2020–2021.

FIGURE 2

Percentage of women and men who received relief measures during COVID-19, by sex and age groups



Source: UN Women calculations, based on rapid gender assessments on the socioeconomic impact of COVID-19, 2020–2021.

Social protection schemes have also failed to sufficiently cover younger women

Younger women (aged 18–24) were the least likely to have access to social protection. They were the least likely to report receiving cash relief (9% of women versus 21% of men), the least likely to report being covered by unemployment insurance (5% of women versus 18% of men) and the least likely to report receiving support from NGOs (6% of women versus 7% of men). Among women, those aged 60 years and older were the age group most likely to report receiving cash relief (12%), unemployment insurance (17%) and support from NGOs (16%).

The significant differences in reported relief between women and men, and across household compositions and age, indicate that relief policies and programmes are not reaching many women in need and risk reinforcing gender inequities. It also suggests that governments continue to link women's access to social protection to their role as mothers instead of treating it as an individual entitlement (independent of family status). As a result, responses should be effectively designed and targeted in ways that account for women's specific social circumstances and benefits should be enhanced for women and girls in need.⁵³ To optimally achieve this, timely and accurate data are needed to inform the design and implementation of responses.

Women fared better in countries with targeted policies

Social protection responses effectively targeted to the needs of women play a key role in mitigating the disproportionate adverse impacts of the pandemic on women. The RGA data show that in countries with policies designed to address

women's specific needs during the pandemic, women were more likely to report receiving relief than in countries without these policies. Using data from the [UNDP-UN Women Gender Response Tracker](#), and controlling for job loss and a proxy for their socioeconomic circumstances prior to the pandemic,⁵⁴ RGA data demonstrate that women in countries that had policy measures specifically targeting women's economic security during the pandemic were 1.6 times as likely to report receiving government relief as those in countries that did not have such policies.⁵⁵

In the Philippines and Indonesia, where around one-third of men reported receiving cash relief and half of women were likely to report this, the UNDP-UN Women Tracker shows that both countries' policy measures were not directly targeted at women's economic security and did not support unpaid care. Conversely, in Colombia and Senegal, where policy measures were targeted at women's economic security, more than half of women reported receiving cash relief and women were more likely than men to do so. Similarly, in the Central African Republic – where 40% of the Crisis Committee for COVID-19 established in March 2020 consisted of women – around two-thirds of women received cash relief, compared to 52% of men.

Policy measures specifically targeted towards women were also associated with lower strain on women's mental and emotional health during the pandemic. In countries without measures addressing women's economic security and in countries without policies addressing unpaid care, women were 1.3 times as likely to report negative impacts on their emotional or mental well-being as women in countries that invoked such policies, controlling for country's socioeconomic circumstances prior to the pandemic.⁵⁶

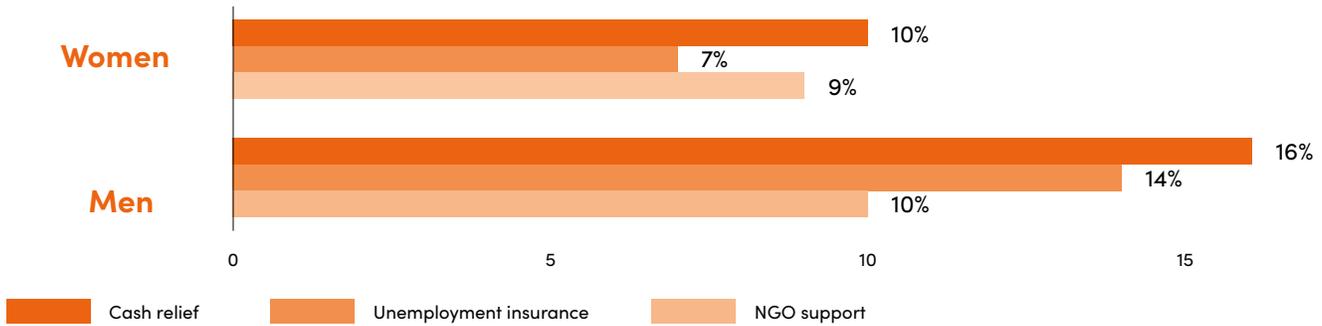
Also, women who reported receiving relief were less likely to report increased mental or emotional burdens by 11 percentage points over those who did not receive relief.

Women without children were less likely to receive relief

A regression analysis – that does not account for the indirect effect of age and job loss – revealed that on average women without children in the household were the least likely to receive cash relief. Nonetheless, when comparing the receipt of relief between women and men with the same household composition, in the same age range and with the same probability of reporting job losses, partnered women living with children emerge as those most likely to report receiving cash relief from government (21%), compared to partnered men living with children (8%). However, women without children in the household (single or partnered) were still less likely than men without children in the household to report receiving cash grants from the government (11% of women and 16% of men).

These results suggest that a confluence of sex, household composition, age and job loss play a role in receipt of relief. In fact, individual and household level factors seem to impact the targeting and receipt of relief. This confirms the need for timely and accurate data that elucidate the specific needs and circumstances of different groups of women to help better-target assistance.

WOMEN WERE LESS LIKELY TO RECEIVE CASH RELIEF OR SUPPORT FROM GOVERNMENTS OR NGOS



WOMEN WERE LESS LIKELY TO RECEIVE SUPPORT

Women without children in the household were less likely to receive:



Cash relief
8% vs 17%
Women vs Men

Unemployment insurance
6% vs 10%
Women vs Men

NGO support
9% vs 13%
Women vs Men

Single women with children in the household were far less likely to receive:



Cash relief
12% vs 25%
Women vs Men

Unemployment insurance
5% vs 16%
Women vs Men

NGO support
8% vs 25%
Women vs Men

Younger women (aged 18–24) were the least likely to receive:



Cash relief
9% vs 21%
Women vs Men

Unemployment insurance
5% vs 18%
Women vs Men

NGO support
6% vs 7%
Women vs Men

Only partnered women living with children were slightly more likely than partnered men living with children to receive:



Cash relief
11% vs 9%
Women vs Men

Unemployment insurance
6% vs 5%
Women vs Men

NGO support
11% vs 9%
Women vs Men

RESPONSES DESIGNED TO MEET THE NEEDS OF WOMEN MAKE A DIFFERENCE

Women in countries with pandemic-related policies specifically targeting women's economic security were

1.6x more likely to receive government relief as those in countries that did not

Women in countries without measures addressing women's economic security and unpaid care were

1.3x more likely to experience adverse impacts on their emotional or mental well-being

A second round of RGAs is paramount to understanding the continuing effects of the pandemic

Building on the results of the first round of the Rapid Gender Assessment conducted in May 2020, UN Women conducted a second round RGA survey in Georgia in October 2020 to understand the continuing effects of the COVID-19 pandemic.

While economic participation improved for women and men, women faced a slower recovery than men

In October 2020, women and men were less likely to report having lost their jobs since the start of the pandemic (20% of women and 15% of men in October versus 26% of women and 31% of men in May). Nonetheless, the decrease in job loss was stronger for men, with a 16-percentage-point decrease, while women only saw a 6-percentage-point decrease in May. However, women were more likely than men to report losing their jobs by October. This pattern could suggest a slow recovery of jobs after the strict lockdown rules imposed in spring 2020, and one that has benefited men more than women.

In October 2020, men were more likely than women to reduce their paid working hours (42% of men vs. 32% of women). However, women and men were less likely to report income losses in October than in May (47% of women and 52% of men in October, versus 51% of women and 56% of men in May).

While the unpaid care and domestic work burden lessened for women and men, it did not disappear

In October, women and men were less likely than they were in May to report an increase in domestic work (44% of women and 34% of men in May, versus 28% of women and 30% of men in October) and significantly less likely to report an increase in childcare (71% of women and 65% of men in May, versus 19% of women and 18% of men in October). This could indicate that in October, when COVID-19 measures had eased in Georgia, the unpaid care and domestic work

burden was alleviated for women and men; however, it did not fully dissipate. Women and men were still shouldering additional unpaid care and domestic responsibilities more than half a year after the pandemic began, with women still doing more.

Difficulties in accessing essential sexual and reproductive health services persisted

In October, one-quarter of women were still reporting difficulty in accessing sanitary and health products, and 40% were still having trouble accessing medical care. While these numbers are lower than in May, they are still substantial. The prolonged hindrances to accessing sexual and reproductive health services can be worrisome considering the central role of these services in ensuring health and well-being.

The impacts on emotional or mental well-being are worsening, for women in particular

Women and men's mental or emotional state continued deteriorating in October, with women and men much more likely than they were in May to report adverse impacts on their mental and emotional well-being (8% of women and 7% of men in May, versus 57% of women and 40% of men in October). Women were also far more likely than men to report strains on their mental and emotional health in October.

While Georgians had still not received relief in May, around 4 in 10 reported receiving it in October

In May, few women and men surveyed had received any cash support from the Government (only 1% of women and 2% of men). However, by October, 48% of women reported having received cash support, as did 42% of men. This reflects Georgia's efforts to implement gender-responsive relief measures.

COUNTRIES ARE BUILDING BACK SMARTER WITH BETTER DATA

UN Women's experience has shown that in countries where gender data on the impacts of COVID-19 are being collected, governments are using this evidence to inform critical gender-responsive policies and recovery plans to build back better (see impact stories below).

In several countries, the RGA findings have been used to inform the development of targeted programmes that alleviate the disproportionate economic impacts on women's formal and informal employment. In [Chile](#), a subsidy programme was created to support working caregivers and a national policy on science and technology was designed to boost women's technological skills and employment. In the [Maldives](#), nearly 7,500 women informal workers are now included in the Government's Income Support Allowance programme. And in [Rwanda](#), the Government expanded an Economic Recovery Fund to cover Small and Medium Enterprises, where women are concentrated.

Findings on women's well-being and safety have similarly strengthened national efforts to combat the surge of violence against women and girls as a result of the pandemic. In the [Maldives](#), national campaigns were implemented to prevent domestic violence and change attitudes regarding housework and gender roles. In [Chile](#), a government health platform was revamped to include information on women's mental health services, including services for survivors of gender-based violence. And in [Jordan](#), UN Women COVID-19 programming was adapted to ensure remote gender-based violence services and support.

Additionally, information from RGAs resulted in additional funding to mainstream gender national recovery and response policies. In six countries, the RGA results helped attract nearly USD 40 million in UN Women and UN project funding.⁵⁷ In some countries, as a result of partnering with National Statistical Offices (NSOs) and Ministries of Women, the RGA methodology was used to improve data collection efforts on the impact of COVID-19. In [Samoa](#), the Ministry of Women, Community and Social Development partnered with UN Women to design a data-collection plan to guide the country's recovery efforts with a focus on rural communities.

In the [Philippines](#), the RGA's specific questions on social protection and unpaid care and domestic work were integrated within the national Labour Force Survey.

How did RGA data lead to concrete action worldwide?

UN Women conducted a case study to capture the impact of the RGAs and identify what were the key drivers that enabled greater use of their data to inform country response and recovery plans. The findings revealed several key factors behind their success:

- **Timing matters – the earlier the better.** RGAs such as those in [Albania](#) and the Maldives, both conducted at the onset of the pandemic (May–June 2020), had strong impacts on government responses compared to RGAs conducted in late 2020 or early 2021.
- **Partnering with government institutions, UN agencies and other key stakeholders generates political will and strengthens ownership to produce and use gender and COVID-19 data.** In Chile, the RGA conducted in collaboration with the Ministry of Women and Gender Equality was widely used and promoted, with similar results in [Colombia](#), [Rwanda](#), [Senegal](#) and the Maldives.
- **Widely disseminating results to multiple stakeholders and communicating data effectively will increase impact.** Improving how RGA data are communicated, through producing user-friendly infographics and videos, and widely disseminating results to advocates and policymakers quickly resulted in greater policy influence.

However, more follow-up is needed to not only monitor how data are being used to influence recovery policymaking but also to track the gender-responsiveness of government policies and programmes. Some of these lessons learned require further attention in future COVID-19 data-collection efforts and to ensure that data play a central role on the road to recovery.

IMPACT STORIES

Colombia

New data help make the case for women-targeted economic support programmes and shape a new national care policy

The RGA data allowed decision-makers in Colombia to obtain information that nobody else was capturing. The preliminary results were shared with Colombia's National Department for Planning, which coordinates all public policies, and a number of government programmes have been informed by these findings, including the drafting of the national care policy.

The data revealed that although both sexes reported increasing the time they spend on unpaid care during the lockdown, women were more likely than men to increase their time, with at least an 8% gender gap on all tasks – from caring for children, to cooking and cleaning, helping children with homework, caring for elderly or sick family members, or supporting people with disabilities within the household.

Such data are helping to shape Colombia's national care policy, which has been in the works for the past four years. "These data have contributed evidence on the effects of the pandemic on the unpaid care work primarily done by women – whether directly, indirectly or passively expanding the inputs into the final phases of the national care policy. It's a big achievement to have all this information integrated within a policy!" says Rolando Crespo, Coordinator of UN Women Colombia's Women Count project.

Juan Daniel Oviedo, Director of the National Administrative Department of Statistics, said the RGA data were complementary and consistent with other official statistics on women's employment and care work, characterizing it as a "motivating opportunity" to use non-official sources. Oviedo added that such studies enrich the interdisciplinary dialogue that must take place to make intersectionalities visible and to shape public policies in favour of gender equality.

>> [Read the full story.](#)

Albania

RGA helps target Albanian Government programmes to better reach rural women

In Albania, UN Women's rapid gender assessment was used to help farm subsidies expand to better reach women; support packages for small businesses and job-seekers are being adjusted to give special attention to women and a new gender equality programme was redesigned to support rural women.

"The rapid gender assessment was really the best tool to make people aware – not only policymakers but also other people – of the gendered impacts of the pandemic," says Parliamentary Subcommittee Chair Eglantina Gjermeni.

The data revealed that half of all respondents saw reduced earnings from employment, but two-thirds suffered a loss of income from farming. With this data and technical inputs from UN Women, the Parliamentary Subcommittee sent a letter to the Ministry of Agriculture and Rural Development asking officials to redesign farm subsidies to better reach women.

"Only 24% of women were eligible or benefiting from these schemes," explains Blerina Xhani, UN Women Albania's Public Finance Management Consultant. "So, our first proposal was to ask that they extend these schemes to women, and to specify which women they should target. We suggested a redesign of the subsidy scheme based on the RGA findings."

The Ministry has since increased the number of women beneficiaries of existing schemes and promised to review the subsidy scheme and increase funding in the future.

>> [Read the full story.](#)

Senegal

Data spur action to design new programme to support vulnerable women in Senegal

The results of the RGA in Senegal have fueled a new Resilience-Building Programme for Households and Vulnerable Groups (PAREM) led by the Ministry of Women, Family, Gender and Child Protection (MFFGPE).

The RGA notably revealed that more employed women than men had suffered a total or partial loss of income (81 versus 78%, respectively). But self-employed women were the hardest hit of all, with a whopping 93% losing income (versus 90% of self-employed men).

The RGA also captured data on intersecting forms of discrimination, such as disability, to understand the compounding effects of intersecting inequalities. It revealed that 20% of respondents who needed reproductive health services (contraception, screening and treatment for STDs and HIV, infertility treatment, care for survivors of gender-based violence, care related to pregnancy) could not access or had difficulties accessing such services.

“The study was interesting because it confirmed the results of the previous one, which allowed decision-makers to really understand how the pandemic has exacerbated inequalities,” noted Astou Diouf Gueye, Director of Equity and Gender Equality for MFFGPE.

Gueye says the RGA data were cited in their proposal for PAREM, which has since received CFA 900 million (USD 1.7 million) in funding from the Italian Agency for Development Cooperation. Launched in April 2021, the programme focuses on the economic resilience of women in the informal sector, through subsidies and economic support to women-led small and medium-sized enterprises (SMEs) and community capacity-building for poor women and those from vulnerable groups.

>> [Read the full story.](#)

The Maldives

RGA data have included nearly 7,500 women informal workers into the Government’s Income Support Allowance programme

The RGA found that 26% of women informal workers reported losing their jobs and 54% of such women (versus 40% of men) cited reduced income. This information was used to launch the Income Support Allowance programme and ensured that the Government’s response reached the self-employed and the informal sector, where most women are concentrated.

Shortly after the RGA findings were released in May 2020, the Ministry of Economic Development (MED) reduced the documentation requirements needed to qualify for the support programme, making it easier for women who were not previously registered as informal workers to apply.

Twenty-two percent of the approved applications in the first three months of the income support allowance programme (April-June 2020) were women, but after the changes to the qualification requirements, the latest MED data (as of March 2021) revealed that women now represented 36% of successful applicants (7,467 out of 20,768).

“The Minister has reinforced the use of data for implementing programmes, especially under the social programmes mandate,” says Fathimath Yumna, Deputy Minister for the Ministry of Gender, Family and Social Services, but “it’s not just [our] Ministry that is using this data, because the economic aspect is there, the social aspect is there.”

Yumna adds that RGA data were equally used in both of the Government’s applications to the World Bank for income support funding – which were approved for USD 12.8 million in June and USD 21.6 million in January 2021 – making it an important tool for mobilizing assistance.

>> [Read the full story.](#)

MORE AND BETTER DATA IS CENTRAL TO THE ROAD TO RECOVERY

Nearly two years later, the COVID-19 pandemic continues to evolve around the world – with some countries experiencing new waves of the virus and others seemingly emerging from the crisis. As data and evidence have shown – COVID-19 threatens to widen pervasive inequalities and reverse hard-won gains on gender equality and women’s empowerment. It has also underlined that the availability of timely gender data is critical to understanding the situation of women and girls on the ground but also to ensuring that national response and recovery efforts are gender-responsive to target the most vulnerable.

UN Women’s experience has shown that women and girls must be central to global response efforts and the road to recovery must be data-driven. The RGAs and other gender surveys have provided critical information in the wake of COVID-19 about the short-term social and economic repercussions of the pandemic. Evidence has also shown that when timely and quality gender data are available and used to inform policies and recovery plans, countries can build back smarter and positively impact the lives of women and girls.

However, data also reveal that across countries, national COVID-19 policy responses remain largely gender-blind and therefore put women and girls at risk of being left behind. We must re-double our efforts to invest in the production and use of more and better gender data to understand and address the medium- and long-term effects of the pandemic and spur evidence-based and gender-responsive policy action. When such compelling evidence is available, policymakers cannot turn a blind eye. Ignoring such data will leave women and girls behind.

We have the tools to recover from the crisis, but decisive action is needed:

1. **More investments in gender data collection and use are needed in strengthen gender data systems.** Even

before COVID-19, gender data systems have long faced chronic underfunding. Evidence from Data2X and Open Data Watch suggests that gender statistics have been under-resourced by roughly USD 450 million every year since 2015.⁵⁸ The lessons learned through the pandemic confirm the immediate need to rethink how to increase investments in gender data. The Generation Equality Forum (GEF) and Action Coalitions’ [Global Acceleration Plan](#) calls for increased financial investments to build and strengthen gender data systems as a central element of driving progress on the ambitious goals set forth. The GEF and Action Coalitions provide a unique opportunity to increase funding for gender data in order to make gender equality a reality.

2. **Prioritize data disaggregation and collect individual-level data to ensure that no one is left behind in recovery efforts and beyond.** Data have revealed that the pandemic has exacerbated [pervasive inequalities](#), with devastating effects on the poorest and most marginalized. The availability of timely data and statistics disaggregated by sex, age and other key characteristics is critical to understanding the depth of the pandemic’s differential and intersecting impacts on vulnerable groups of women and girls, in particular, and to responding accordingly.
3. **Strengthen national statistical systems capacities to collect gender data, including exploring the use of innovative tools during, and beyond, the pandemic.** The pandemic has greatly affected national statistical systems, as more than half of NSOs in low and lower-middle-income countries experienced budget cuts and many had to stop face-to-face data collection such as time-use surveys.⁵⁹ National statistical systems must be well capacitated and equipped with the resources needed to address these challenges and ensure that

gender is mainstreamed in regular statistical activities and readily used to inform policies. New methodologies should also be explored on how to collect data in times of crisis, on issues such as violence against women and time use, which usually require traditional data-collection methods. UN Women's experience has shown that scaling up data collection is paramount to measuring the ongoing effects of the COVID-19 pandemic. [Women Count](#), UN Women's global data programme, will be supporting countries to conduct a second round of RGAs to continue making more and better gender and COVID-19 data available.

4. **Generate more data and evidence on the gender-responsiveness of national COVID-19 policy responses.** Despite early evidence suggesting that women and girls were being disproportionately affected by the pandemic, only a fraction of governments' policy responses to COVID-19 have actually been gender-responsive. The [COVID-19 Global Gender Response Tracker](#), developed by UN Women and UNDP, illustrates that it is as critical to collect data on governments' policy responses to better understand the magnitude of the problem, the effectiveness of response and the outcomes for women and girls. More data and evidence are needed to equip advocates and to hold policymakers accountable, to ensure that COVID-19 policy responses are gender-sensitive.
5. **Improve how data are disseminated, communicated and used to generate greater uptake.** Closing gender data and information gaps goes beyond data collection. It is vital that gender data are effectively disseminated and communicated. Information on the differential impacts of the crisis must be accessible and used to inform policy responses, including how to best target responses to mitigate the adverse impacts on women and girls. A clear advocacy strategy and follow-up are key to ensure that findings are disseminated widely through engaging, user-friendly formats as well as strengthened partnerships with data users to ensure uptake.
6. **Systematic monitoring of how gender data are used to influence policies should be part-and-parcel of all data-collection efforts, both during the pandemic and in post-recovery phases.** Monitoring how data have been used will enable a better understanding of and demonstrate the relevance of the data collected. It can encourage more action to be taken by national stakeholders, policymakers, data producers and advocates, including informing the design of COVID-19 assistance programmes and policies that address the needs of women and girls. Effective monitoring of use cases can also guide future data-collection efforts of UN agencies and international organizations.

TECHNICAL NOTE

The estimates presented in this report, unless otherwise noted, were generated by UN Women based on rapid gender assessment (RGA) surveys on the impacts of COVID-19, which were implemented with national or regional partners. The cut-off date for country data used in this report is June 2021.

Geographical scope and aggregates

The report covers 45 countries across six regions: nine in Arab States (AS); 11 in Asia and the Pacific (A-P); 11 in Europe and Central Asia (ECA); three in Latin America (LA); six in East and Southern Africa (ESA); and five in West and Central Africa (WCA). Results focus on relative changes (and not exact measures) since the COVID-19 crisis. Aggregates presented refer only to surveyed countries and do not represent regional or global averages.

Sampling design

The 'target population' refers to both women and men, with the age group varying across regions and countries. Specifically, in all regions, the lower age limit was 18 years – except for A-P, where it is 10 years.

However, the upper age limit varied across regions: 100 years in A-P; 88 and 92 for Chile and Mexico, respectively, in LA; 86, 90 and 99 years for Côte d'Ivoire, Guinea and Senegal, respectively, in WCA; while there was no upper age limit in ECA, ESA and AS.

The data collection approach and, consequently, sampling frame also varied across regions. In A-P and Chile, randomly selected cell phone users were contacted through a short message service (SMS) with a link to a web-based survey. ECA, ESA, WCA and Mexico conducted computer-assisted telephone interviewing (CATI), in partnership with private research firms. In both approaches, samples were based on the lists of phone subscribers from the partner firms' databases. Meanwhile, the UN Women Regional Office for the Arab States used a web-based system delivering anonymous opt-in surveys to random Internet users browsing online.

Sample sizes varied across regions, ranging from 1,435 (Lebanon) to 2,387 (Jordan) in AS; 145 (Samoa) to 8,177 (Nepal) in A-P; 1,003 (Moldova) to 3,191 (Armenia) in ECA; 1,197 (Mexico) to 1,645 (Colombia) in LA; 2,410 (Ethiopia) to

3,054 (Kenya) in ESA; and from 2,404 (Côte d'Ivoire) to 2,742 (Senegal) in WCA. The [data tables](#) show the exact sample sizes across all 45 countries covered in this report. The timing of surveys also varied. The report recognizes that countries were not necessarily at the same phase of the pandemic when data collection was undertaken between April 2020 and June 2021. Some countries had been in lockdown for months; others started later. The timing of the surveys depended on partner priorities and survey approval processes. The timing of surveys may also explain differences across countries due to the intensity of COVID-19's spread and related lockdown measures.

Survey tool

A [global reference questionnaire](#) was developed and used to promote the comparability of the RGAs, to the extent possible. Several modifications and additions were nonetheless introduced when the surveys were conducted, to capture region- or country-specific context and priorities. For instance, on the survey question related to change in sources of income, ESA, LA and ECA included slight differences in the sources of income listed, while in WCA and AS sources of income were not disaggregated and collapsed into one question.

On the survey questions related to unpaid care and domestic work, only the A-P and Chile questionnaires covered all of the unpaid care and domestic work activities as identified in the International Classification of Activities for Time-Use Statistics. Other regions/countries collapsed or excluded some of the activities when the survey was conducted, mainly due to practical/operational considerations. Specifically, the Arab States region did not include five unpaid care work activities and collapsed all four unpaid domestic work questions into one; ECA did not include three activities (two unpaid care work; one unpaid domestic work); Mexico collapsed four unpaid care work questions into two, two unpaid domestic work questions into one, and did not include one unpaid care work question; WCA did not include five unpaid care work questions and one unpaid domestic work question.

Weight adjustment and estimation

In order to adjust the survey results to the known population structure in the surveyed countries, sex and age

characteristics were consistently used. Select regions/countries used additional population characteristics in their weighting procedures: education in A-P and the Arab States; location in Mexico, Senegal and Guinea; and location and education in Côte d'Ivoire.

The 2020 population estimates from the *World Population Prospects* of the reference populations were used as weights for the aggregates – except for Serbia and Kosovo, where publicly available official data from their national statistical offices were used.

Disaggregation by key characteristics

All differences in estimates reported in the report for key characteristics are statistically significant at a 95% level of confidence.

Regressions models

Purpose	Outcome variables
Determine whether the likelihood of reporting having received cash relief varied by presence of children in the household	Binary variable: Whether receiving cash relief was reported
Determine whether the likelihood of reporting having received cash relief was impacted by the policies adopted by countries in response to the pandemic	Binary variable: Whether receiving cash relief was reported
Determine whether the likelihood of reporting an increase in unpaid care and domestic work was impacted by policy measures that directly support unpaid care during the pandemic	Binary variable: Whether increase in at least one activity related to domestic work or childcare was reported
Determine whether the likelihood of reporting strains to mental or emotional well-being was impacted by the policies adopted by countries in response to the pandemic	Binary variable: Whether strains to mental or emotional well-being were reported

Four regression models were conducted to achieve four purposes, the outcome variables were binary. Accordingly, logit estimations were conducted, which estimate the odds ratio of achieving each of the outcomes.

For the **first purpose** – measuring whether the presence of children in the household had an impact on the likelihood of reporting receiving cash relief – the independent variable of interest was the categorical variable specifying respondents' household composition (single without children in the household, single living with children, partnered without children in the household and partnered living with children). Other characteristics perceived to also impact the receipt of relief were also controlled for – including sex of the respondent, whether she/he reported having lost her/his job, and the interaction between sex and presence of children in the household accounting for their compounded and intersecting impact.

To assess this relationship, UN Women examined whether the odds ratio of receiving cash relief varied significantly for each sex and household composition combination at

the 5% level of significance and compared the extent of the variation across different groups. The odds ratio was converted into probability for easier reporting.

For the **second and fourth purposes** – measuring whether having policies to address women's economic security was associated with reporting the receipt of cash relief and reporting strains to respondents' emotional or mental well-being, respectively – the independent variable of interest was the binary variable specifying whether the respondent's country put in place policies addressing women's economic needs. Considering that the socioeconomic conditions of the country prior to the pandemic could impact the relationship between policies put in place during the pandemic and whether women received relief from the government, UN Women controlled in the regression for each country's Gross Domestic Product (GDP) in 2019 and for each country's Human Capital Index (HCI) in 2019 as a proxy for economic and social performance. The study also controlled for whether the respondent lost her/his job.

To assess this relationship, UN Women examined whether the odds ratio of reporting receiving cash relief varied significantly by whether policies addressed women's economic needs at the 5% level of significance. The study then converted the odds ratio into probability for easier reporting.

For the **third purpose** – measuring whether having policies addressing women's unpaid care and domestic work was associated with reporting increased unpaid care and domestic work – the independent variable of interest was the binary variable specifying whether the respondent's country put in place policies addressing women's unpaid care and domestic work. Considering that the socioeconomic conditions of the country prior to the pandemic impact the relationship between policies put in place during the pandemic and whether women reported an increase in unpaid care and domestic work, UN Women controlled in the regression for each country's GDP in 2019 and for each country's HCI in 2019 as a proxy for economic and social

performance. The study also controlled for whether the respondent lost her/his job.

UN Women assessed whether the odds ratio of reporting increased unpaid care and domestic work varied according to whether policies addressed women's unpaid care and domestic work at the 5% level of significance. The odds ratio was then converted into probability for easier reporting.

Results

Results focus on relative changes since the COVID-19 crisis. These are thus not comparable with, nor do they aim to replace, more comprehensive statistics obtained from specialized labour force surveys and/or household time-use surveys, as sampling frame and design, methods of data collection and instruments differ. However, a few questions identical to those in Demographic Health Surveys and Multiple Indicator Cluster Surveys were added to the questionnaire to provide opportunities to compare results.

ENDNOTES

- 1 UN Women. 2020. From Insights to Action: Gender equality in the wake of COVID-19; UN Women. 2020. Progress on the Sustainable Development Goals: The Gender Snapshot.
- 2 UN Women. 2021. Report on the UN Women global response to COVID-19.
- 3 The results of seven RGAs have not been included due to significant differences in methodologies (Rwanda and Uganda) or where countries had not yet finalized their results (Kyrgyzstan, Kazakhstan, Ukraine, Montenegro and Tajikistan).
- 4 The percentage of the population that reside in the countries surveyed are: Arab States (9% of total world population), Asia and the Pacific (11%), East and Southern Africa (6%), Europe and Central Asia (11%), Latin America and the Caribbean (3%), and West and Central Africa (5%).
- 5 UN Women. 2018. *Turning Promises into Action: Gender Equality in the 2030 Agenda for Sustainable Development*. <https://www.unwomen.org/en/digital-library/publications/2018/2/gender-equality-in-the-2030-agenda-for-sustainable-development-2018>
- 6 Women who report that they worked for another person, company or household.
- 7 ILO. 2020. The supply chain ripple effect: How COVID-19 is affecting garment workers and factories in Asia and the Pacific.
- 8 Defined by the ILO as “workers who, working on their own account or with one or more partners, hold the type of jobs defined as a “self-employment jobs”, and have not engaged (on a continuous basis) any employees to work for them.”
- 9 ILO. 2020. “ILO Monitor: COVID-19 and the world of work.” Third edition.
- 10 These estimates exclude countries in Asia and the Pacific as they only ask about the impact on household’s sources of earnings rather than personal sources.
- 11 United Nations. N.D. “Equal pay for work of equal value.” <https://www.un.org/en/observances/equal-pay-day#:~:text=Across%20all%20regions%2C%20women%20are,at%2023%20per%20cent%20globally.&text=Achieving%20equal%20pay%20is%20an,human%20rights%20and%20gender%20equality>.
- 12 ILO. 2019. The global wage report 2018/19: What lies behind the gender pay gaps.
- 13 ILO. 2015. The motherhood pay gap: A review of the issues, theory and international evidence. https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/@publ/documents/publication/wcms_348041.pdf.
- 14 ILO. 2021. Building Forward Fairer: Women’s rights to work and at work at the core of COVID-19 recovery. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_814499.pdf.
- 15 UN Women and ILO. 2020. The impact of marriage and children on labour market participation. <https://www.unwomen.org/en/digital-library/publications/2020/05/the-impact-of-marriage-and-children-on-labour-market-participation>.
- 16 Ibid.
- 17 80% of women compared to 90% of men in Cambodia; and 72% of women versus 77% of men in Kenya.
- 18 16% of women compared to 67% of men in Jordan, and 26% of women compared to 76% of men in Lebanon.
- 19 UN Women. 2021. “Explainer: What should you know about widowhood.” <https://www.unwomen.org/en/news/stories/2021/6/explainer-what-you-should-know-about-widowhood>.
- 20 The sample of widows is small and consisted of 1,543 widowed women and 536 widowed men; thus, these numbers should be interpreted with caution.
- 21 Scarpetta, Sonnet and Manfredi. 2010. Rising Youth Unemployment During the Crisis. OECD. <https://www.oecd-ilibrary.org/docserver/5kmh79zb2mmv-en.pdf?expires=1628252740&id=id&accname=guest&checksum=731DC0DE436FCF6AE96C50EF5F19FDFC>.
- 22 UN Statics Division. 2021. “Achieve gender equality and empower all women and girls.” <https://unstats.un.org/sdgs/report/2021/goal-05/>.
- 23 ILO. (2020.). A gender-responsive employment recovery: Building back fairer. https://www.ilo.org/wcmsp5/groups/public/---ed_emp/documents/publication/wcms_751785.pdf
- 24 Dugarova, Esuna. 2020. “Unpaid care work in times of the COVID-19 crisis: Gendered impacts, emerging evidence and promising policy response,” Paper prepared for the UN Expert Group Meeting “Families in development: Assessing progress, challenges and emerging issues. Focus on modalities for IYF+30”. https://www.un.org/development/desa/family/wp-content/uploads/sites/23/2020/09/Duragova.Paper_.pdf.
- 25 UNFPA. 2010. Reducing Poverty, Advancing Development and Protecting Human Rights. <https://www.unfpa.org/publications/sexual-and-reproductive-health-all>.
- 26 These estimates exclude the Arab States countries as these questions were not asked in these countries.
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- 31 UN Water. N.D. “Water and Gender.” <https://www.unwater.org/water-facts/gender/>.
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- 34 UN Women. 2020. “COVID-19 and Ensuring Safe Transport with and for Women and Girls.” <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/brief-covid-19-and-ensuring-safe-transport-with-and-for-women-and-girls-en.pdf?la=en&vs=2419>.
- 35 Kaufman, S., C. Polack and G. Campbell. 2019. The pink tax on transportation: Women’s challenges on Mobility. https://wagner.nyu.edu/files/faculty/publications/Pink%20Tax%20Report%2011_13_18.pdf.
- 36 UN Women. 2020. “THE DIGITAL REVOLUTION: Implications for Gender Equality and Women’s Rights 25 Years after Beijing.” Discussion Paper. <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/the-digital-revolution-implications-for-gender-equality-and-womens-rights-25-years-after-beijing-en.pdf?la=en&vs=1837>.
- 37 These estimates exclude Arab States countries as this question was not asked in those countries.
- 38 These estimates exclude Arab States countries as this question was not asked in those countries.
- 39 These estimates exclude Arab States countries as this question was not asked in those countries.

- 40 United Nations. 2011. Men in Families and Family Policy in a Changing World.
- 41 These estimates exclude Arab States and Western and Central African countries as this question was not asked in those countries.
- 42 These estimates exclude Arab States, Asia-Pacific and Europe and Central Asian countries as this question was not asked in those countries.
- 43 These are not proxies for domestic violence. These estimates exclude Asia-Pacific and Europe and Central Asian countries as this question was not asked in those countries.
- 44 UN Women. 2021. "The social protection response to COVID-19 has failed women: Towards universal gender-responsive social protection systems No. 1, May.
- 45 United Nations Development Programme (UNDP). 2021. "COVID-19 Global Gender Response Tracker." Accessed 21 April 2021. <https://data.undp.org/gendertracker/>.
- 46 These estimates exclude Arab States countries as this question was not asked in those countries.
- 47 UN Women. 2020. "THE DIGITAL REVOLUTION: Implications for Gender Equality and Women's Rights 25 Years after Beijing." Discussion Paper. <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/the-digital-revolution-implications-for-gender-equality-and-womens-rights-25-years-after-beijing-en.pdf?la=en&vs=1837>.
- 48 These estimates only cover countries in Asia-Pacific and Eastern and Southern Africa. This was not asked in other countries.
- 49 These estimates exclude Arab States and Western and Central African countries as this question was not asked there.
- 50 World Bank. 2021. Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures.
- 51 WIEGO. 2020. Informal Workers and the Social Protection Response to COVID-19: Who got relief? How? And did it make a difference?
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- 53 UN Women. 2021. "Expert's take: Five steps to make the COVID-19 social protection and jobs responses work better for women." <https://www.unwomen.org/en/news/stories/2021/1/experts-take-constanza-tabbush>.
- 54 Each country's Gross Domestic Product (GDP) and Human Capacity Index (HCI) data from 2019 are collected from the World Bank data hub as a proxy for their socioeconomic circumstances prior to the pandemic. This is done to control for the fact that countries with better socioeconomic conditions prior to the pandemic could have been more likely to implement policies targeted towards women.
- 55 This analysis covers 21 countries for which data on policy measures, GDP and the HCI were available. These countries were: Afghanistan, Albania, Armenia, Azerbaijan, Bangladesh, Chile, Colombia, Ethiopia, Georgia, Guinea, Indonesia, Mali, Mexico, North Macedonia, Philippines, Samoa, Senegal, Solomon Islands, Thailand and Turkey.
- 56 This analysis covers 21 countries for which data on policy measures, GDP and HCI data were available. These countries were: Afghanistan, Albania, Armenia, Azerbaijan, Bangladesh, Chile, Colombia, Ethiopia, Georgia, Guinea, Indonesia, Mali, Mexico, North Macedonia, Philippines, Samoa, Senegal, Serbia, Solomon Islands, Thailand and Turkey.
- 57 Including USD 34.4 million in the Maldives, USD 1.7 million in Senegal, USD 900,000 in Chile, USD 700,000 in Albania, USD 1.2 million in Ukraine and USD 100,000 in Georgia.
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- 60 UN Women. 2020. From Insights to Action: Gender equality in the wake of COVID-19; UN Women. 2020. Progress on the Sustainable Development Goals: The Gender Snapshot.
- 61 Ibid.
- 62 UN Women. 2021. Report on the UN Women global response to COVID-19.
- 63 The percentage of the population that reside in the countries surveyed are: Arab States (9% of total world population), Asia and the Pacific (11%), East and Southern Africa (6%), Europe and Central Asia (11%), Latin America and the Caribbean (3%), and West and Central Africa (5%).

