The Gendered Dimensions of Social Protection in the COVID-19 Context

Megan O’Donnell, Mayra Buvinic, Shelby Bourgault, and Brian Webster

Abstract

A growing evidence base points to the gendered impacts of the COVID-19 pandemic, with women and girls in low- and middle-income countries at greater risk of experiencing the consequences of rising poverty and food insecurity, increased unpaid care work, and gender-based violence. In parallel, governments across the world, some with the support of development banks and other donor institutions, have either newly launched or expanded existing social protection programs in an effort to support their populations. This paper, part of a series documenting the gendered dimensions of the COVID-19 crisis, focuses on the role of social protection policies and programs in addressing gender inequalities, or in some cases risking their exacerbation. The paper begins with a conceptual framework illustrating how the pandemic, associated response measures, economic contraction and different coping strategies intersect with underlying gender norms and inequality in ways that differentially affect the wellbeing of women and girls. It proceeds to synthesize the existing evidence on how COVID-19 has contributed to global poverty, food insecurity, increased care burdens, and gender-based violence, how women and girls are disproportionately experiencing these negative impacts, and how social protection can address them. The paper then outlines how national governments and donor institutions have mobilized social protection measures and to what extent these measures are gender-sensitive – and concludes with recommendations for donors and policymakers to ensure future social protection programs reach and benefit women and girls.

Keywords: gender; social protection; social assistance; cash transfers; poverty; food insecurity; care work; pandemic response; COVID-19; gender-based violence.

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Introduction

As donor institutions and governments seek to provide relief and support recovery from the COVID-19 pandemic and global recession, CGD’s new COVID-19 Gender and Development Initiative aims to ensure that their policy and investment decisions equitably benefit women and girls. Through it we seek to deepen decisionmakers’ understanding of the differential gender impacts of the COVID-19 pandemic and recession and the containment, economic, and social policy responses to them, as well as propose evidence-based solutions to support an inclusive recovery. Recognizing that the academic and policy dialogue around gender inequality in the COVID-19 context has largely emphasized challenges facing women and girls in high-income settings, our analysis centers on women and girls in low- and middle-income countries (LICs and MICs).

In this paper, we focus on the role of social protection during the COVID-19 crisis, with an emphasis on social assistance policies and programs, and provide recommendations to ensure that future efforts effectively reach and benefit women and girls. Social assistance programs and policies generally include those that provide non-contributory cash and in-kind transfers, as well as employment through public works programs. They belong to a broader subset of social protection measures, which aim to “protect all people against poverty, vulnerability and social exclusion throughout their life course” (UNICEF 2020) and encompass social insurance and other contributory programs, labor market policies, and social care services (UNICEF 2020).

We focus on social assistance in this paper, recognizing its prevalence as the primary policy lever of choice among governments and supporting donor institutions seeking to provide short-term relief to those who have lost income as a result of the COVID-19 crisis—while noting a need for more investigation into how other forms of social protection, including social insurance and other contributory programs, can reach and benefit women and girls, especially those living in poverty. In a separate paper, we explore additional solutions for longer-term recovery efforts, including the expansion of employment and entrepreneurship opportunities through labor market programs and expanding financial access, as well as strengthening the care economy to reduce and redistribute unpaid care and domestic responsibilities disproportionately borne by women and girls.

We begin with a discussion of a conceptual framework, developed by drawing on evidence of past crises’ impacts on women and girls and their coping strategies in response to crisis. Turning to the COVID-19 context, we then address three questions:

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1. **What are the impacts of the COVID-19 pandemic, global recession, and associated policy measures on women’s and girls’ outcomes?** In this paper, we largely focus on the economic impacts of the COVID-19 crisis as those necessitating a social protection response—that is, increases in poverty and food and shelter insecurity. We also touch on related consequences for women’s and girls’ security and autonomy, such as increases in gender-based violence and unpaid care work, and the role that social protection measures can play in mitigating these risks. Finally, we turn to exploring the risk of women and girls being excluded from social protection policies and programs’ benefits.

2. **What are donors and low- and middle-income country governments doing in response?** We consider social protection policies and programs that governments, with the support of donor institutions, have newly instituted or expanded in light of the COVID-19 pandemic, recognizing that their design and implementation can either support an inclusive recovery or risk exacerbating pre-existing inequalities. We seek to shed light on the extent to which designers and implementers of social protection policies and programs have considered and sought to address the specific needs and constraints of women and girls. In line with CGD’s traditional focus, our key audiences for this paper are donor institutions—primarily multilateral development banks (MDBs)—that aim to reduce poverty and promote inclusive development. To complement existing efforts to map gender-sensitive policy responses from national governments, we review MDBs’ project appraisal documents and other relevant resources to shed light on the extent to which donors’ COVID-19 response efforts to date have integrated considerations of gender.

3. **What else needs to be done?** We draw upon evidence of “what works” to ensure social protection systems equitably reach and benefit women and girls and compare what the rigorous evidence suggests donors and policymakers should prioritize in their COVID response efforts.

**The Effects of Health Crises on Women and Girls: A Conceptual Framework**

We draw upon the historical evidence base to develop a conceptual framework on the impacts of crises on women and girls and apply the framework to a growing evidence base on the effects of the COVID-19 pandemic. The conceptual framework traces the ways that women’s and girls’ lives are impacted by a health crisis, both directly and indirectly. It identifies effects that appear immediately or in the short term, effects that lag in time, and coping strategies women and girls develop to weather crises (Figure 1). These different effects and mechanisms are summarized next. For a more detailed exposition of the conceptual framework, see our accompanying paper, *The Impacts of Health Crises on Women & Girls: How Historical Evidence Can Inform Assessment and Recovery through a Gender Lens.*
Direct Impacts of Health Crises and Response Measures: Though mortality and morbidity levels vary by the degree of communicability and severity of symptoms of a given disease, all health crises result in increased mortality and morbidity absent swift and effective intervention. Especially where diseases are highly contagious and containment measures are not imposed swiftly and effectively, a pandemic will place enormous strain on healthcare systems. To limit mortality and morbidity, governments traditionally respond to health crises by seeking to contain the spread of disease, in turn restricting individuals’ mobility and access to schools, health and support services, and income-generating activities. The combination of heightened health risks and containment measures combine to impact economic activity. Economies are likely to contract, as businesses are forced to close and supply chains are disrupted, at least temporarily, resulting in widespread unemployment, lost income, and decreased aggregate demand for goods and services (World Bank 2020a).

Initial Shocks and Impacts of Health Crises and Response Measures on Women and Girls: As the health sector responds to the urgent epidemic threat and containment measures are imposed, women and girls may face challenges accessing essential health services, including but not limited to maternal care and contraceptive services (Church et al. 2020). Extended time in the home can increase unpaid care and exacerbate exposures to gender-based violence (Bhalotra et al. 2019). Economic contractions may lead to a loss of both formal and informal sector jobs, with a resulting loss of income and a reduction in the assets that individuals and households are able to acquire or retain (Sabarwal et al. 2011). Self-employed individuals running both formal and informal businesses of various sizes/stages of growth (micro, small and medium) will also experience losses in revenue and difficulties accessing credit—and may be forced to shut down permanently (Di Bella 2011).
Loss of income for wage workers, entrepreneurs, and those in the agricultural sector will increase household poverty and food insecurity (ILO 2021). Finally, women’s and girls’ agency, ability to make independent choices, and broader wellbeing are also at risk from the combined effects of economic insecurity, increased risk of gender-based violence, challenges in accessing essential health services, and managing increased unpaid care work.

**Downstream Impacts of Shocks and Coping Strategies on Women’s and Girls’ Well-Being:** In light of income reductions, households may reduce education and spending on health to meet other basic needs. Evidence suggests boys may be prioritized to return to school, while girls may be kept home longer to care for younger siblings and do housework to free up the mother’s time for paid work (Duryea et al. 1999). School closures, combined with restricted access to contraception and other sexual and reproductive health services, mean adolescent girls are more likely to get pregnant, resulting in increased fertility rates, as well as increased unsafe abortion rates where abortion is illegal or otherwise inaccessible (UNESCO 2020).

Women and girls may need to explore alternative work opportunities, often with lower earning potential and fewer protections. The evidence has shown that this ‘added worker effect’ is sensitive to household income: low-income women join the paid workforce to insulate against the risks of household poverty and food insecurity, whereas higher-income women exit the workforce (Cerutti 2000; Humphrey 1996; Judisman and Moreno 1990; Lee and Cho 2005; Sabarwal et al. 2011; Skoufias and Parker 2006). Women who experience job loss in the formal workforce may resort to informal wage work or entrepreneurship, taking on employment with lower wages and fewer benefits and labor protections to make ends meet. Women and girls living in rural areas may turn to increased subsistence production, especially in response to rising food insecurity. Evidence suggests that, as more workers crowd into the informal sector, those previously operating within it may be pushed out. Each of these coping strategies may result in reverse (urban to rural) migration, as those previously working in factories or as informal traders, for example, may return to rural communities to engage in subsistence agriculture (de Janvry and Sadoulet 2011; Antonopoulos 2009; von Braun 2008). As in non-crisis periods, women are likely to rely on the support of women’s groups and networks in times of economic contraction, though containment measures imposed in health crises, combined with members’ reduced incomes, may limit the support these groups are able to provide (de Hoop et al. 2020).2

The negative effects of crisis on women and girls occur differently across the life cycle and can be intergenerational and inter-cohort, resulting in losses for future generations’ human capital. As crisis negatively impacts outcomes for older women, younger women and girls witness these impacts and may be discouraged to pursue further education, employment, and other opportunities (Miller and Babiarz 2014; Goldin and Katz 2002). A final point worth

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2 “Women’s groups” is an umbrella term commonly used to refer to different models of economic, health, and community groups with a primarily female membership, and include self-help and savings groups. Groups’ models of operation vary but may aim to promote women’s economic or broader empowerment (de Hoop 2020).
emphasizing is the fact that the risks to women and girls outlined above do not originate with the onset of crisis; they are merely magnified as a result of it. The fact that crisis exacerbates, but does not create, these forms of gender inequality is important to keep in mind in designing and implementing longer-term recovery and development efforts.

In the next section, we summarize the emerging evidence on the impact that the COVID-19 pandemic, global recession, and associated policy measures are having on women’s and girls’ outcomes in low- and middle-income countries guided by the conceptual framework described above.

**What are the Impacts of the COVID-19 Pandemic, Global Recession, and Associated Policy Measures on Women’s and Girls’ Outcomes?**

In this section, we apply the conceptual framework outlined above to the COVID-19 context, with an emphasis on women’s and girls’ need for social protection support. In applying the conceptual framework above to the COVID-19 context, we focus on increased household poverty and food insecurity, increased unpaid care work, and increased gender-based violence—and how social protection, and especially social assistance measures, can be mobilized to address these risks. Other background papers focus on fertility and other health outcomes, as well as income loss due to lost employment in both the formal and informal sectors, firm closures, and decreased farm revenue—and how donors and governments can take action outside of providing social protection support to address these impacts.

**Increased Poverty**

Prior to the onset of the COVID-19 pandemic and global recession, women and girls were disproportionately concentrated among the world’s most vulnerable and food insecure populations. Data gaps limit a comprehensive understanding of poverty rates at the individual level, given that most poverty-related data are collected at the household level. That said, the data we do have suggest that women and girls were more likely to live in poor households pre-COVID. Globally, for every 100 men between the ages of 25 and 34 living in poor households, there were 122 women (Boudet et al. 2018).

Even in non-poor households, women and girls may receive smaller shares of household resources, still putting them at risk of malnutrition, limited educational attainment, and limited economic autonomy. Contrary to popular assumptions that targeting poor households will suffice in reaching nutritionally-deprived individuals, a review by Caitlin Brown, Martin Ravallion, and Dominique van de Walle reflects that across Sub-Saharan Africa, the vast majority (roughly three-quarters) of underweight women and children are not found in the poorest 20 percent of households, and half are not found in the poorest 40 percent, stemming in part from inequalities in intra-household resource allocation (Brown et al. 2019). This reality holds across regions: in Bangladesh, men consume 36 percent of the household budget, compared to 30 percent for women (Brown et al. 2018).
Since the onset of the COVID-19 pandemic and resulting global recession, researchers have begun to document the economic impacts of the crisis, including increased household poverty and food insecurity (Lustig et al. 2020; Evans and Over 2020). In January 2021, the World Bank’s Global Economic Prospects report estimated that between 119 and 124 million people fell into extreme poverty (living on less than $1.90/day) in 2020 as a result of the COVID-19 crisis. As the pandemic has continued, estimates have continued to rise; earlier estimates from April and June placed these figures first between 40–60 million, then 70–100 million.

The pandemic has caused per capita incomes to fall in more than 90 percent of lower and middle-income countries, with estimates that the pandemic could erase at least 10 years of per capita income gains in more than a quarter of these countries. The estimated increase in global poverty in 2020 is unprecedented; the only other crisis-induced increase in global poverty in recent history was the Asian financial crisis, which increased extreme poverty by 65 million in 1997–98. Since then, the number of people living in extreme poverty had fallen by more than 1 billion people—progress that will be reversed due to the COVID-19 pandemic absent large-scale and effective intervention (World Bank 2021).

The pandemic has hit fragile and conflict-affected LICs particularly hard, and their economic recovery is set to be even slower, in part due to observed and expected delays in large-scale vaccine rollouts in LICs compared to higher-income countries. The degree to which poverty is increasing varies across regions, with the East Asia and Pacific region likely to return to pre-COVID levels of economic activity much sooner than Sub-Saharan Africa and the Middle East and North Africa. In South Asia, the COVID crisis is expected to result in nearly one hundred million “new poor” (Lakner et al., forthcoming), and in Latin America, the ILO estimates 29 million people (or 4.4 percent of the population) fell into poverty in 2020, with a large portion being indigenous people and those in the informal economy (ILO 2020). SPACE—the Social Protection Approaches to COVID-19: Expert advice helpline—has estimated that over 55 million people in just 10 countries (Afghanistan, Bangladesh, Burkina Faso, Chad, the Democratic Republic of Congo, Ethiopia, Palestine, Syria, Yemen, and Zimbabwe) will be newly pushed into poverty. The SPACE analysis also points to heterogeneity in poverty impacts, with larger increases predicted in urban areas where workers are more vulnerable to economic contractions resulting from containment measures, as well as lack access to land for subsistence food production (SPACE 2020a; SPACE 2020b).

Has the increased poverty triggered by COVID-19 affected women and girls disproportionately? Some evidence points to the greater vulnerability of women-headed households: in the Kyrgyz Republic, 52 percent of all households reported their financial situation had worsened since the before the pandemic, while 65 percent of women-headed households reported the same (ADB 2020).

Analysis from the Pardee Center for International Futures at the University of Denver, supported by UNDP and UN Women, predicts that due to women’s and girls’ higher
likelihood of living in poverty pre-COVID, they will be disproportionately vulnerable to the COVID crisis’ impacts on poverty, with 47 million women and girls falling into extreme poverty as a result of the crisis in 2020, meaning that a total of 435 million women and girls worldwide (or 13 per cent of the female population) will live under the poverty line (UN Women et al. 2020). The corresponding figure for men and boys is 430 million (or 12 per cent of the male population). Further modeling predicts poverty among women and girls will not return to pre-pandemic levels until 2030. The poverty gap between men and women is predicted to be widest for ages 25–34, when women generally shoulder the most care work for young children and others. Notably, these figures were presented in September 2020, when World Bank and IMF estimates of extreme poverty were lower, and they do not consider the crisis’ disproportionate negative impacts on women’s employment, business operations, and unpaid care work (unpacked in detail in an accompanying background paper on women’s economic empowerment in the COVID-19 context).

Increased Food Insecurity

Around the globe, food production and distribution systems have been impacted by the pandemic. The World Food Programme (WFP) estimated that in low- and middle-income countries, the number of acutely food insecure people would nearly double between 2019 and 2020, increasing 96 percent from 135 million people to 265 million (World Food Programme 2020a). Over the past year, global food prices have increased by almost 20 percent, in part due to export restrictions and severely disrupted trade (de Preneuf 2021). When combined with reduced incomes, higher food prices mean a reduction in the quality and/or quantity of food consumption. In June 2020, 66.7 percent of respondents in Chad, 71.2 percent in Malawi, and 82.7 percent of respondents in South Sudan reported skipping meals due to a lack of money (World Bank 2020). Containment measures aimed at slowing the spread of disease have also disrupted critical food distribution channels, including school feeding programs. Estimates from WFP, FAO, and UNICEF suggest that between 267 and 350 million children are missing meals at school due to closures (World Food Programme 2020b).

The past year also witnessed the unprecedented confluence of crises for global food production. In East Africa, the worst locust swarm seen in 70 years may have put an additional five million people at risk of starvation (Charlton 2020). In other countries, war and natural disasters are also exacerbating food insecurity on top of the impact of COVID-19 alone (McNamara 2020).

In the face of food price shocks or income shocks, women and girls are more likely than men and boys to adopt negative coping behaviors around food consumption such as eating less preferred foods, eating smaller and fewer meals, decreasing food variety, and substituting more filling food for more nutritious food (de la O Campos and Garner 2012). Since the onset of the pandemic, in Bangladesh, 33 percent of female survey respondents reported cutting down on their food consumption in an attempt to save money (CARE 2020a). In Afghanistan, while both men and women reported skipping meals,
women skipped an additional meal per week compared to men (CARE 2020a). In Lebanon, 85 percent of women report eating smaller portions compared to 57 percent of men (CARE 2020a). A study of women garment workers in Ethiopia found that 52 percent reported not having enough food over the past week (Meyer et al. 2020). In Zambia, women were about five percentage points more likely than men to report skipping meals or reducing portion sizes (IPA 2020). A survey of young urban women across India, Kenya, Ghana and South Africa found that 65 percent of respondents reported the cost of food and other consumables increased during lockdown (Chakma 2020). Additionally, already vulnerable populations may be experiencing even more acute food insecurity as a result of the pandemic; among adolescents in informal settlements in Kenya, 78 percent reported eating less or skipping meals more often, and 74 percent reported no longer receiving meals previously supplied at school (Population Council 2020).

In a survey across 10 BRAC program countries, men respondents on average reported being able to sustain household food needs for 22 days on average, compared to women for only 16 days (BRAC 2020). Across 40 countries, 41 percent of women surveyed by CARE report a lack of food as a main impact of the pandemic, compared to 30 percent of men (CARE 2020b). Across several countries in sub-Saharan Africa, women are more likely than men to report barriers to food access (PERC 2020).

But a year into the pandemic, there are few official statistics available on the gendered nature of food insecurity, a problem predating the COVID-19 pandemic. Like poverty data, data on food insecurity is often collected at the household level, preventing a deeper understanding of intra-household dynamics, in spite of evidence suggesting that women and girls are more vulnerable to undernutrition even within non-poor households (Brown et al. 2019). An analysis of 73 policy and program documents on hunger as a result of the pandemic found that 46 percent made no mention of women or girls at all (CARE 2020a).

More rigorous evidence is also needed on individuals’ coping strategies in the face of rising poverty and food insecurity and the extent to which they differ by gender. Some early studies point to a reverse urban to rural migration among women garment factory workers in Ethiopia (Meyer et al. 2021) and a switch from commercial to subsistence food production in Timor-Leste, where households have resorted to relying on their own gardens and farms rather than selling goods at market (Asia Foundation 2020).

Increased Unpaid Care Work

Around the world, women shoulder the vast majority of unpaid care responsibilities, from cleaning and cooking to child and elder care. Globally, women spend between three and six hours on unpaid care responsibilities while men spend between half an hour to two hours (Ferrant et al. 2014). This disproportionate amount of time spent on unpaid activities leaves little time left for paid work or leisure, thus accounting for some portion of women’s lower labor force participation and disproportionate representation in informal work.
Unpaid care work has increased since the onset of the pandemic, though effects are heterogeneous and too little is known about the implications of COVID-19 for unpaid care work done by women and girls in lower-income countries. A nationally representative study in Colombia found that the probability of women citing domestic work as their primary activity grew 5.7 percentage points since the pandemic, and 13.5 percentage points for women heads of household (Garcia-Rojas et al. 2020). In Lebanon, 81 percent of women and 64 percent of men reported an increase in domestic duties (Kebede et al. 2020). The same study found that a larger share of women was still working compared to men, so the burden of increased domestic duties puts a further strain on women’s limited time. Across Asia and the Pacific, UN Women found that 63 percent of women reported an increase in unpaid domestic work, compared to 59 percent of men reporting the same (UN Women 2020).

Increases in overall time burdens (paid and unpaid work) may be concentrated at the very ends of the spectrum, that is, for more ‘elite’ women—those concentrated in the formal sector, with higher incomes and levels of education, and previously able to rely on schools, childcare centers, and domestic workers to manage paid work and caregiving responsibilities—as well as for more vulnerable women heads of households. In June 2020, 23 percent of women business owners surveyed globally reported spending six or more hours per day on care work compared to 11 percent of men (Facebook, OECD, and World Bank 2020). In South Asia and Sub-Saharan Africa, more than 80 percent of business leaders reported that domestic tasks were interfering with their work. By October, 18 percent of women business owners and 10 percent of men business owners globally still reported spending six or more hours on care work (Facebook, OECD, and World Bank 2020). A survey of Nigerian entrepreneurs also reflects women business owners’ increased domestic responsibilities during the COVID crisis (SME.NG n.d.). For women heads of households in Colombia, the probability of dedinating more time to domestic work increased by 13.5 percentage points for them, compared to 5.7 percentage points for all women (Garcia-Rojas et al. 2020). A survey of young women living in urban areas across India, Kenya, Ghana, and South Africa found that 71 percent of respondents reported increased domestic work during lockdown measures, with 46 percent reporting an additional two to four hours of work, and 31 percent reported more than four hours of additional work (Chakma 2020).

Increased Gender-Based Violence

Prior to the pandemic, one in three women globally had experienced physical or sexual violence (WHO 2013), and the crisis has exacerbated the risk of violence. As of December 2020, Peterman and O’Donnell (2020) reviewed 74 papers documenting the impact of the pandemic on violence against women and children (VAW/C). Among the 44 studies that examine trends or impacts, nearly half of the studies reviewed (45 percent) found an increase in violence against women during COVID-19, and another 25 percent

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3 As of February 2021, we have collected 122 papers on VAW/C in the COVID context. See https://drive.google.com/file/d/1w28pmDrJ0OcI9cvaUdAMVVDzfrOiI1-/view.
reported mixed results with an increase in at least one measure of violence (Peterman and O’Donnell 2020). Where studies observe mixed findings or decreases, underreporting, especially by children, may account for results—a cause for concern as victims are less able to report violence and seek help under lockdown conditions. An increasing number of studies explore risk factors or other dynamics around VAW/C in the COVID context, highlighting economic stressors, low social support, lack of employment, substance use, poor mental health, and younger age as salient risk factors associated with intimate partner violence (IPV) and parenting stress, job loss, and lack of support and perceived control as salient risk factors associated with violence against children, in diverse settings. A study from Indonesia, for example, found that household food insecurity was one of the strongest predictors of gender-based violence during the COVID-19 pandemic (Halim et al. 2020). This evidence is consistent with how VAW/C has increased in past pandemic and crisis contexts, although to date, studies primarily rely on small and non-representative samples (Peterman et al. 2020; Peterman and O’Donnell 2020).

**How Can Social Protection (and Especially Social Assistance) Mitigate or Exacerbate These Effects?**

Social protection policies and programs have potential to address these wide-ranging consequences of the COVID-19 crisis. Social assistance programs in the form of cash and in-kind transfers, as well as public works programs providing income for household members, can improve economic security, reduce intra-household conflict and related stress, and increase women’s decision-making power and agency. Combining cash transfers with other services, such as automatic enrollment in health insurance or extension services (i.e., “cash-plus” programs) can enhance benefits for women and girls (SPACE 2020c). The World Bank’s Girls’ Education and Women’s Empowerment and Livelihoods (GEWEL) project in Zambia offers one such example, combining cash transfers to nearly one million households with school-based interventions for girls and community dialogue, with an emphasis on school and community safety during the pandemic (Wadie Hobson 2021).

One experimental study found that giving cash transfers to women microenterprises in Kenya helped many firms reopen after closing due to COVID-19 and increased food consumption and inventory (Brooks et al. 2020). Additional ‘plus’ components, including awareness raising about personal protective equipment and safe business practices may have further amplified the positive effect and increased firm stability.
Though typical public works options are limited in the COVID context due to a need for social distancing, pre-COVID public works programs’ registries can be used to identify people in need of income support (Ravallion 2020). Where carefully designed, social assistance policies can also help ease women’s and girls’ unpaid care work burdens, whether through cash payments that facilitate paying for childcare support or through public works programs that provide on-site childcare (Garganta et al. 2017; Samman et al. 2016).

For cash transfers, harnessing digital platforms may have the added benefit of increasing women’s privacy and autonomy over how payments are spent, saved, or invested, as well as provide a convenient, safe option for delivery in contexts where women’s mobility, security, and/or free time are limited (Garz et al. 2020). And though rarely their direct purpose, anti-poverty cash transfers can also mitigate the risk of domestic and other forms of gender-based violence. Increasing economic security and emotional well-being in the household overall reduces the risk of household tensions leading to violence. More than 70 percent of qualitative and quantitative studies on a wide range of cash transfer programs found that such transfers reduced physical and/or sexual intimate partner violence (IPV). Findings either show reductions in IPV or—where no change is detected or IPV is not directly measured—improvements in other individual and household measures that may indirectly reduce IPV. These include reductions in household financial insecurity and improvements in women’s empowerment (Buller et al. 2018; Hidrobo 2019).

That said, where not carefully designed, these programs may exacerbate pre-existing economic and social inequalities. For example, if a government-to-person (G2P) program is delivered through mobile phones, those lacking access to a phone—a population of disproportionately women in many contexts—are likely to be excluded from equal access. Having a mobile phone, as well as a national ID and an account at a financial institution or a mobile money account, facilitate the transfer of government payments to individuals and—at least in some contexts—are useful proxies to assess if pandemic-related cash assistance will reach individual women.4

To what extent can we predict gender inequalities among those who are able to access COVID-19 social assistance benefits? At present, 45 percent of women in LICs do not possess a national ID (versus 30 percent of men) (Desai et al. 2018). In November 2020, researchers at Data2X and Open Data Watch identified 26 low- and lower-middle income countries where women and girls are likely to be most exposed to the negative effects of the COVID-19 pandemic and concluded that ID possession gaps widen in the most vulnerable countries—29 percent of women in the most vulnerable countries do not possess a national ID

4 Using data from 24 countries, Gentilini et al. (2020) also point to the reach of pre-COVID social registries as correlating with coverage increases in cash transfers and increases in benefit size. The JAM index (a composite indicator combining ID, mobile phones and bank account data) has a weaker correlation with coverage and benefit size increases with the exception of regions like Latin America and the Caribbean, though this analysis does not speak to the gendered distribution of benefits. See https://openknowledge.worldbank.org/handle/10986/33635.
(versus 20.5 percent of men). Over 40 percent of women in low- and middle-income countries do not have an account with a bank or mobile money provider (versus 32.5 percent of men), and again those in the most vulnerable countries are excluded further—just 32 percent of women in the most vulnerable countries have an account with a bank or a mobile money provider versus 46 percent of men. Across low- and middle-income countries, 200 million fewer women than men own a mobile phone, with a more acute gender gap in some geographies and demographics. In South Asia, for example, women are 38 percent less likely to own a phone than men, and the gap in rural areas is even larger (GSMA 2019). New and efficient delivery mechanisms for cash transfers, while capable of increasing the overall number of recipients of a given program, may thus run the risk of leaving behind the most vulnerable. Thus, the particular identities of those able to access and benefit from these and other social assistance programs should be considered alongside how many people in total receive benefits.

Even if women are effectively reached, there are still limitations on social assistance’s ability to address gender inequalities, especially those linked to the gendered division of labor within households and women’s unpaid household and care work burdens. While an increase in women’s unpaid work within the household has been common in past economic crises, public investments in childcare have not been included among countercyclical measures, despite their potential in terms of employment generation, contribution to recovery, and social protection (Espino 2013). Investments aimed at strengthening the care economy—by increasing access to quality childcare and other care services (e.g., health care and elder care) and providing employment opportunities, likely to mostly women—have the potential to contribute to an inclusive recovery (SPACE 2020d).

How Have Policymakers and Donors Responded?

Drawing upon evidence from past crises, researchers and advocates have expressed concern that policies and financing packages aimed at responding to COVID-19’s health, social, and economic impacts will be gender-blind, ignoring the unique needs and constraints of women and girls and risking their exclusion from benefits (Wenham et al. 2020). In an effort to move quickly to provide cash, in-kind assistance, and (where possible) employment through public works programs, donors and governments may place a priority on expediency to the detriment of inclusion, in particular risking the exclusion of groups that face disproportionate vulnerabilities to the COVID-19 pandemic: a gender analysis and data dashboard of low- and lower-middle income countries. Data2X and Open Data Watch. https://data2x.org/wp-content/uploads/2020/11/COVID-19-Vulnerability-Paper_FINAL-2.pdf.
Review of Governments’ COVID-19 Response Efforts

To respond to COVID-19’s economic impacts, over 200 countries and territories—many with the support of multilateral development banks and other donor institutions—have implemented new or adapted social protection programs, most frequently non-contributory cash transfers, followed by social insurance and labor market interventions (Gentilini et al. 2020). The United Nations Development Program (UNDP), with substantive leadership and technical contributions from UN Women, is tracking gender-sensitive COVID-19 policy responses from national governments and territories, including social protection measures. The tracker defines “gender-sensitive” measures as “those that seek to directly address the risks and challenges that women and girls face during the COVID-19 crisis” (UNDP and UN Women 2020). The tracker reflects 1,813 fiscal and economic, social protection, and labor market measures of over 200 countries and territories. Just 177 measures—concentrated in 85 countries and territories—are found to “target women’s economic security,” amounting to less than 10 percent of all measures (UNDP and UN Women 2020).

Roughly half of the measures targeting women’s economic security fall into the social protection category (94 measures in 58 countries), though this is more of a reflection of how few labor market and fiscal policy measures consider gender rather than a testament to the suite of social protection measures’ gender sensitivity. The tracker reflects 1061 social protection measures, 185 (17.4 percent) of which are gender sensitive in either “targeting women’s economic security” or “directly supporting unpaid care.”

Figure 2. Governments’ Social Protection Measures by Category and Gender Sensitivity

![Figure 2](image)

*Source:* UNDP COVID-19 Global Gender Response Tracker.

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6 UNDP and UN Women find that 15 percent of social protection responses are gender-sensitive in the countries identified as most vulnerable based on Data2X and Open Data Watch analysis, compared with a global average of 17 percent. Over 80 percent of these vulnerable countries have rolled out cash-based transfers (versus 77 percent for other LICs and LMCs (Gentilini et al. 2020)).
The tracker contains 314 social insurance measures, 57 (18.2 percent) of which are gender sensitive either in targeting women’s economic security (13 measures) or directly supporting unpaid care (44 measures). Just 11 of the gender-sensitive measures are from LICs and LMICs—and we note that in these contexts, social insurance measures may only apply to a small subset of the population given the large informal workforce ineligible for benefits. The tracker contains 29 measures focused on care services, 5 in LICs and LMICs, all of which are automatically deemed gender sensitive according to the tracker’s methodology.7

Finally, the tracker reflects a total of 718 social assistance measures, just 81 (11 percent) of which are labelled as “targeting women’s economic security” and another 18 “directly support unpaid care,” bringing the total of gender-sensitive social assistance measures to 99, or 13.8 percent of the total. Of these, 37 gender-sensitive measures have been announced by low- and lower-middle income country governments.8

Of the 81 gender-sensitive social assistance measures targeting women’s economic security, the vast majority (51 measures, or 63 percent) take the form of a cash transfer—either through a newly-instituted program (27 measures) or an expansion/adaptation of an existing one (for example, a previously-conditional cash transfer scheme now waiving conditions) (24 measures). Other social assistance measures include in-kind support (21 measures), public works programs (4 measures), utility and housing support (2 measures), and social pensions (3 measures). Overall, 44 (54.3 percent) of measures are newly announced in response to the COVID-19 crisis, whereas 37 (45.7 percent) of measures build on or adapt pre-existing social assistance programs.

For 40 social assistance measures (49.4 percent), we find that women are either the only eligible recipients of benefits or designated as the primary/preferred recipient. But even where targeted to women, the vast majority of measures target women as a function of a particular familial role—e.g., mothers—relying on evidence that suggests cash or other forms of support in the hands of women will be spent more effectively on behalf of the household. Far fewer gender-sensitive social protection measures are framed around responding to women as economic agents who may have lost employment or other income-generating opportunities and are in need of assistance as a result. Exceptions include a cash transfer program in Burkina Faso aimed specifically at informal fruit and vegetable sellers

7 SPACE also points to significant geographic variation in the type and extent of social protection measures driven by four key factors: (a) percentage of the population working in the formal versus the informal economy; (b) level of political will; (c) fiscal space; and (d) pre-COVID social protection programs and capacities. For a sample of 55 countries, only 8 percent of the population are reached in low-income countries versus 87 percent in high income countries, with low coverage particularly notable in Sub-Saharan Africa and the Middle East and North Africa, where only 13 percent and 19 percent are reached respectively, compared to 66 percent in both East Asia and the Pacific and Latin America and Caribbean regions. See https://socialprotection.org/sites/default/files/publications_files/SPACE_~2_2.PDF.

8 None of the measures announced by LICs and LMICs are those that the tracker classifies as “directing supporting unpaid care;” those 18 measures are all from higher-income countries, so we focus our analysis on the measures classified as “targeting women’s economic security.”
(mostly women) and another cash transfer program in Colombia that targets women informal workers.

We find that at least 37 measures are designed to be temporary—often covering a 2–4 month window—suggesting the need for longer-term forms of support for vulnerable populations. Other measures, especially those providing in-kind asset support, do not specify their duration but may also be temporary in nature, so the 37 measures we see explicitly noting a cut-off date is likely an underestimate.

The tracker also does not reflect the extent to which policy measures announced by governments are sufficient in amount or duration, or being implemented effectively; it does not yet reflect, for example, any gaps between individuals’ eligibility for a particular program and their ultimate receipt of benefits. But there is initial cause for concern. Pande et al. (2020) estimate that more than half of poor women were likely excluded from the Jan Dhan cash transfer program. WIEGO, through its COVID-19 Crisis and the Informal Economy Global Impact Study, has also begun to document observed implementation gaps of social assistance measures. Between February and June 2020, across 12 cities globally, the study finds that less than half of workers surveyed reported receiving cash or food in cities where governments announced relief measures to support vulnerable groups, with those in Sub-Saharan African cities (Accra, Dakar, Dar es Salaam) the least likely to receive support (Roever and Rogan 2020). Even where relief has been received, the level provided was insufficient to significantly reduce food insecurity and or adverse coping strategies (e.g., drawing down on savings or selling assets). An analysis of 55 countries’ social protection responses found that while coverage of social protection programs has expanded in response to COVID-19, the increase in coverage varies greatly regionally and between countries of different income groups. For example, high-income countries saw coverage of social protection programs rise from 47 percent pre-COVID to 87 percent on average post-COVID (SPACE 2020e). For low-income countries, those numbers are 1 percent and 8 percent respectively, and for lower-middle income countries 9 percent and 30 percent. A survey of young urban women across India, Kenya, Ghana and South Africa found that 52 percent of respondents did not receive any form of social protection during lockdown periods (Chakma 2020).

As referenced above, there is also reason for concern about exacerbating inequality in contexts with significant pre-existing gender gaps in access to mobile phones, ID, and bank accounts in a program with digital enrollment, screening, or payment. Early evidence suggests this dynamic may already be unfolding in the COVID context. In Pakistan, the Kafaalat cash transfer scheme, originally targeted to poor women, paused registration efforts to make room for the new Ehsaas emergency cash transfer program, open to individuals regardless of gender, but requiring a mobile phone, bank account, and legal ID for registration. In the Pakistani context, where women are less likely to own a phone or have a bank account or legal ID, the new gender-blind scheme risks women’s exclusion (Bourgault and O’Donnell 2020). In Latin America, we see consistent evidence: in Argentina, while almost 95 percent of pre-COVID CCT recipients were women, 60 percent
of new recipients are men (Blofield et al. 2020). Notably, gaps in currently published data limit a full analysis of social assistance benefits’ direct and indirect recipients; we address how to fill these gaps in the recommendations section below.

**Review of Donor Institutions’ COVID-19 Response Efforts**

To complement existing efforts to map gender-sensitive policy responses from national governments, we review MDBs’ project appraisal documents (PADs) and other equivalent resources to shed light on the extent to which donors’ COVID-19 response efforts to date have integrated considerations of gender. Recognizing that bilateral donor governments may turn inward to address domestic health and economic crises, we prioritize multilateral development banks as institutions most likely to take a lead role in global development response and recovery efforts, beginning with a review of relevant documents from the World Bank, the African Development Bank (AfDB), and the Asian Development Bank (ADB). Our initial analysis is limited to projects for which PADs are publicly available, and we plan to supplement our early findings as more are published. It will also be important to track the implementation of projects to gauge whether they successfully meet gender-specific targets over time.

**Across the World Bank, AfDB, and ADB, we find 74 projects in IDA countries with social protection components**—36 (48.6 percent) from the World Bank, 25 (33.8 percent) from the ADB, and 13 (17.6 percent) from the AfDB. Nearly 87 percent of projects (64) have PADs or equivalent documents available. Of these 64, 19 projects (29.7 percent) are in countries registered as most vulnerable to the COVID crisis from a gender perspective according to Data2X and Open Data Watch.10

**Of the projects with project documents available, 52 projects (81.3 percent) include gender-related indicators or targets related to social protection**, and 17 (26.6 percent) call for at least some form of intersectional data, whether related to age, disability status, migrant status, or other demographic characteristics. Of the 105 indicators we identify across 52 projects, most call for individual-level data, while 37 are focused at the household level, calling for data on the number/percentage of women-headed households that have been reached by social protection benefits.

**We find 47 projects (73.4 percent) setting gender-related targets, usually related to women’s inclusion as beneficiaries or how they will benefit from the investment.** Of these, 29 projects include at least one indicator calling for women to make up at least half of

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9 Equivalent documents include program documents (PGDs) for development policy grants from the World Bank, ‘Report and Recommendation of the President to the Board of Directors’ documents from the ADB, and project appraisal reports from the AfDB.

10 In the 26 countries identified as most vulnerable by Data2X and Open Data Watch, we find 23 total projects and 19 projects with PADs available. Of those with PADs, 13 have gender-specific indicators, and 6 call for intersectional indicators (age, disability, migrant status). Additionally, 13 projects in these countries call for gender targets, 9 of which projects set gender targets for women to comprise at least 50% of beneficiaries.
beneficiaries. We note that of 79 indicators calling for women to make up a certain percentage of beneficiaries, 41 (51.9 percent) call for at least gender parity—i.e., women to be 50 percent or more of project beneficiaries. Targets range from 10 percent for an in-kind transfer to rural households in Afghanistan (COVID-19 Relief Effort for Afghan Communities and Households) to 90 percent for a cash transfer program in Guinea (Emergency Response and Nafa Program Support Project).

Figure 3. Projects with Social Protection Components, March 1–December 31, 2020

Reflected in projects’ gender indicators and targets, MDBs are tracking women’s and girls’ inclusion in social protection programs in the following categories:

1. Cash transfers (gender-focused indicators included in 17 projects, or 26.6 percent of projects with PADs)
2. Food and other in-kind transfers (included in 14 projects, or 21.9 percent of projects with PADs)
3. Utility and housing assistance (included in 5 projects, or 7.8 percent of projects with PADs)
4. Public works programs (included in 4 projects, or 6.3 percent of projects with PADs)
5. School fee relief (included in 2 projects, or 3.1 percent of projects with PADs)
6. Health insurance (included in 2 projects, or 3.1 percent of projects with PADs)
7. Childcare (included in 1 project, or 1.6 percent of projects with PADs)
8. Strengthening an enabling environment for social protection programs. This includes indicators focused on women’s bank account ownership (included in 3 projects, or 4.7 percent of projects with PADs), ID registration (included in 1 project, or 1.6 percent of projects with PADs), and gender-sensitive training for field staff (included in 3 projects, or 4.7 percent of projects with PADs).
9. Unspecified economic assistance and social protection (included in 18 projects, 28.1 percent of projects with PADs)
What Else is Needed?

Existing evidence suggests that though some governments, with the support of multilateral donor institutions, have prioritized incorporating a gender lens into their COVID-19 social protection programs, more must be done to ensure that this becomes the norm, and that women and girls are effectively reached by and benefit from these programs. MDBs serve as important actors to make sure gender is considered because of the special relationship they have with borrowing member countries, the policy advice they give, and the knowledge management and evaluation functions they provide along with lending. We conclude with an initial series of recommendations focused on addressing gaps in data and evidence and a few high-level policy recommendations, which through future papers and convenings we plan to refine. We note that several of these recommendations align with those put forth by the Social Protection Inter-Agency Cooperation Board (SPIAC-B) and SPACE, and we plan to work collaboratively with these groups to both refine recommendations and explore their adoption (SPACE 2020f; SPIAC-B n.d.).

Addressing Gender Gaps in Data and Evidence

Fill population data gaps. We need more data on the impacts of the COVID-19 crisis in low- and middle-income country contexts, especially for those who cannot be reached by the mobile phone surveys deployed to understand COVID’s health, economic, and broader social effects. Those lacking access to mobile phones are most vulnerable to the risks of extreme poverty and food and shelter insecurity, and therefore most in need of social assistance support, but policies and programs designed based on data that excludes them will likely be limited in effectiveness.

The World Bank’s COVID-19 High-Frequency Monitoring Surveys were conducted in 70 countries in 2020 and eventually will be conducted in over 100 countries. Data collected
through these surveys is being used to inform social assistance programs. In Zambia and Indonesia, for example, World Bank staff used survey data to design and monitor the disbursement and coverage of cash transfer and other economic relief programs. However, as noted by the World Bank team leading data collection efforts, “information collected is only representative of phone owners who are willing to respond to the survey,” (Sabatino et. al 2020) departing from traditional household surveys, which do not rely on individuals’ access to technology and are likely to be more representative, especially of the most vulnerable demographics. World Bank staff have confirmed that data collected through the high-frequency monitoring surveys in some countries are not representative of all women, in part due to the gender gap in mobile phone ownership.

Rapid response survey collection using mobile phones and other information technologies should purposefully work to cover excluded populations through extending survey samples past heads of household (typically men), oversampling women when using random digital dialing (RDD), for instance, and identifying other innovative methodological techniques. Emerging efforts to test new methods to reach the excluded should be encouraged and expanded significantly. To fill gaps in data collected through mobile phone surveys, donor institutions and the governments they support can also prioritize the development and/or strengthening of partnerships with local researchers and community organizations well-positioned to provide insights into the impacts the crisis is having on local populations.

**Improve the collection of sex-disaggregated data on program beneficiaries.** There is also a need to improve data on the extent to which women and girls are being reached by and benefiting from social protection measures. Because the household has traditionally been positioned as the smallest unit of analysis for most data collection concerning social assistance systems, too little is known about how cash transfers and other programs reach and benefit people of different genders. Going forward, the collection and publication of individual-level, sex-disaggregated data would improve collective understanding of whether women or men are direct recipients of COVID-19 social assistance benefits and other future programs.

As noted above, pre-COVID design features targeting women can no longer be assumed. While on one hand, some new programs—Jan Dhan transfers in India or Novissi in Togo—have directly or disproportionately targeted women, others, such as in Argentina and Pakistan, have not. The systematic collection of comparable beneficiary data across different programs can be harnessed to explore the extent to which social protection programs have differential reach and benefits by gender.

In the short term, researchers can consider launching rapid surveys to assess the extent to which vulnerable demographics are being reached by COVID-19 triggered social assistance schemes. WIEGO has begun such efforts in 12 select cities through its COVID-19 Crisis and the Informal Economy Global Impact Study. Researchers at CGD and elsewhere can consider complementing WIEGO’s targeted approach by focusing on other geographic
contexts and demographics, for instance, exploring the extent to which women working in subsistence production are able to access social assistance schemes.

Existing data sources can also be harnessed and improved to deepen collective understanding of the reach of social assistance (and broader social protection) measures. The Atlas of Social Protection Indicators of Resiliency and Equity (ASPIRE), a harmonized database developed by the Social Protection and Jobs Global Practice at the World Bank, offers one opportunity. ASPIRE includes indicators for 125 countries’ social assistance, social insurance, and labor market programs in an effort to allow for cross-country analysis of the scope and performance of social protection programs. ASPIRE data draws upon program-level administrative data as well as national household survey data. In its 10-year history, ASPIRE has not yet included sex-disaggregated indicators as part of the official database, but the ASPIRE team is now taking steps to ensure its data reflects how social protection programs and policies may have gender-differentiated reach and effects.

With support from the World Bank Rapid Social Response Fund and in collaboration with CGD researchers, the ASPIRE team will start gauging the extent to which women are included in social protection programs using its household survey and administrative data. As a first step, the team will begin mapping where household survey data within each country allows for individual-level analysis, and gender disaggregated indicators. This disaggregation will likely not be possible across all 125 countries represented in the ASPIRE database, but it will be for a subset: for example, data from Mexico’s Encuesta Nacional de Ingresos y Gastos de los Hogares reflects whether all household members ages 12 and above receive various sources of non-labor income, including (formerly) from Progresa and other social programs. In addition, the ASPIRE team will start collecting program-level administrative data that includes gender specific variables, such as programs targeted to women and girls, and percentage of beneficiaries or payment recipients who are female. In allowing designers and implementers of social protection programs to understand their reach and effects by gender, grounding future social protection efforts in disaggregated data has the potential to strengthen programming.

**Rigorously and systematically monitor and evaluate the benefits of COVID-19 related social protection measures on women and girls.** More generally, rigorous M&E and impact evaluation should follow and build on the strong evaluation record of past well-known social protection programs (i.e., Progresa in Mexico, Bolsa Familia in Brazil) and add measures on impacts focused on the well-being and empowerment of women and girls. Whether and how cash transfers empower women and girls has been questioned in past research, so program evaluations should be mindful to identify robust and valid indicators to track effects on empowerment (Peterman et al. 2019).

Good monitoring and evaluation (M&E) require good gender data and institutional commitment and openness to track progress, learn lessons, and modify policies and programs if needed. Ongoing as well as future gender data collection efforts should be harnessed for gender-informed M&E of the outcomes/impacts of mitigation policies and
investments. Results frameworks should be strengthened to measure changes in women’s well-being and empowerment, and a harmonized set of women’s empowerment indicators should be included in these frameworks (see below).

Identify a harmonized set of core indicators to track the impact of social protection by gender. As another way to facilitate a better understanding of the links between social protection programs and individuals’ improved outcomes, MDB social protection teams should consider instituting a core (concise) set of indicators that allow for standardized data collection and use across projects and contexts. This set ideally should include a simplified measure (or measures) of women’s economic empowerment that can be used cross-culturally. Researchers at the Center for Global Development and Data2X have recently co-authored *Measuring Women’s Economic Empowerment: A Compendium of Selected Tools*, which maps existing tools focused on measuring various dimensions of women’s economic empowerment, whether in monitoring country-level populations or in evaluating the impact of particular programs and interventions.

A core set of indicators for informing social protection program design/implementation and monitoring program results could draw upon the compendium’s collection of indicators, identifying those that are most relevant to programs’ intended objectives. The G2Px team at the World Bank is exploring the feasibility of integrating a harmonized set of indicators into their results frameworks that shed light on the extent to which programs reached and benefited individuals. Similarly, drawing on the CGD and Data2X compendium, other social protection-focused donors and policymakers have the opportunity to institute a core set of indicators to support the development of inclusive programs and measure progress across investments.

For governments implementing social assistance programs, and more generally collecting data on national populations to inform policymaking, improve single and social registries to be inclusive and cover the most vulnerable women and girls. In the COVID context, governments are relying on existing registry systems, as well as seeking to strengthen them, to ensure social assistance programs are mobilized quickly and are inclusive in their reach. In Brazil and Cape Verde, for example, the presence of databases registering informal workers helped ensure that this demographic was included in social assistance programs. In Togo, the World Bank is providing $72 million to institute a comprehensive ID system and the creation of a social registry. In Burkina Faso, the government aims to develop “emergency registries” that go beyond simply assessing tax data to determine eligibility for support. Social workers are finding creative ways of identifying new recipients, including considering former public works beneficiaries. These and other ways to identify recipients need to ensure that social registries have universal coverage and that socially excluded groups (including non-traditional families and gender minorities) are not left out.
Promoting Gender Informed Social Protection

Recommendations around improved data collection should not delay donors and governments from taking some immediate actions based on what existing evidence suggests will be effective from a gender perspective. Drawing on the analysis reflected above, we see a need for both “more and better”—that is, increased financing for social spending as well as the application of particular design features that ensure women and girls are equitably reached and benefiting from social protection programs.

“More” begins with a bigger pot to draw on that privileges social spending for the majority of especially vulnerable countries and excluded populations. An analysis by Duggan and colleagues (2020) of World Bank lending in 2020 showed that this lending was not on track to meet disbursement commitments, curtailing the ability of low- and middle-income countries to increase social spending in response to the crisis. Countries need the fiscal space to prioritize social protection and other inclusive recovery measures and donors should substantially increase financial flows to these countries. More specifically, donors should ensure the expedient disbursement of funds to borrowing member countries linked to national strengthening of social protection systems to be inclusive and gender informed.

Ensuring that gender-informed social protection is a priority amidst shrinking fiscal space, both for donor and recipient governments, will be a challenge. Reflected in our analysis above, many social assistance measures instituted during the crisis have been temporary and already expired, whereas economic contractions and resulting increases in poverty and food insecurity persist. Analyses that rigorously document the crisis’ disproportionate impacts on women and girls and the benefits of gender-responsive approaches can support calls for increased financing for this agenda.

Prioritizing adequate financing would enable governments to build on the capabilities developed during the crisis to strengthen social protection and payment systems and make them more inclusive, effective, and sustainable. A piecemeal approach is unlikely to be sufficient; policymakers and donors need to focus on strengthening whole social protection systems (and wider health and economic recovery policy) from a gender perspective. The challenges faced by women, who are often digitally disadvantaged, need to be addressed. Countries have the opportunity to lock in gains in the identification and coverage of beneficiaries, and to transition from one-off systems to help the “new poor” towards more permanent arrangements to strengthen the architecture of social protection systems in the future.

“Better” means that a gender lens needs to inform the design, implementation, and evaluation of social protection schemes. Existing evidence suggests that particular design features can help ensure that women are able to better access and benefit from social assistance policies and programs. These include smart targeting benefits to women, prioritizing individual- over household-level transfers, harnessing digital pathways for delivery, bundling benefits with other forms of support, ensuring robust monitoring and
evaluation, and considering extending cash assistance to help with women’s economic autonomy.\textsuperscript{11}

1. **Smart targeting (cash) benefits to women and girls.** Cash transfers are a potential tool to protect income and empowerment gains that the pandemic threatens—though only if designed and implemented in a way that considers pre-existing gender gaps (e.g., in access to ID, mobile phones, and bank accounts, as well as time and mobility constraints that women disproportionately face) and aimed at reinforcing women’s financial independence (for instance, by opening mobile savings accounts in their names). This targeting should consider household structures and dynamics that could negate positive effects of targeting benefits to women. For instance, some research suggests that in polygamous families, one transfer only given to the first wife may have unintended consequences for other wives (and their children), who then receive a smaller share of household resources (Guilbert and Pierotti 2016; Heath et al. 2018). Other studies also suggest that, in order for cash transfers to most effectively meet the needs of families of different sizes and structures, payments should be distributed to all individuals within households rather than per household (Asia Foundation 2020).

2. **Digital platforms, including mobile phones, can be harnessed to deliver benefits to women and girls**—but only if ICT access and knowledge are gender-equal. Individual mobile bank accounts and mobile savings accounts provide privacy and foster empowerment. They can be used effectively to deliver cash assistance to women and girls but need to ensure privacy and coverage and may need to be combined with financial literacy to use the mobile account. The Bhamashah program in Rajasthan offers one example of how digital transfers can both facilitate and hinder women’s financial inclusion: among younger women with higher levels of financial and digital literacy, the transfer program designating women as head of household and requiring them to withdraw payments increased their agency and control over how payments were spent or saved. But older women with more limited knowledge of digital platforms encountered challenges in accessing payments (MicroSave 2017). Women and girls with limited digital literacy and access may prefer cash-based delivery, or local women’s groups can assist in reaching these last-mile populations. (For more details on the role of women’s groups in promoting resilience during crisis, see our accompanying paper, Promoting Women’s Economic Empowerment in the COVID-19 Context.)

\textsuperscript{11} SPACE’s ‘Strategy Decision Matrix’ and ‘Leila’s Journey’ from the COVID-19 Exclusion Working Group also provide detailed guidance on how to integrate considerations of gender and broader social inclusion into designing social protection programs (the latter with a focus on emergency cash transfers), and highlight country-specific examples of good practice. See https://socialprotection.org/sites/default/files/publications_files/SPACE%20Gender%20and%20Inclusion_20052020v1.pdf and https://g2p-network.org/wp-content/uploads/2020/11/exclusion-working-group-leilas-journey.pdf.
3. **Social assistance can be ‘bundled’ with other interventions to address gender-specific constraints** if program delivery is sufficiently robust to incorporate additional elements, including interventions that aim to address gender-based violence or improve sexual and reproductive health and rights. Indonesia, for example, has added subsidized training and upskilling for informal workers as part of a COVID response strategy. The program will be accessible to an estimated 5.6 million informal workers and small and micro enterprises who have been affected by COVID-19. A gender lens on this training would ensure benefits to women, the majority of informal sector workers in Indonesia. To mitigate the risk of violence, grievance redress mechanisms should be in place in social protection programs and equipped to make referrals to support services for violence survivors.

4. **The monitoring and evaluation of social assistance should emphasize outcomes and results frameworks measuring benefits to women and girls**—rather than inputs and good intentions. When gender targets are set (for instance, percentage of social assistance directed to women and girls or percentage of women and girls who will benefit from these resources), these targets need to be both ambitious and measurable. Results frameworks should include indicators of empowerment.

5. **Use cash assistance as a medium-term strategy to promote women’s economic autonomy.** Governments are currently considering scaling down emergency social assistance programs as economies begin to recover. They should instead harness the opportunity created through the incorporation of vulnerable households into these new programs and expand on the best practices learned. This means targeting women. It may also help alleviate the disproportionate hit to women’s employment—and consequently economic autonomy—during the pandemic. While a long-term solution should also bolster affordable care services in order to promote women’s autonomy through paid employment, cash transfers represent an important medium-term strategy.

**Conclusion**

Estimates of increased poverty, food insecurity, unpaid care work, and gender-based violence—all induced by the COVID-19 pandemic and with likely disproportionate risks for women and girls—remain dire, though more data is needed to fully ascertain the crisis’ (gendered) effects and individuals’ resulting coping strategies. Cash transfers, in-kind assistance, employment through public works programs (that are able to keep social distancing), and other forms of social protection are essential as short-term relief measures in the face of crisis, as well as necessary ingredients in ensuring that women can provide for their own and their families’ food security and well-being during the pandemic and take advantage of labor market opportunities as economies begin to expand.
Governments and donor institutions have taken action to respond to and mitigate the social and economic consequences of the pandemic through social assistance and other social protection programs, many using innovative approaches and even prioritizing women as direct recipients of benefits. That said, we still need better data on the implementation of these programs, including the populations they reach, the sufficiency of benefits they provide, and their effects on individuals’ outcomes, including the empowerment of women and girls. To address (even pre-crisis) issues around social protection coverage and adequacy, governments and supporting donor institutions should place a core priority on inclusion, both to respond to the impacts of COVID-19 and longer-term. In light of findings from this paper, it will be important to track both how current social protection measures are implemented, as well as how future measures are designed to meet the specific needs of women and girls.
References


Annex: Literature Review Search Methodology

To synthesize the empirical literature on the impacts of COVID-19 on women’s and girls’ outcomes, we systematically reviewed relevant academic journals, organizational publications, impact evaluations, policy documents, and meta-analyses for the latest evidence on social protection and gender relevant to the COVID-19 context, as well as relevant historical contexts. Some program and case study materials were also included as rigorous evidence is scarce at this early stage. The search for resources was conducted in four phases:

1. The search terms listed below were used in the databases listed below. The total number of search results was recorded per database. For databases that do not support long strings of search terms, the list was simplified.

2. In the second round, titles and abstracts were screened for relevance.

3. Remaining papers were read in full and underwent a final round of screening for relevance. They were excluded if they were not directly linked to social protection and gender.

4. The results of the systematic search were also supplemented by resources shared by other researchers and partners (e.g., a supplemental survey we circulated to Gates Foundation research grantees).

Databases and websites searched:

- Gender and COVID-19 Working Group
- EMERGE
- Socialprotection.org (Social Protection Approaches to COVID-19: Expert Advice Hotline) Google Scholar
- JSTOR
- ScienceDirect
- Director of Open Access Journals (DOAJ)
- EconPapers
- National Bureau of Economic Research
- Social Science Research Network
- Web of Science
- Scopus
- EconLit
- Wiley Online Library
- World Bank
- ILO
- 3ie Impact Evaluation Repository
- UNDP/UN Women tracker
Search terms:

(“Women” OR “female” OR “men” OR “male” OR “gender”) AND ("COVID-19" OR “COVID” OR “coronavirus” OR “pandemic” or “health crisis” or “economic crisis” or “economic depression” OR “economic shock*) AND ("social protection" OR "social protection program" OR “social assistance” OR “social benefit” OR “entitlement” OR “cash transfer” OR “unconditional cash transfer” OR “conditional cash transfer” OR “CCT” OR “UCT” OR “non-contributory cash transfer” OR “universal cash transfer” OR “conditionality waiver” OR “advance payments” OR “digital payment*” OR “digital transfer*” OR “mobile transfer*” OR “mobile payment*” OR “G2P” OR “G2P payment*” OR “government-to-person payment*” OR “government to person payment*” OR “cash-based transfer” OR “financial support” OR “financial obligation support” OR “financial obligation waiver” OR “one-off cash” OR “recurring cash” OR “in-kind transfer” OR “in-kind measure” OR “in-kind food” OR “in-kind voucher” OR “school feeding” OR “social pension” OR “utility support” OR “utility waiver” OR “utility postponement” OR “utility voucher” OR “utility subsidy” OR “fuel subsidy” OR “fuel voucher” OR “public works” OR “social insurance” OR “social security” OR “labor market intervention*” OR “labor market policy*” OR “labor market program” OR “workfare” OR “cash for work” OR “cash-for-work” OR “food for work” OR “food-for-work” OR “welfare” OR “unemployment program” OR “unemployment benefit” OR “unemployment insurance” OR “unemployment protection” OR “wage subsidy” OR “labor regulation adjustment” OR “disability benefit” OR “disability insurance” OR “old age pension” OR “crop insurance” OR “agricultural insurance” OR “livestock insurance” OR “health insurance” OR “childcare” OR “child care” OR “daycare” OR “creches” OR
“nursery” OR “fee waiver” OR “basic income” OR “universal income” OR “universal basic income” OR “UBI” OR “ID” OR “identification” OR “documentation” OR “empowerment” OR “agency” OR “nutrition”)

AND/OR

(“financial inclusion” OR “inclusion” OR “exclusion” OR “financial exclusion” OR “access” OR “banking” OR “decision-making” OR “shock*” OR “ OR “financial services” OR “savings*” OR “assets” OR “bank account*” OR “savings account*” OR “mobile money” OR “mobile banking” OR “mobile bank account” OR “access” OR “technology” OR “literacy” OR “numeracy” OR “digital literacy” OR “mobility” OR “gender norms” OR “financial resilience” OR “gender-based violence” OR “GBV” OR “intimate partner violence” OR “IPV” OR “domestic violence” OR “violence against women and girls” OR “VAWG” OR “risk aversion”)

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