

IMPACT OF COVID-19 ON YOUNG WOMEN

A RAPID ASSESSMENT OF 14 URBAN AREAS IN INDIA, KENYA, GHANA AND SOUTH AFRICA.

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Front cover image: Young women in South Africa demanding for Decent Work



Artwork by Mirian Mtondale, depicting the effect of gender-based violence on young women in South Africa.

EXECUTIVE SUMMARY

This publication reflects the findings of a rapid assessment survey to understand the social and economic impacts of the COVID-19 pandemic on young women living in urban areas in India, Ghana, Kenya and South Africa. The survey sought to address issues and priorities of the young women around four broad, interrelated thematic areas: economic security, unpaid care and domestic work, bodily integrity and public services.

In August 2020, we interviewed 1219 young women as part of the survey, with the majority (80%) aged between 18 and 30. Among those who were employed (43.2%), only 15.7% were employed full time in the formal sector. The rest (84.3%) worked in the informal sector either as daily wage earners, contractual workers or domestic workers. Most (93.2%) of the young women had received some form of formal education and 20% were married. The majority (57.4%) of the respondents lived in a household size of five or less. Seven per cent of the respondents, predominantly from Ghana, lived in a household with more than 10 members.

The survey findings revealed that the COVID-19 pandemic and the subsequent lockdown measures by the respective governments have directly and indirectly impacted multiple aspects of the young women's lives. These aspects include their livelihoods, food security, burden of unpaid care and domestic work, safety, access to public services including sexual and reproductive health care, education, public transport, water, sanitation and hygiene.

According to our findings, 35% of the women were unable to continue engaging in their regular paid work, meaning their incomes reduced or disappeared completely due to pandemic-related disruptions. Moreover, 54% of the young women indicated that one or more of their family members had lost jobs due to the pandemic. Seventy-eight per cent of the young women mentioned that they had to prioritise their family's expenditures over their personal expenditures. Half of the women (52%) cited having to reduce their expenditure on personal consumables including essential items such as soap and clothing to cope with the sudden loss of income.

Sixty-five per cent of the respondents reported that the cost of food and other consumables increased during the lockdown period. The other costs that also increased were health expenditure and utilities such as electricity, water, heating and cooking fuel. The survey results reveal that the loss of livelihoods and reduced income in combination with rising food prices are affecting the ability of the young women and their families to purchase food, which is a top priority for

the young women. With the double economic burden of loss or reduction in income and rise of prices of essential consumer goods, the women were left with no choice but to borrow money to meet their urgent needs. Despite borrowing funds and cutting down expenses, it has still been challenging for most young women and their families to cope financially during the lockdown.

Despite all of the governments in this study allocating large social packages to protect vulnerable groups, 52% of the young women surveyed indicated they had not received any government benefits or other forms of social protection — such as subsidies or cash transfers — during the lockdown period.

Seventy-one per cent of the women reported an increase in their household work during the lockdown period, with 46% spending an extra two to four hours and 31% spending more than four extra hours doing housework every day. This included cooking (60%) as more family members were home during the lockdown, and childcare and education of children (34%). Fifteen per cent of women said they were having to use traditional cooking methods due to a lack of cooking gas, making meal preparation more time-consuming. Nine per cent of women were spending more time taking care of sick family members as health services became less accessible during the lockdown. Some women also mentioned they were spending more time cleaning and sanitizing the house to avoid infection.

Fifty-eight per cent of the young women surveyed believe that women and girls have become more vulnerable to violence during this lockdown. The key reason they cited was that women were forced to spend more time with their abusers at home when the men lost their jobs and stayed at home during the lockdown. It became more difficult for the survivors to seek support services or develop an escape plan as they became more financially dependent on their abusers due to the loss of their income and access to the police/local support systems became more difficult due to the shutdown. Thirty-three per cent of the women reported incidences of women and girls facing various forms of violence during the lockdown including domestic violence, kidnapping, forced marriage, sexual assault and rape.

Overall, 76% of the young women reported that access to public services has been hampered due to the pandemic. Amongst the different services, transport was the most affected (reported by 62%) in all four countries followed by health services (reported by 51%). The lack of access to transport can be attributed to lockdown measures while access to health services deteriorated as they became overwhelmed with tackling COVID-19 cases. The

survey results show that 22% of the women surveyed were facing difficulty or knew someone facing difficulty in accessing maternal health care services during the lockdown period.

The survey findings paint a stark picture of the existing digital divide. Among the young women who were studying (24.6%), only 22.1% indicated they were able to continue to learn remotely. The rest could not continue their learning due to not having a smartphone or laptop, lack of access to the internet, and not having a conducive environment at home for study. Some women, who were studying before the pandemic, shared that the increased burden of household work limited their time to continue their education.

Our rapid assessment of the impact of COVID-19 on young women in urban areas in four countries illustrates the extent to which this global pandemic continues to expose and exacerbate pre-existing crises, with young people being hit especially hard. As governments in India, Ghana, Kenya and South Africa continue to design and roll out pandemic response and social and economic recovery plans, it is imperative that they use this moment to decisively reject failed policy templates and development models and urgently replace them with policies and actions specifically aimed at permanently removing pervasive inequalities. They should do this with a special and urgent focus on young women in low income households who continue to be excluded in multiple and intersecting ways as discussed in this report. In particular, governments should:

- **Invest in publicly-funded, publicly-delivered, universal, quality, gender-responsive public services** — this entails the removal of any constraints to public funding for all public services, including austerity measures (such as public sector wage bill containment) and the privatisation of services. It also requires the expansion of domestic tax bases in a progressive way – through emergency taxes on wealth, increasing corporate taxes (especially where there are excess profits), reducing consumption taxes like Value Added Tax (VAT) and expanding the list of exempted items to cover basic food and other essential items.

- **Take immediate measures to ensure there are minimal interruptions in the delivery of universal, quality, gender-responsive and affirming sexual and reproductive health information and services** and provision of commodities including contraceptives. Specific action should be taken to ensure that these services do not reflect bias against young women or excluded groups such as LGBTIQ+ people to ensure that they can access them without fear or discrimination.
- **Urgently adopt a zero-tolerance policy on gender-based violence and mobilize maximum resources and measures to prevent and respond to it.** This means, as per WHO advice, classifying GBV services as essential services and ensuring that they are prioritised by law enforcement, health professionals and other responders.
- **Recognise all workers in the informal economy, protect their labour rights and ensure they are equally covered by emergency and long-term social protection policies and programmes.** Coverage should extend to all paid care workers, including domestic workers, migrant workers and other informal workers on the frontlines of the pandemic.

To deliver on their commitments to women's rights and gender equality under the Convention for the Elimination of All Forms of Discrimination against Women (CEDAW), the Beijing Platform for Action and the Sustainable Development Goals, it is critical for governments around the world to apply individual and collective, immediate and long-term sustainable strategies to overcome the challenges posed by this global pandemic. The multiple crises it has triggered present us with a critical opportunity to shape new economies that respect and value all labour, deliver human rights for all and care for both people and the planet.

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Young women from Mombasa, Kenya distributing COVID 19 emergency care packages during Covid 19 pandemic.

INTRODUCTION

The year 2020 marks the 25th anniversary of the Beijing Platform for Action¹, which set out a bold agenda for advancing gender equality and women's human rights in 1995. The limited gains made in the past decades were already at the risk of being rolled back due to the rise in populist and right-wing conservative politics and religious fundamentalism,² the financial crises (1997 and 2008) and the climate crisis, among other threats. The COVID-19 pandemic has exacerbated this risk.³ Since its outbreak at the beginning of the year, the pandemic has wreaked unprecedented havoc across the world, aggravating existing inequalities so deeply that it now threatens to push millions across the globe back into the throes of poverty. As UNDP has observed, the pandemic has unleashed a global human development crisis across multiple dimensions, and the less visible indirect effects, such as increased gender-based violence and unpaid care and domestic work, are yet to be fully documented.⁴

Young women living in the poorer urban areas of the global south are already in a marginalised position due to pre-existing socio-economic and political inequalities. Like the rest of the excluded population in the world, the global pandemic has hit them hard. The lockdowns, shutting down of educational institutions and other public services,

and overwhelmed health systems have significantly impacted their incomes and livelihoods, and their access to health, education and public services. Moreover, with children out of school and more family members staying at home, their already disproportionate burden of unpaid care and domestic work has skyrocketed.⁵ Many young women are at increased risk of experiencing gender-based violence due to being forced to 'lockdown' at home with their abusers while access to services to support survivors has been disrupted due to the pandemic.⁶

ActionAid has been working with young women in urban areas in India, Ghana, Kenya and South Africa through its *Young Urban Women: Life Choices and Livelihoods Programme* since 2013.⁷ Along with our partner organisations in these four countries, we undertook a rapid assessment survey in August 2020 to document the impact of the pandemic on their lives of these young women. There is very little information is available in the public domain on the impact of COVID-19 on young women in these countries and our ultimate aim is for these findings to inform and support policy decision-making by relevant local and national authorities for short and long term remedial measures to ensure the human rights of young women are fulfilled. We also hope this study will be a useful resource for collective global and national advocacy among organisations and movements working to amplify the voices of young women across the world.

METHODOLOGY

This study used an exploratory study design to answer the following primary research question:

What is the impact of COVID-19 on young women living in urban informal settlements in India, Ghana, South Africa and Kenya?

A detailed survey questionnaire for each country was designed to gather both qualitative and quantitative data in the following four broad thematic areas:

- Economic security
- Unpaid care and domestic work
- Bodily integrity
- Public services

In August 2020, we interviewed 1219 young women living in 22 urban informal settlements across 14

cities, regions and counties in India, Ghana, Kenya and South Africa. Table 1 shows the sample sizes and research sites for each of the four countries where we conducted the surveys. A more detailed description of the sampling procedure is provided in Annex A.

The majority (80%) of the women were aged between 18 and 30. Among those who were employed (43.2%), only 15.7% were employed full time in the formal sector. The rest (84.3%) worked in the informal sector either as daily wage earners, contractual workers or domestic workers. Most (93.2%) of the young women had received some form of formal education and 20% of survey respondents were married. The majority (57.4%) of the respondents lived in a household size of five or less. Seven per cent of the respondents, predominantly from Ghana, lived in a household with more than 10 members. A more detailed profile of the survey respondents is provided in Annex B.

India	Ghana	Kenya	South Africa
414 young women were surveyed across seven cities covering eight informal settlements in (1) Gujarat, (2) Bhubaneswar, (3) Delhi, (4) Mumbai, (5) Kolkata, (6) Chennai, and (7) Bangalore.	305 young women were surveyed across three regions : (1) Upper West Region, (2) Northern Region, and (3) Greater Accra Region.	200 young women were surveyed across two counties covering six informal settlements : (1) Nairobi County: Two informal settlements - Majengo and Mukuru (2) Mombasa County: Four villages - Tudor Moroto, Bangladesh, Owino Ouru and Ziwa La Ng'ombe.	300 young women were surveyed across two cities covering five informal settlements : (1) Johannesburg: Four centres in Alexandra, Diepsloot, Orange Farm and Hillbrow. (2) Cape Town: One centre in Mfuleni.

Table 1: Sample size and sites of the research

Data collection methods

We used a digital data collection method to avoid face-to-face interaction due to COVID-19 restrictions, as well as to reduce the use of paper and enhance efficiency. A digital format of the questionnaire was deployed on a smartphone or tablet for data entry using KoBoToolbox[®] software. Where possible, we recruited young women from the research sites as enumerators and trained them to use the digital data collection system, assigning each enumerator to collect data from a certain number of respondents. Most of the surveys were conducted by phone to comply with the pandemic-related restrictions and social distancing. The compiled data was analysed by ActionAid to produce a national report in each country using a standardised template which formed the basis of this global report. We also conducted a

desk review on specific country contexts, such as the spread of infection and policy responses related to containment and social protection of the marginalised population.

Research approach and principles

In framing this research, we were guided by the recognition that the young women we were surveying face multiple forms of inequality and disadvantage which impact their lives in different ways, interconnecting with the impacts of COVID-19.⁹ Our research process was participatory, with the survey questionnaire agreed in consultation with our partner organisations. Where possible we recruited the young women from the research sites as enumerators. We



Young women in South Africa preparing for a leadership video shot for their Youtube channel.

followed a standardised informed consent process across the research sites, and managed the gathered data according to relevant data protection legislations to protect the personal data of the respondents.¹⁰ We followed mandated COVID-19 safety guidelines in each research site and ensured that all processes provided a safe environment for the respondents free from sexual harassment, exploitation, and abuse.¹¹

Challenges and limitations

- In India, one of the biggest limitations faced by the surveyors was that the young women living in the communities lacked reliable access to a mobile phone. Many of the women had to borrow phones from their male family members or neighbours which limited their time and privacy to respond to the questions. Many of the surveys had to be conducted in 2-3 sittings to gather adequate information. Due to the existing stigma around issues of sexual and reproductive health, as well as lack of privacy, surveyors felt that many women were not easily able to answer the questions on bodily integrity. Surveyors had to spend extra time

to explain the questions related to sexual and reproductive health without building pressure on the respondents to answer them.

- In South Africa, meeting the criterion for interview categories was complex, especially for respondents under the category of unemployed and not studying. This is because most of them could not be contacted through phone calls, SMS or email and they came to the community centres¹² less often.
- Maintaining equal balance for the four intended categories for the sampling was not possible while collecting field data as the enumerators had to interview young women based on their availability. There was no clear distinction between the category “women who are currently neither studying/nor working” and “young women who are unemployed and looking for work”. Also, a category for “young women who are currently studying and also working” was missing – this category was added later. The distribution of the sample population according to these categories are shown in Table 7 in Annex A.

COVID-19 CONTAINMENT MEASURES

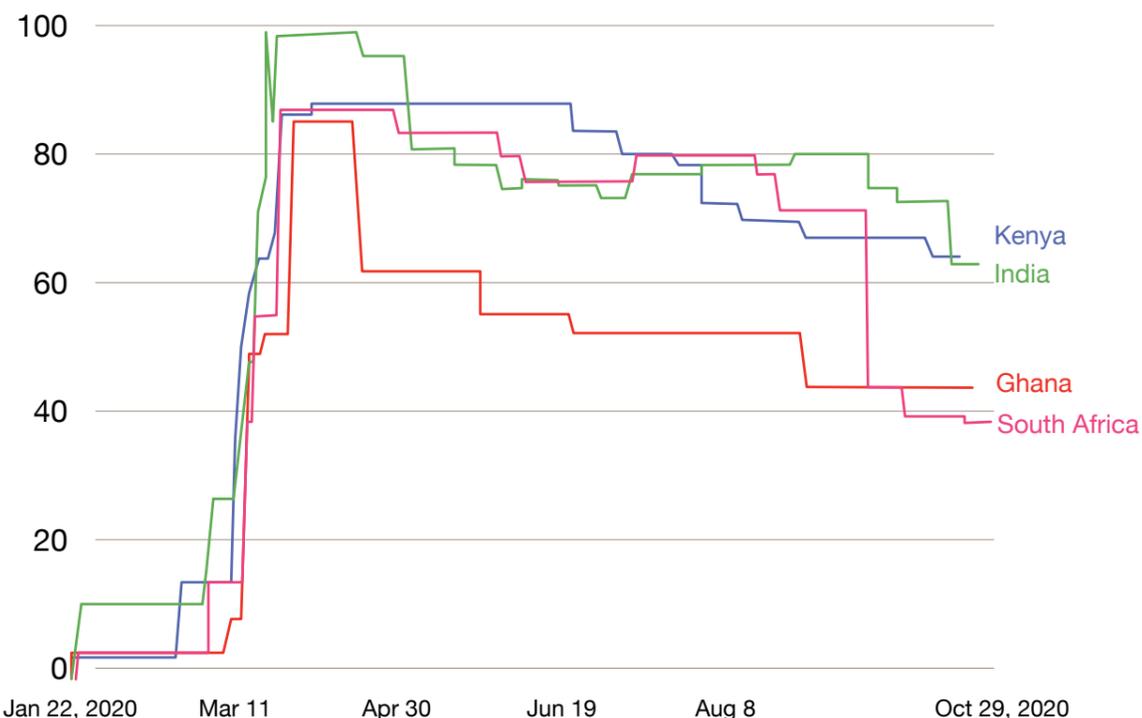
Globally, there have been over 46,591,622 confirmed cases of COVID-19, and a reported death toll of 1,201,200 as of early November 2020.¹³ Table 2 below provides a snapshot of COVID-19 cases in the four countries covered in this study (figures accurate as of 03 November 2020). All four countries enacted stringent containment measures to curb the spread

of the infection. Figure 1 shows timeline data for the Stringency Index,¹⁴ which is a composite indicator developed by researchers at Oxford University. This indicator is based on nine response measures including school closures, travel bans, stay-at-home policies and measures taken in the workplace and for public transport. The number between 0 and 100 indicates the level of stringency imposed in a country, with 100 being the strictest. According to the data, between March and April, the Stringency Index for all four countries exceeded 85 out of 100, with India reaching 100 for nearly 3 weeks.

Country	Total population	First confirmed case	Confirmed cases of COVID-19	Deaths
India	1.353 billion	30 January	8,267,623	123,097
Ghana	29.77 million	12 March	48,055	320
Kenya	51.39 million	14 March	55,877	1,013
South Africa	57.78 million	5 March	726,823	19,411
World	7.6 billion	31 December 17	46,591,622	1,201,200

Table 2: A snapshot of COVID-19 cases (as of 03 November 2020)¹⁵

This is a composite measure based on nine response indicators including school closures, workplace closures, and travel bans, rescaled to a value from 0 to 100 (100 = strictest). If policies vary at the subnational level, the index is shown as the response level of the strictest sub-region.



Source: Hale, Webster, Petherick, Phillips, and Kira (2020). Oxford COVID-19 Government Response Tracker – Last updated 30 October, 02:30 (London time)
 Note: This index simply records the number and strictness of government policies, and should not be interpreted as 'scoring' the appropriateness or effectiveness of a country's response. OurWorldInData.org/coronavirus • CC BY

Figure 1: COVID 19: Government Response Stringency Index.

India

In the last week of March, the Indian government imposed the world's strictest nation-wide lockdown (with a Stringency Index of 100) with less than four hours' notice.¹⁹ The strict containment lasted three weeks between March 25 and April 19. These measures unleashed an economic and humanitarian crisis on the marginalised sections of the population such as migrant workers, daily wage labourers, workers in the informal sector, small or home-based businesses and domestic workers, due to their sudden loss of income sources and lack of food, shelter, health, and other basic needs. Almost 90% of India's workforce (equivalent to 400 million people) working in the informal economy has been substantially affected by the lockdown and other containment measures, forcing many of them to lose their jobs in cities and towns and return to rural areas.²⁰ The latest Periodic Labour Force Survey 2018-19²¹ revealed that 92% of women's employment in India is informal and about 40% of women in the informal sector are either home-based workers or domestic workers. According to a national study conducted by ActionAid India in June 2020, over 79% of the women working in the informal sector went out of work during the lockdown period.²² The closure of rail and bus services stranded tens of thousands of out-of-work migrant workers.²³ The majority of these workers do not have access to social protection such as unemployment benefits, access to pension or savings to survive during a crisis.

The draconian lockdown measures, such as police action to punish those violating orders, in combination with the Indian government's failure to provide timely and adequate support to its vulnerable population caused a great tragedy. As of 15 July 2020, at least 500 deaths have been reported in the media, 62% of which were suicides due to a lack of funds or fear of infection caused by the lockdowns.²⁴ At least 12 deaths were caused by police brutality due to violations of lockdown restrictions.²⁵ Despite imposing such strict lockdown measures at the cost of great suffering of the people, the Government of India failed to control the transmission of infections. At the start of the lockdown in March, India had only 320 cases and 10 deaths in a population of over 1.3 billion people. By the end of June, India had become the third worst-affected country in the world, just behind the United States and Brazil.²⁶ As of November 3, there have been more than 8.2 million confirmed cases with a death toll of 123,097 (see Table 2).

Ghana

The outbreak of COVID-19 pandemic in Ghana has had a devastating impact on already disadvantaged

groups who are disproportionately suffering from the adverse effects of workplace and school closures as well as travel bans. Low income earners working in the informal sector, who represent 89% of employment nationally and are predominantly women, were severely hit by the health crisis due to the loss of income and livelihoods, as well as a lack of social safety nets. Nationally, 92% of employed women work in the informal sector. Women in urban areas make up over 80% of the 1.3 million market traders and street vendors, and 75% of the more than 870,000 home-based workers²⁷, who have been disproportionately impacted by the COVID-19 crisis in Ghana. FIDA Ghana, a non-profit organisation that provides legal aid services recorded incidents of violence from its community paralegals where women were physically, emotionally and verbally abused and evicted from their marital homes during the lockdown in March 2020.²⁸ As of November 3, there have been more than 48,055 confirmed cases with a death toll of 320 (see Table 4).

Kenya

With the declaration of the pandemic as a Formidable Epidemic Disease, the government of Kenya introduced a set of restrictions and social distancing protocols on March 27. Based on the negative impact on gender equality of the Ebola outbreak in West Africa 2014-2016, it was expected that the COVID-19 pandemic would negatively and disproportionately affect women and girls, both directly and indirectly, due to existing gender inequalities. Research undertaken by Kantar in May 2020 revealed that nine out of ten families have experienced income loss due to COVID-19.²⁹ The Household Care Survey 2019 conducted by Oxfam in Kenya in five informal settlements³⁰ found that, even before the pandemic, women spend 11.1 hours per day on care work compared to men's 2.9 hours per day.³¹ Moreover, as a result of coronavirus restrictions, reports of violence against women and girls – including rape, domestic violence, female genital mutilation (FGM) and child marriage – have increased. No official statistics on the number of cases of violence against women and girls in Kenya are yet available, but calls to helplines have surged more than 10-fold since lockdown measures were imposed in late March.³² As of November 3, there have been more than 55,877 confirmed cases of COVID-19 with a death toll of 1,013 (see Table 2).

South Africa

South Africa, which has the highest recorded number of infections and deaths in Africa, implemented one of the strictest nationwide lockdown policies in the world (see Figure 1) after witnessing an increase in local transmission. The lockdown began in 26

March 2020 and involved the deployment of over 70,000 security personnel³³ to enforce the strict new regulations which included the ban on alcohol and cigarettes, closing of the country's borders (national and international), and implementation of strict social distancing regulations.³⁴ These measures stayed in place for over two months, with the first relaxation of restrictions only happening in early June. The restrictions impacted over a third (35.9%)³⁵ of women working in the informal sector in South Africa. Their loss of financial security decreased their economic independence, increased tensions in their homes and further increased their dependency on violent partners thus giving them even fewer resources with which to flee an unsafe situation.³⁶

Moreover, over 87,000 gender-based violence calls were recorded by the South African Police Services³⁷ in the first week of the lockdown and more than 120,000 survivors called the South African National helpline for gender-based violence in the first three weeks of the lockdown expressing their fears about being forced into lockdown with their abusers.³⁸ Prior to the pandemic, South Africa was already battling the epidemic of gender-based violence with 40–50% of men admitting to being physical violent to their partners,³⁹ with seven women killed daily⁴⁰. Besides violence, access to necessary public services especially healthcare, education and transportation have been greatly affected.⁴¹ In particular, lockdown made it difficult for women to access sexual and reproductive health services. For instance, getting access to abortion services would usually require

more than one visit to public health facilities, but due to restrictions in movement, lack of transportation and fear of infection, most women and young girls did not go to hospital.⁴² As of November 3, there have been more than 726,823 confirmed cases with a death toll of 19,411 (see Table 2).

BOX 1

SELF-ISOLATION AND QUARANTINE IS PRACTICALLY IMPOSSIBLE IN INFORMAL SETTLEMENTS IN SOUTH AFRICA

In Alexander living quarters were so crowded that people could not stay indoors especially during the higher levels of the lockdown. This led to clashes with the security forces that were sent out to enforce these regulations and a man was beaten to death. Eight people were reported to have been killed by the police during the first week of the lockdown in enforcing the COVID-19 regulations, which at that time was more than the number of deaths related to the virus. Self-isolation and quarantine were practically impossible in situations where several people shared a bedroom or for the estimated 200,000 people who are currently homeless in South Africa.⁴³

FINDINGS: IMPACT OF COVID-19

This study has revealed the impact of the pandemic on the young women respondents' economic security, food security, the burden of unpaid care and domestic work, bodily integrity and access to public services. These findings reflect the nationwide data on the human suffering unleashed through the pandemic.

Economic security

The COVID-19 health crisis and the measures imposed by governments to curb the spread of the virus has put nearly half of the world's 3.3 billion global workforce at risk of losing their livelihoods.⁴⁴ Informal workers — who make up 61% (2 billion) of the global workforce and 90% of total employment in developing (low-income) countries⁴⁵ — are more vulnerable to the economic impacts of the pandemic due to lacking social protection.⁴⁶ The ILO estimates that almost 1.6 billion informal workers' capacity to earn a living was reduced — with women over-represented in the most hard-hit sectors — as a result of the economic crisis caused by the pandemic. UN Women projects that by 2021, the pandemic will push 47 million women and girls into extreme poverty (i.e. living on USD 1.90 or less per day) as well as deepen the existing gender poverty gaps.⁴⁸

Loss of jobs and livelihoods

“My mother sells drinks and snacks close-by a school, since the school has shut down, her income has reduced. She is now compelled to sell the snacks she makes at half the price she used to sell it for, in order to encourage the children at home to buy them. We are a large family of 25 people depending on my Mom to feed us.”

Ismat Alhassan, a young woman from Tamale in the Northern Region of Ghana.

Thirty-five per cent (427 out of 1219 women) of our survey respondents indicated that they were employed, while the rest were either studying (23.9%) or unemployed (32.9%). Their primary occupations included daily wage earners (e.g. construction workers/casual labourers, street vendors, sex workers), full-time workers in the formal sector, domestic workers, home-based workers or contractual workers (e.g. workers in malls, shops, restaurants, security and logistics). About 15.7% were employed in the formal sector and the rest either worked in the informal sector or were unemployed. Table 3 below shows the breakdown of their occupation types by country.



Occupation type	India	Kenya	Ghana	South Africa	Total
Contractual work (e.g. workers in malls, shops, restaurants, security and logistics)	10.2% (14)	6.2% (7)	3.8% (3)	11.2% (11)	8.2% (35)
Daily wage earner (e.g. construction workers/casual labourers, street vendors, sex workers)	12.4% (17)	31.0% (35)	53.2% (42)	1.0% (1)	22.2% (95)
Domestic worker	19.0% (26)	5.3% (6)	15.2% (12)	3.1% (3)	11.0% (47)
Full time formal work	16.1% (22)	17.7% (20)	1.3% (1)	24.5% (24)	15.7% (67)
Home based work	25.5% (35)	10.6% (12)	6.3% (5)	0.0% (0)	12.2% (52)
Internship/unpaid learnerships	3.6% (5)	6.2% (7)	0.0% (0)	48.0% (47)	13.8% (59)
Student	0.0% (0)	6.2% (7)	1.3% (1)	2.0% (2)	2.3% (10)
Other	13.1% (18)	16.8% (19)	19.0% (15)	10.2% (10)	14.5% (62)
Total employed	137	79	113	98	427

Table 3: Young women in different types of occupation



Photo: Africa Youth Trust

Combining responses from all four countries, the survey results show that 57.9% women were very affected by the COVID-19 pandemic (see Figure 2) and the top three most urgent needs were access to food, livelihoods/ income and health (see Figure 3).

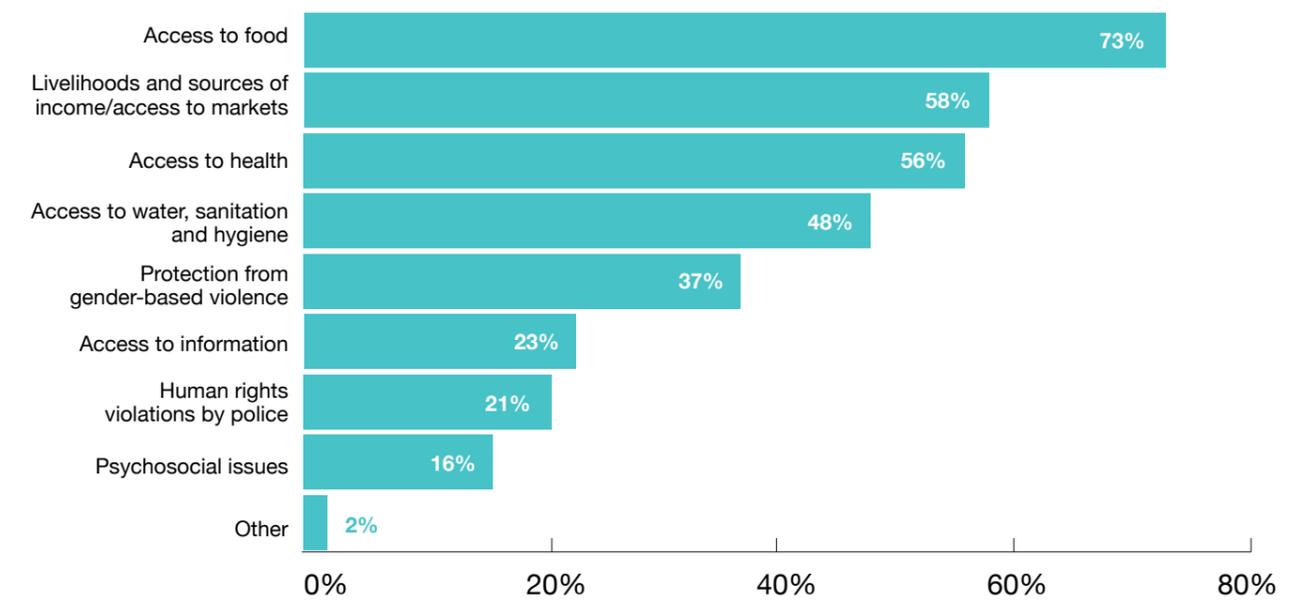


Figure 3: Most urgent needs of survey respondents

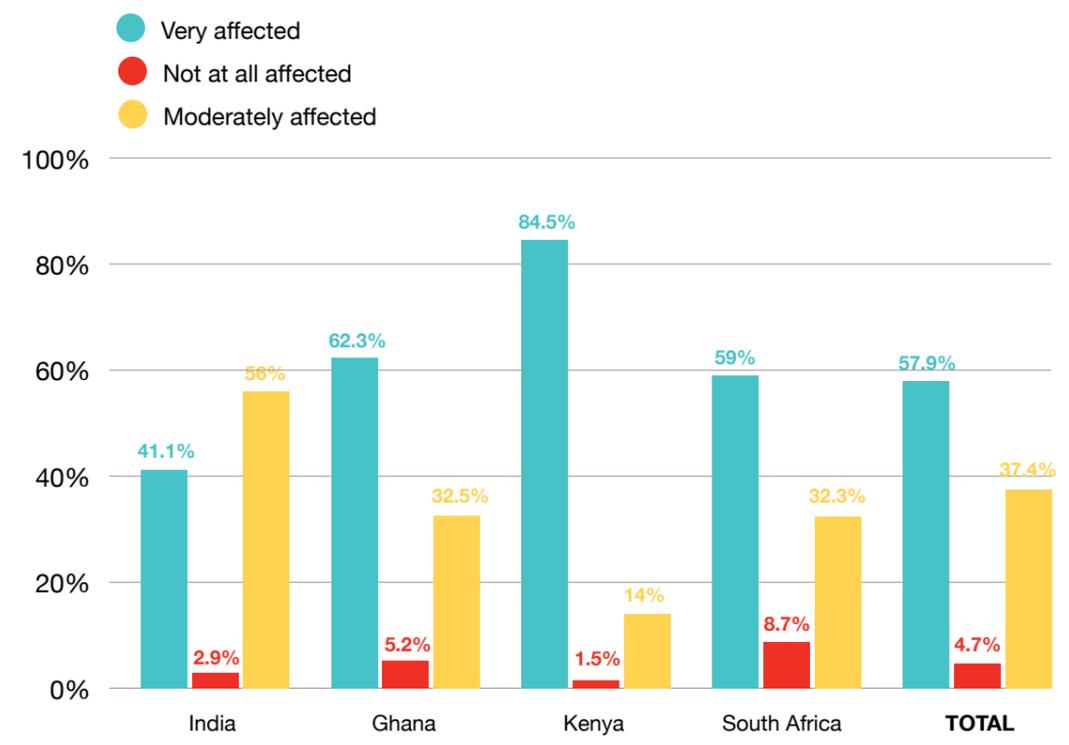


Figure 2: Severity of pandemic impact on respondents' lives

Thirty-five per cent of the women were unable to continue engaging in their regular paid work during the pandemic due to loss of job, decrease in earnings due to social distancing measures, restrictions on mobility, and lack of orders for home-based work (see Figure 4). For instance, in India, over 33% of the 137 employed/ self-employed women lost their jobs during the strict lockdown period, which echoes the findings by Centre for Monitoring Indian Economy's Consumer Pyramids Household Survey⁴⁹ that an estimated 17 million women (or 4 in 10) in India were rendered jobless between March and April, in both the formal and informal sectors. In South Africa, a large number of respondents were engaged in internships/unpaid leaderships (48%) who indicated their training was on hold (i.e. "Other" in Figure 4) during the lockdown.

Moreover, 54% of the young women indicated that one or more of their family members had lost jobs due to the pandemic (see Figure 4). The loss of jobs of family members (which included parents, husbands, siblings, uncles and cousins) was particularly high (85%) in Kenya. We also note from Figure 2 that a higher percentage of women (84.5%) in Kenya indicated they were very affected by the COVID-19 pandemic and the lockdown measures.

"As soon as the lockdown started, they [Muslims] were given the notice about being fired from their jobs. The notice was firstly given to women, so it felt like dual discrimination, as a woman as well as a Muslim, being blamed for spreading the virus".

Simran Saiyed (pseudonym), 27-year-old single mother, from Gujarat, India.



- Lost my job
- Unable to practice social distancing in my job so decrease in earnings (such as tailoring, haidressing, mehendi artists, sex workers)
- Any other
- Unable to go out so decrease in earnings (street vendors, construction workers, domestic workers)
- Unable to get any orders (for home-based work).

Figure 4: Impact of COVID-19 on livelihood of respondents



Young women participating in Gender Based Violence sensitization meeting in Fotobi, Ghana.

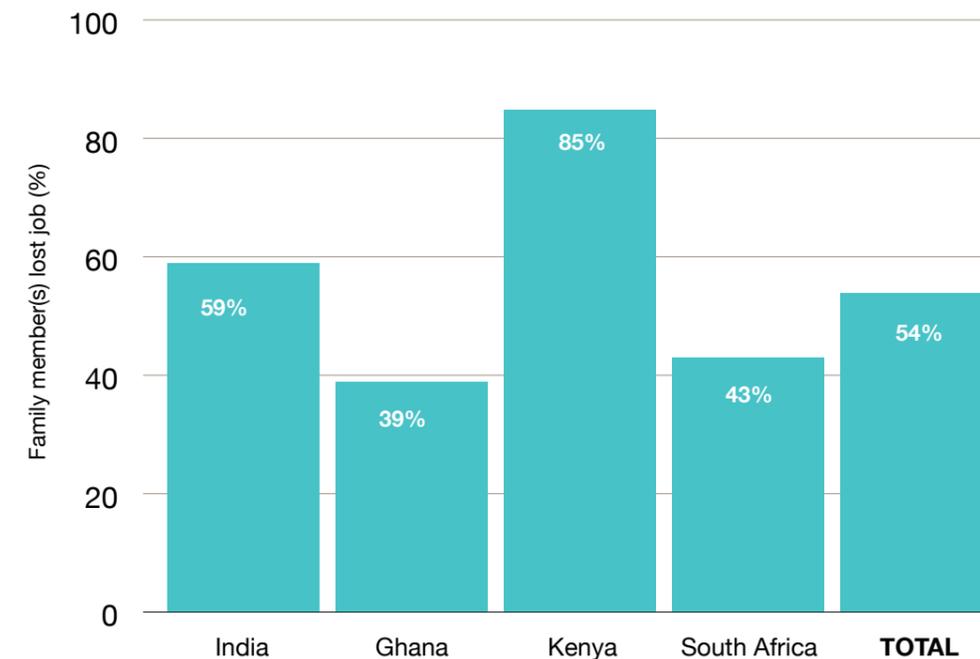


Figure 5: Percentage of young women whose family member(s) lost jobs

The Muslim community, which is a religious minority in India, was blamed by the majority for spreading COVID-19 — despite having no evidence. Based on the fear and stigma against the Muslim community, they experienced discriminated from their employers, health workers at hospitals, law enforcement as well as relief workers. Twenty per cent of the women reported that they knew a Muslim person who had lost their job or was blamed for spreading the virus because of their religious identity.

Increased expenditures and loans

“Before the pandemic, we could afford three square meals a day and sometimes extra snacks.”

Zuberu Akoto (pseudonym), a young woman from the Greater Accra, Ghana

The findings show us that the lockdown adversely affected family income due to job losses and increased expenditures. Seventy-eight per cent of the young women surveyed mentioned they had to prioritise their family’s expenditure over their personal expenditure. Half of the women (52%) cited having to reduce their expenditure on personal consumables including essential items such as soap and clothing to cope with the sudden loss of income. Table 4 shows the percentage of young women having to reduce expenditures on various items. Besides the items listed on the table, the respondents also mentioned having to reduce or use up their savings and cut

down costs on internet/phone data, entertainment and school fees.

Items	India	Ghana	Kenya	South Africa	Total
a. Food	52%	13%	10%	9%	25%
b. School fees	14%	13%	30%	9%	15%
c. Rent	19%	10%	10%	11%	13%
d. Medicines	10%	13%	15%	9%	11%
e. Education	10%	14%	24%	5%	12%
f. Electricity	15%	8%	25%	18%	16%
g. Water	5%	9%	9%	4%	6%
h. Transport	22%	37%	61%	24%	33%
i. Personal care products ⁵⁰	37%	57%	82%	49%	52%

Table 4: Women (%) having to reduce their expenditures on various items due to COVID-19

Sixty-five per cent of respondents indicated that the cost of food and other consumables increased during the lockdown period (see Figure 6). The other costs that increased were health expenditure and utilities such as electricity, water, heating and cooking fuel. The cases of rent increase remained relatively low in most countries. However, due to rent being a key expense in any urban informal context, the respondents and their families struggled to keep up rent payments as their income reduced or disappeared while household expenses increased.

In South Africa, some respondents had to relocate to cheaper areas or another province as they could not afford to pay rent in the urban settlements anymore.

“I used to rent a larger room that cost me \$61 (R1000) but I had to move to a cheaper and smaller room which cost \$40 (R660), since I now had to send money home to support my family.”

Elona Sekiba (pseudonym), young woman from Diepsloot Township, Johannesburg, South Africa.

“I had to go back [to the province] because things were expensive, especially rent and food and there were too many of us where I was living, so I went home to the province.”

Thuli Mwanga (pseudonym), young woman from Alexandra Township, Johannesburg, South Africa.

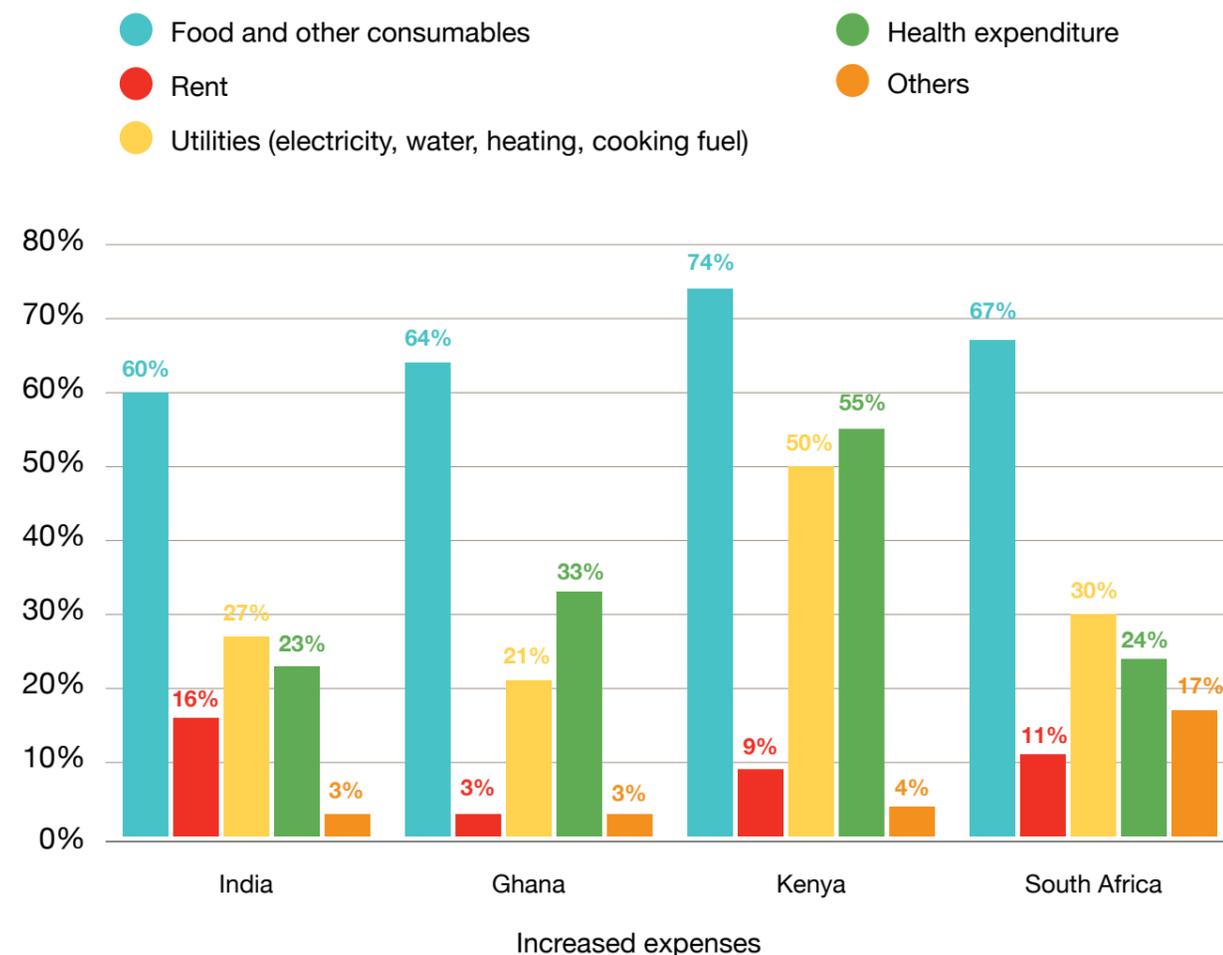


Figure 6: Increase of expenses during the lockdown period

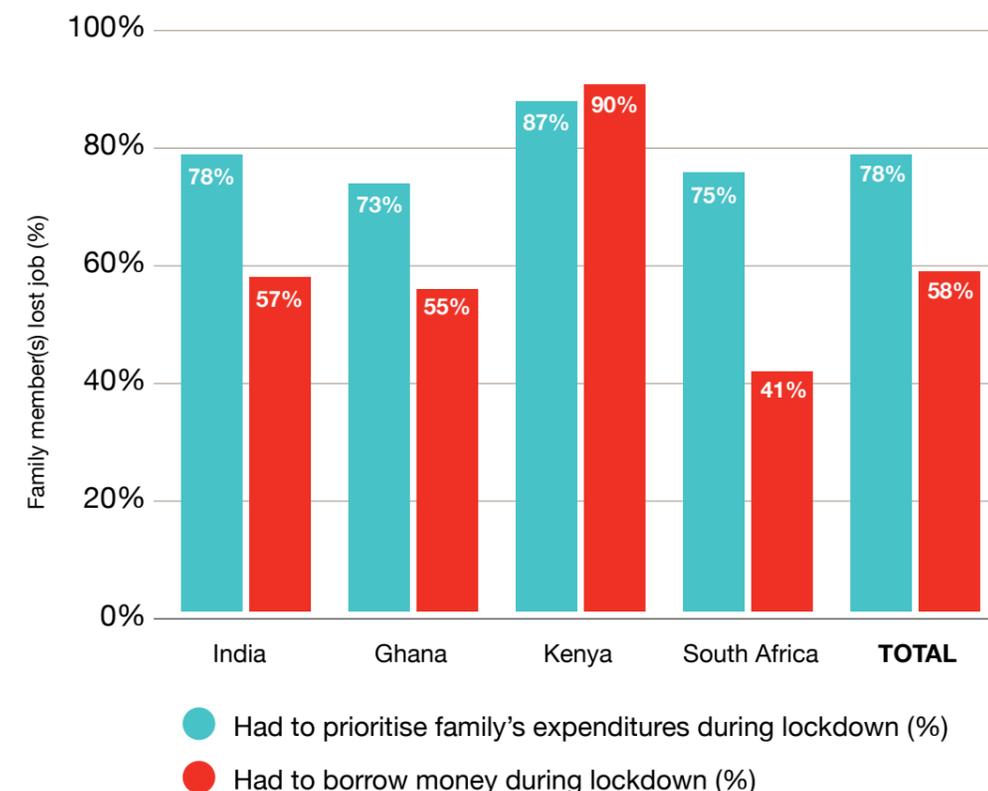


Figure 7: Expenditures and loans

The findings also show that a large number (58%) of total respondents had to borrow money from others including from relatives, friends, employers, neighbours, money lenders, banks and shop owners (see Figure 7) during the lockdown. This relates to the earlier findings that 35% of the respondents who were employed / self-employed either lost their jobs or experienced a reduction in their income. We also noted that 54% of respondents' family members – on whom they might have depended – also lost their jobs (see Figure 8). Moreover, in all four countries, the majority of the young women surveyed cited that the price of food of other consumables had gone up during the lockdown (see Figure 6). With the double economic burden of loss or reduction in income and rise of prices of essential consumer goods, the women were left with no choice but to borrow money to meet their urgent needs.

We note that the percentage for borrowing was particularly high in Kenya, with 90% women citing having to borrow money from others (see Figure 7). We note that this could be due to having a higher percentage of (85%) respondents having one or more of their family members losing jobs (see Figure 5), and a higher percentage of women (74%) experiencing an increase in expenses for food and consumables (see Figure 6). The majority (54%) of the Kenyan respondents who were employed (39.5%) worked as daily wage earners or domestic workers (see Table 3)

and indicated loss of jobs or a significant reduction in their incomes (see Figure 4).

Despite the borrowing and cutting down of expenses, it has still been challenging for many of women and their families in these countries to cope financially during the lockdown. Several women reported that some women in their community had to transition to sex work for their survival, which made them more vulnerable to gender-based violence and pregnancy.

“There has been increase in rape cases since some people don't have places to sleep. Because of this they have to beg it from others especially men, and they use this as an advantage to rape them.”

Adamu Fuseini, a young urban woman from the Northern region of Ghana.

“Due to poverty, many young girls end up doing commercial sex in order to meet their family's essential needs, therefore leading to increased rate of pregnant cases.”

Mariam Iha Menza, a young woman from Mombasa, Kenya.

The prolonged economic decline caused by the COVID-19 crisis could push the young women such as the respondents into a vicious cycle of poverty, which could be extremely difficult to escape without timely and appropriate policy interventions.

Food security

“Informal economy workers are particularly vulnerable because the majority lack social protection and access to quality health care and have lost access to productive assets. Without the means to earn an income during lockdowns, many are unable to feed themselves and their families. For most, no income means no food, or, at best, less food and less nutritious food.”

A joint statement by ILO, FAO, IFAD and WHO published on October 13.⁵¹

The United Nations estimates that due to the risk of increased extreme poverty (i.e. people living on USD 1.90 or less per day), the number of undernourished people could increase (from 690 million) by 132 million by the end of 2020.⁵² Disruptions in the food supply chains by the pandemic measures have also resulted in rises in food price around the world. Between February 14 and November 3, the global average price for rice has increased by 9.2%, for potatoes by 10%, for meat of chicken by 7.4% and for meat of cattle by 8.3%.⁵³ Table 5 below shows the change in food prices in India, Ghana, Kenya and South Africa for various food items. We note a significant rise in the price for potatoes in India, Ghana and South Africa where it is a staple food. We also note a decrease in price for rice and eggs in Ghana and Kenya, but an increase in prices for all the listed items in South Africa.

Food item	India	Ghana	Kenya	South Africa	Global
Rice (1kg)	3.28%	-7.53%	-8.87%	8.85%	9.2%
Potatoes (1kg)	23.39%	12.19%	Unavailable	15.77%	10%
Onions (1kg)	5.95%	35%	-0.25%	12.27%	10.4%
Hen eggs in shell, fresh (12)	3.52%	-5.97%	-4.83%	7.84%	6.6%
Meat of chickens, fresh or chilled (1kg)	5.2%	-2.68%	4.99%	4.52%	7.4%
Meat of cattle, fresh or chilled (1kg)	17.13%	-6.73%	2.56%	8.3%	8.3%

Table 5: Change in food prices between 14/02/2020 and 03/11/2020⁵⁴

The survey results revealed that the loss of livelihoods and reduced income in combination with rising food prices has affected the ability of the respondents and their families to purchase food. When asked about the most urgent needs, access to food came up as the top priority for the young women in India, Kenya and South Africa (see Figure 8). In Ghana the top priority was access to livelihoods and sources

of income and/or access to markets, which was the second or third priority in the other countries (see Figure 7). Economists and researchers in the South Africa have stressed the need for the government to monitor and regulate food prices to ensure access to affordable and nutritious food for its vulnerable population, including those whose livelihoods depend on informal food markets.⁵⁵

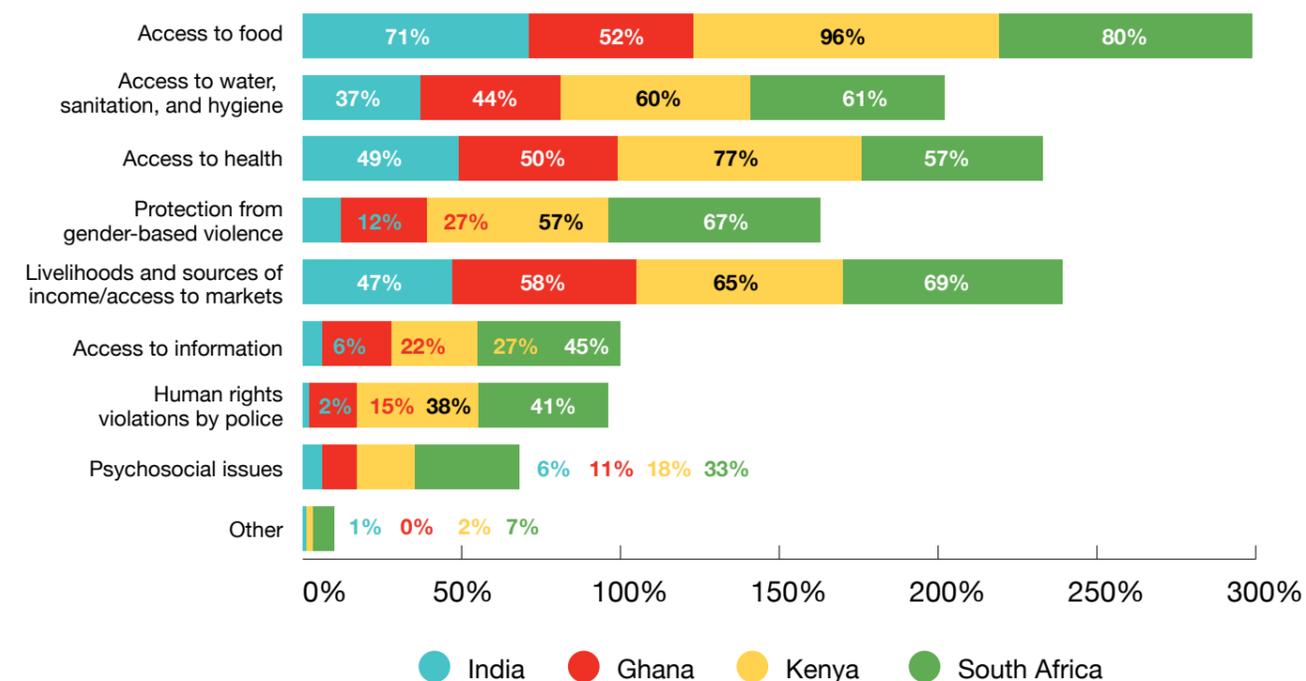


Figure 8: Most urgent needs of respondents by country



DOMESTIC WORKER'S FAMILY IN KENYA FORCED TO REDUCE MEALS

28-year-old Achieng Ouma lives in Mukuru Pipeline with her two sons and husband, who works as a *jua kali*⁵⁶ artisan in the industrial area. Achieng is a *mama fua* or casual domestic worker but since the onset of COVID-19, her employers have stopped hiring her. In Achieng's words,

“People would call me to give me jobs, but that is no longer happening. Since COVID-19 was reported in March this year, I have not been able to look for casual jobs; this has made food security for me and my family a challenge. Food is too expensive, and we have been forced to reduce the meal take to one or two meals a day.”

Achieng thinks the Kazi Mtaani (community employment) project should be scaled up so that more young people can get employment. The Kazi Mtaani project is a government initiative offering employment to young people in Kenya. Young people are employed for 11 days in a month cleaning their communities and earn Ksh 450 (\$4.50) a day. They also have a saving platform, from which the government directly deducts and saves the money for the young people. This project started after the onset of COVID-19 as a response to youth unemployment in Kenya.

Achieng notes that not all young people are benefiting from this project:

“Not all of us are getting employed. I have applied but I don't know why I am not on the list.”

Policy interventions for social protection

Governments around the world are responding to the pernicious economic effect of COVID-19 through policy interventions related to social protection. Table 6 describes the COVID-19 policy responses related to social protection undertaken by the governments of India, Ghana, Kenya and South Africa.

India⁵⁷

- On March 26, the government announced a comprehensive economic package worth USD 21.9 billion under 'Pradhan Mantri Gareeb Kalyan Yojana', targeting 800 million people affected by lockdown. This comprised help in-kind such as food, cooking gas and cash transfers; insurance coverage for healthcare workers; and wage support to low-wage workers. By April 17, over \$4.8 billion was transferred using Direct Benefit Transfer (DBT), including \$1.3 billion in the bank accounts of about 200 million women beneficiaries.⁵⁸
- Special trains were arranged to transport migrant workers from May 4.⁵⁹
- A special economic package 'Aatma Nirbhar Bharat Abhiyan' (Self Reliant India Campaign) worth USD 265 billion was announced on May 12. It includes measures for relief and credit support to a range of groups including businesses, especially MSMEs (micro, small, and medium enterprises) and the poor, including migrants, farmers, and street vendors. Other measures sought to strengthen agriculture infrastructure logistics and provide structural reforms across key sectors such as coal, airspace and power.
- On May 12, the World Bank pledged \$1 billion to protect India's poorest from COVID-19 through its Social Protection Response Programme.⁶⁰
- The Union Minister for Consumer Affairs, Food & Public Distribution started national portability of ration cards under the 'One Nation One Ration Card' plan on May 14, aiming to achieve 100% seeding of ration cards with Aadhar by January 2021 to reach maximum migrant workers.⁶¹

Ghana⁶²

- On April 5, some 8.75 million Ghana Cedi were made available through a COVID-19 National Trust Fund established to complement the Government's fight against the virus, and assist in the welfare of those in need.⁶³
- A Coronavirus Alleviation Programme (CAP) was rolled out to protect households and livelihoods, support micro, small, and medium-sized businesses, minimise job losses, and source additional funding for the promotion of industries to shore up and expand industrial output for domestic consumption and exports.
- The Ministries of Gender, Children and Social Protection and Local Government and Rural Development, and the National Disaster Management Organisation (NADMO), started working with Metropolitan, Municipal and District Chief Executives (MMDCEs) and faith-based organisations at the district and local levels to provide food for up to 400,000 individuals and homes in areas affected by the restrictions.

Kenya^{64, 65}

- Appropriation of an additional KShs. 10 Billion (USD 100M) to the elderly, orphans and other vulnerable members of the society through cash transfers by the ministry of labour and social protection. These populations are part of an existing cash transfer program that provides 2,000 shillings (about US\$19) to each individual monthly.
- The FY2019/20 budget (ending June 30, 2020), initially earmarked Ksh40 billion (0.4 percent of GDP) for Covid-related expenditure, including health sector and social protection (cash transfers and food relief).
- The FY2020/21 budget includes a Ksh56.6 million (0.5 percent of GDP) economic stimulus package that includes a new youth employment scheme, and several other initiatives.
- Up to Kshs 2 Billion (USD 20M) recovered from corruption proceeds were allocated to support the most vulnerable especially the urban poor.

South Africa⁶⁶

- President Ramaphosa announced a massive social relief and economic support package of R500 billion (10% of GDP) on April 21. Additional funding of R20 billion from the R500 billion was allocated to municipalities for the provision of emergency water supply, increased sanitisation of public transport and facilities, food and shelter for the homeless. The R500 billion economic support package contained:
- A special Covid-19 Social Relief of Distress grant of R350 a month for the next six months for South Africans in the informal economy without employment and who do not receive any form of social grant or Unemployment Insurance Fund (UIF) payment.
 - R2 billion to assist SMEs and spaza shop owners and other small businesses.
 - R100 billion for the protection of jobs and to create jobs.
 - R40 billion for income support payments for workers whose employers are not able to pay their wages.

Table 6: COVID-19 policy responses related to social protection



Photo: Africa Youth Trust

Young women from Nairobi, Kenya hold discussions on Sexual and Reproductive Health and Rights to commemorate the International Day of the Girl Child.

Despite the governments in these four countries announcing support to protect vulnerable groups during the COVID-19 crisis, over half of the young women surveyed indicated they did not receive government benefits (such as food supplies, subsidies or cash transfers) during the lockdown period (see Figure 9). Most of those who did not receive any support mentioned they were not aware of any government programmes or did not know how to access them. Some women have cited they were not eligible for these schemes. The percentage for lacking access to government benefits is higher in Ghana (66%) and Kenya (62%). This could be due to the fact that the African governments' initial policy response to the pandemic has mostly focused on the formal economy such as formal SMEs (Small and Medium Enterprises), airlines, tourism, energy, industrial commodity exports etc., while circumventing the informal economy.⁶⁷

A few countries in Africa have adopted cash transfer measures to support the most vulnerable. However, identifying and reaching the right people in the informal economy remains a major challenge for governments.⁶⁸ For instance, the South African government introduced various social protection and fiscal and monetary stabilisation measures such as the distribution of food parcels, direct cash transfers to households and businesses, through a US \$26 billion recovery package.⁶⁹ This package was meant to provide relief by increasing social grants for the underaged and unemployment grants for 15 million unemployed people. However, till early June only 600,000 people received this support. The government has admitted that 60% of rejected applicants were in fact eligible.⁷⁰

Forty-seven per cent of the South African young women surveyed in this study indicated receiving this support from the government either in the form of cash support, food support or both. Fifty-three per cent did not receive any form of support from the government till August 2020. In fact, more communities were supported by NGOs than by the government — 76% of the respondents received support from local NGOs and churches that distributed food parcels, masks, sanitizers, towels, sanitary pads, bathing soaps, medication and other necessities on multiple occasions. Some respondents mentioned they had applied for the government benefits but had either been rejected or had not gotten a response from the offices managing these requests. Some of them were unaware of these benefits while others did not bother to apply. According to the state, people working or registered with any other sponsoring government body like the National Student Financial Aid Scheme (NSFAS), were not qualified to receive aid.⁷¹

In India, despite the government's immediate measure of a comprehensive relief package worth USD 21.9 billion to protect its vulnerable population after imposing the lockdown (see Table 6), the majority (96%⁷²) of the surveyed migrant workers reported not receiving any food rations or cash relief from the government after one month (April) into the lockdown.⁷³ Most urban informal workers are invisible in the Indian policy framework, with no official records, registration systems, or existing schemes to secure their social security. Due to lacking DBT (Direct Benefit Transfer) linkages to their bank accounts, 65% informal workers did not receive any promised cash transfers from the government.⁷⁴ In a report published by the Department of Food & Public Distribution in

July, the government officials admitted to having a large gap between the intended coverage of social protection schemes (cash transfer and distribution of free grains) and actual beneficiaries on the ground.⁷⁵

The governments' struggle to reach its informal urban workers to respond to their plight during the

COVID-19 crisis — despite allocating social schemes — is a manifestation of the informal workers' social exclusion from policy making for decades. In addition to responding to the immediate needs of the informal workers, governments must also work to build more resilient and equitable urban systems in the future.⁷⁶

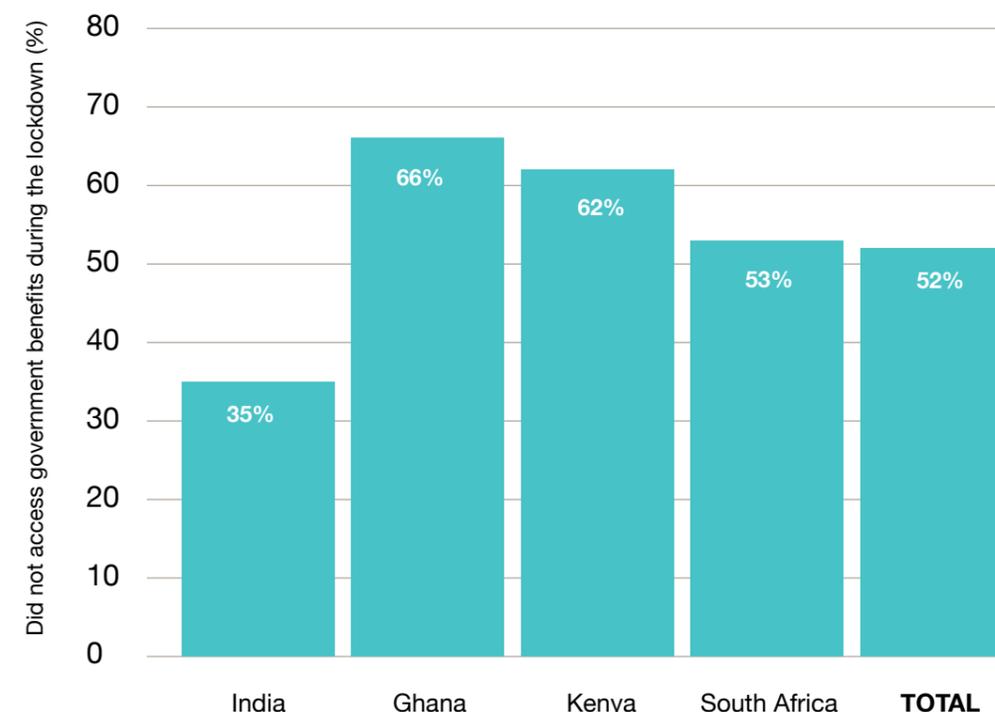


Figure 9: Percentage of young women who did not receive government benefits

Unpaid care and domestic work

“I am the only girl at home, so obviously I have to spend more of my time cooking and cleaning. I spent over four hours doing these chores.”

Kwanele Magolo (pseudonym), young woman from Diepsloot Township, Johannesburg, South Africa

Women perform 76.2% of global unpaid care work. On average, women spend four hours and 25 minutes daily doing unpaid care and domestic work, in comparison to men's average of just one hour and 23 minutes.⁷⁷ Unpaid care and domestic work is crucial and valuable — it sustains individuals, households and communities. However, the disproportionate care work burden on women creates

time poverty which undermines their well-being, generates financial dependency on men, and restricts them to low-paid, precarious jobs in the informal sector. Lack of or unreliable gender-responsive public services, such as quality provision of early childcare, public education, transport, health and water — alongside investments in energy, agriculture and social protection — exacerbates women's burden of unpaid care and domestic work thus preventing them from accessing paid, decent work.⁷⁸

Women's unpaid care and domestic work is not recognised in the calculations of a country's economy. As a result, the realities of the women's and girl's burden of care work remain invisible in policy making.⁷⁹ If properly valued, women's unpaid care and domestic work would constitute at least 9% of global GDP or US\$11 trillion.⁸⁰ This undervaluation of women's work in the existing model of capitalist economy provides an immense subsidy to the

economy, and reinforces existing gender hierarchies and inequalities.⁸¹ Emerging data suggests that the COVID-19 pandemic has further exacerbated women's burden of care and domestic work across the world, jeopardising the realisation of their human rights, including their right to education, decent work, rest and leisure, political participation and a life free of violence. The exponential increases in women's unpaid care work caused by the COVID-19 crisis may be a key contributing factor leading to women's permanent exit from the labour market.⁸² Based on

our earlier discussion on COVID-19 relief measures, we note that social protection responses to the crisis have not been adequate to address these gender dimensions of pandemic impacts.

The lives of the young women who participated in this study also reflect the same reality. Seventy-one per cent (869 out of 1219) of the total young women surveyed reported that their household chores have increased significantly during the lockdown period. A breakdown by country is shown in Figure 9.

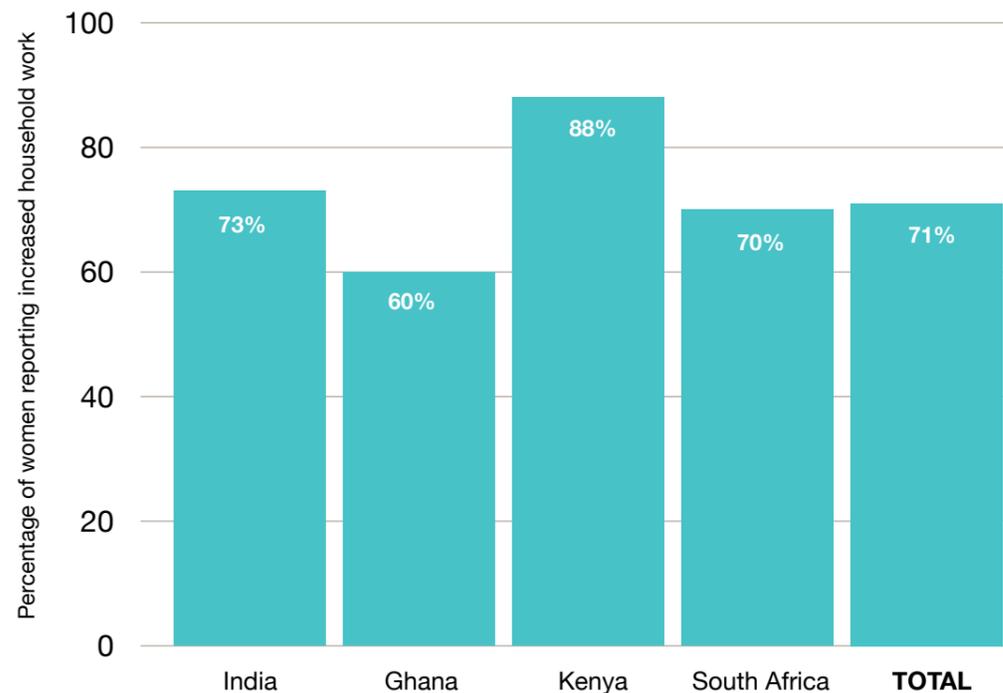


Figure 10: Percentage of women reporting increased household work

Of the 71% women who indicated their household work has increased, 46% said they were spending an extra two to four hours with 31% spending more than four extra hours doing housework every day. This included cooking (60%) as more family members were home during the lockdown, and childcare and education of children (34%). Fifteen per cent of women said they were having to use traditional cooking methods due to a lack of cooking gas,

making meal preparation more time-consuming. Nine per cent of women were spending more time taking care of sick family members as health services became less accessible during the lockdown. Some women also mentioned they were spending more time cleaning and sanitizing the house to avoid infections.

● 0-2 hours ● 2-4 hours ● 4 hours and more

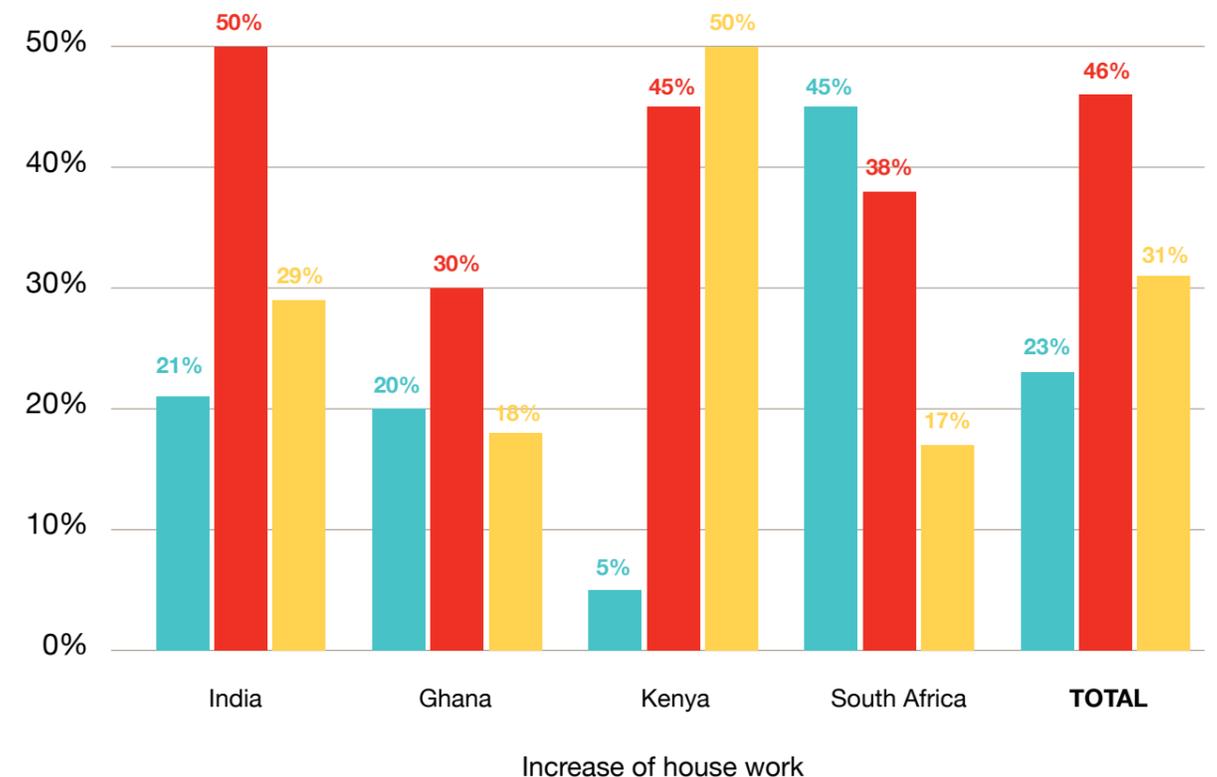


Figure 11: Extra time spent on household activities during lockdown period

Thirty-four per cent of women indicated that they have to spend more time on childcare and children's education as services (e.g. schools, childcare facilities) became unavailable. This backs up the belief that the responsibility for caring for a large proportion of the 1.6 billion children out of school in over 190 countries⁸³ mostly fell on women.

Bodily integrity

The COVID-19 pandemic has had a negative impact on the economy and health care systems of most countries around the world but women and girls have been the most affected by the secondary impacts of the outbreak, particularly in accessing sexual and reproductive health (SRH) services and experiencing gender-based violence (GBV).

Access to sexual and reproductive health (SRH) services

“My neighbour couldn't access contraception after it expired because clinics are more focused on coronavirus and she couldn't renew it and got pregnant.”

Shirley Funda (pseudonym), a young woman from Uthando, South Africa

“Our family members living in the South have sent their children up north because of the school closures. Others who have also lost their jobs or are on a long break have joined us at home and this has resulted in increases in unpaid care work. Now I spend all my time doing domestic work.”

Mary Mercy (pseudonym), a young woman from the Upper East region, Ghana



Photo: ActionAid Ghana

Young women participating in sensitization on Gender-Based Violence in Fotobi, Ghana.

According to a recent survey conducted by Plan International,⁸⁴ there have been disruptions in access to life-saving sexual and reproductive health (SRH) and maternal new-born and child health (MNCH) services due to the pandemic, including antenatal care, safe deliveries and postnatal services, menstrual hygiene management, safe and legal abortion, contraception, treatment for sexually transmitted infections, and overall access to sexual health related information and education. In fact, the United Nations Population Fund (UNFPA) forecasted that lockdown-related delays for over six months could affect the access of 47 million women to contraception, leading to an estimated 7 million additional pregnancies.⁸⁵ An increase in fertility resulting from reduced access to contraceptive services is likely to result in increased maternal deaths.⁸⁶ In the least severe scenario, the projected additional maternal deaths due to COVID-19 over six months is estimated to be between 12,200 and 56,700, with additional child deaths between 253,500 and 1,157,000.⁸⁷

The UNFPA forecast of reduced access to contraception due to lockdown is already a reality in the lives of the young women who were surveyed for this study. As shown in Figure 11, 25% of the young women surveyed reported having difficulty in accessing contraception measures, which could lead to an increase in unintended pregnancies. Twenty-one percent reported facing personal difficulty or knowing

someone facing difficulty in accessing maternal health care services during the lockdown period. Though only two per cent reported facing personal difficulty or knowing someone facing difficulty in accessing abortion services during lockdown, this may not reflect the reality, as women are likely to underreport abortion due to stigma.⁸⁸ With the risk of increased unintended pregnancies and lack of access to maternal health care services, young women's lives could be at a great risk from unsafe abortions.

The percentage of difficulty in accessing maternal health care services during the lockdown was particularly high in Kenya (49%). The main reasons were de-prioritisation of maternal health services at the public hospital due to the pandemic, increased costs of health services at private hospitals and a lack of transport services due to the strict lockdown measures. Lack of access to SRH services during the pandemic lockdown posed an additional risk to women's lives besides risk of coronavirus infection.

“There was a woman who was in labor and we took her to the hospital but they refused to admit her because the hospital was full. In the process the lady passed away.”

Breatter Mosinya Ochogo, a young woman from Majengo, Nairobi, Kenya

- Difficulty in accessing contraception measures due to lockdown
- Difficulty in accessing maternal health care services during lock-down
- Difficulty in accessing abortion services during lockdown

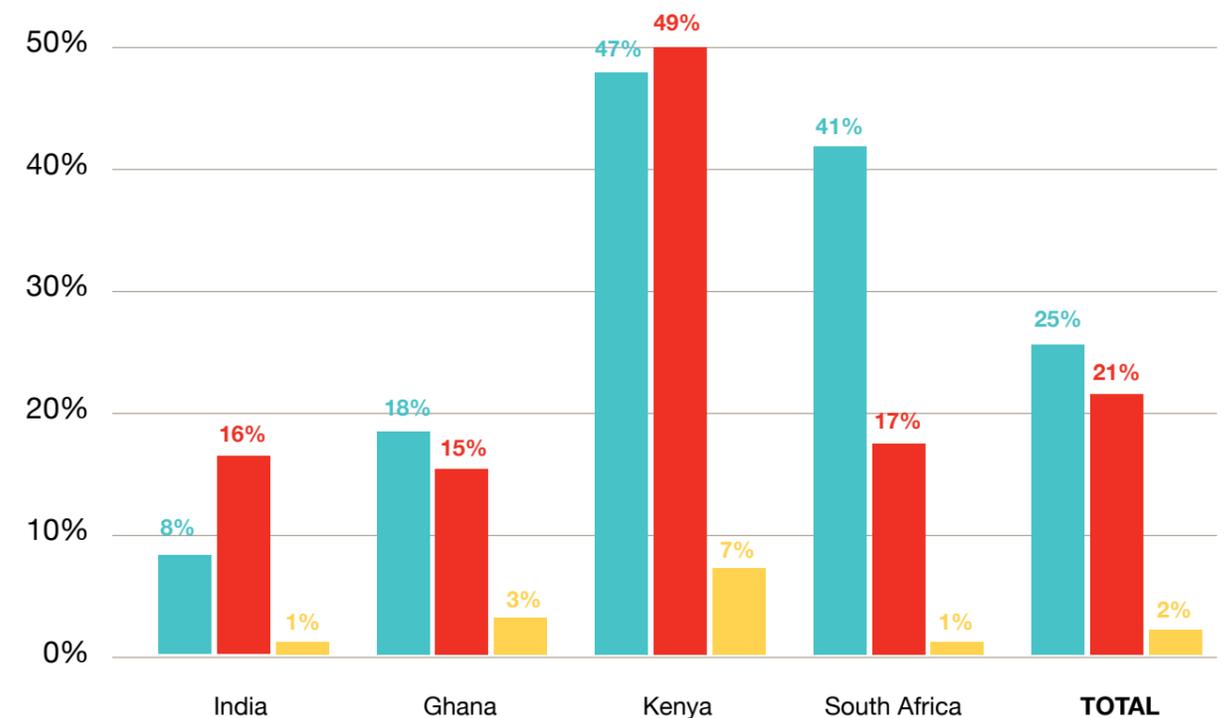


Figure 12: Percentage of women reporting knowing someone/ having difficulty accessing sexual and reproductive health and rights (SRH) services

Gender-based violence (GBV)

“When you live in a home with many people, it is easier to get abused. It is also difficult to report because you are afraid, and you know no one will support you as you are all trying to co-exist. No one will help you too. I am sorry but I cannot say much but really do need psychological support for all I have been through.”

Rosslyn Dikotla (pseudonym), a young woman from Alexandra, Johannesburg, South Africa

Many young women are at increased risk of experiencing gender-based violence due to being forced to ‘lockdown’ at home with their abusers while access to services to support survivors has been disrupted by the pandemic.⁸⁹ Emerging data shows that since the outbreak of COVID-19, violence against women and girls (VAWG), and particularly domestic violence, has intensified.⁹⁰ UNFPA predicts that over the next decade, the secondary impacts of COVID-19

could also result in 31 million new cases of gender-based violence, two million more cases of female genital mutilation and an estimated 13 million more child marriages.⁹¹

Fifty-eight per cent of the young women surveyed believe that women and girls have become more vulnerable to violence during this lockdown (see Figure 12). The key reason they cited was that women were forced to spend more time with their abusers at home when the men lost their jobs and stayed at home during the lockdown. It became more difficult for the survivors to seek support services or develop an escape plan as they became more financially dependent on their abusers due to the loss of their income and access to the police/local support systems became more difficult due to the shutdown.

Thirty-three per cent of the women reported incidences of women and girls facing various forms of violence during the lockdown including domestic violence, kidnapping, forced marriage, sexual assault and rape. The reported incidences of violence against women and girls were particularly high in Kenya (76%) where sexual abuse and early pregnancies was

mentioned repeatedly by survey respondents. Several women mentioned that young women and girls who were out of school were forced to exchange sex for money out of economic desperation.

“With no work most women are forced to exchange sex for money to provide for the family.”

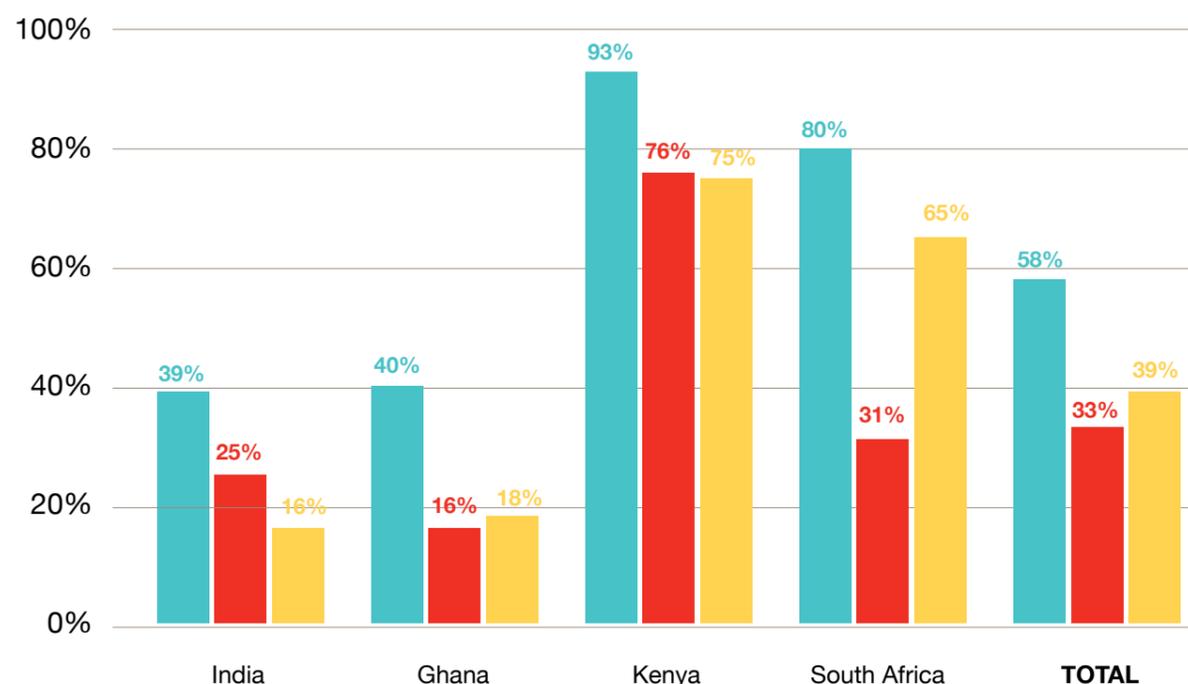
Lilian Masara (pseudonym), a young woman from Nairobi, Kenya

Thirty-nine per cent of the total respondents in the four countries think it has become more difficult to access the police/local support systems for women and girls facing violence due to the lockdown (see Figure 12). A larger percentage of women in Kenya (75%) and South Africa (65%) also reported having more difficulty due to COVID 19 in accessing police/local support systems for women and girls facing

violence as compared to India (16%) and Ghana (18%). When asked why it became more difficult to access police for reporting GBV cases, a large number of the women in South Africa cited reasons such as restrictions on mobility and police stations being shut. This was probably due to the strict lockdown measures involving deployment of over 70,000 security personnel⁹² in the country to enforce the restriction on mobility. In Kenya, several women mentioned police were busy dealing with the pandemic cases and did not consider GBV cases an emergency – the curfew also made it more difficult to go to the station. They also mentioned the police were corrupt, violent and could not be trusted to help them.

“They [the police] are the one killing and violating us. How can we report to them?”

Elona Nabwire (pseudonym), a young woman from Nairobi, Kenya



- Women and girls have become more vulnerable to violence
- Reported incidences of women and girls facing violence
- More difficulty in accessing the police/local support systems for women and girls facing violence

Figure 13: Percentage of respondents who think lockdown has increased gender-based-violence (GBV)

BOX 3

GENDER-BASED VIOLENCE DURING THE LOCKDOWN IN INDIA

29-year-old Kanagavalli (pseudonym), has been living with her husband and two daughters and working as a garment worker in Semmencherry, Chennai for the past six years. Her monthly income is around INR 6000 (approx. US\$81) per month. Her husband works as a daily wage labourer and spends his earnings on alcohol instead of supporting his family. The coronavirus outbreak has taken away the livelihoods of many garment workers like Kanagavalli.

Her husband physically abused her and her daughters on a near-daily basis. Recently she experienced domestic violence at the hands of her husband and sustained a head injury. In spite of her injury, Kanagavalli

continued going to work. Following this incident, she separated from her husband and is now living alone with her two daughters in a small rented house. Due to the present lockdown the garment factory is closed and the family is living below poverty line.

Kanagavalli is struggling to even meet the basic family needs and the expenses of her two daughters. The garment company where she works will deduct the wages for the lockdown days and provide only the balance wages which is not enough to live on. Kanagavalli is very concerned about how she and her family are going to survive their situation.

Public services

Gender responsive public services,⁹³ such as quality provision of early childcare, public education, health and water, are crucial to transforming women’s lives, enabling women to access paid work and participate fully in their communities and wider society. Unfortunately, public services have been chronically underfunded in many countries. The onset of the IMF’s structural adjustment programmes (SAPs) in the 1980s have left many developing countries unable to provide adequate public services. The responsibility to cover the gaps in public services associated with caring roles (such as childcare, early-years teachers, nurses) almost invariably falls on women, disproportionately affecting their human rights, particularly in accessing decent work.⁹⁴

The outbreak of the COVID-19 pandemic and the subsequent measures taken by the governments to curb the spread of the infection has significantly disrupted the public services provided by the governments, which are already hugely inadequate in terms of quality and accessibility. With public health services being overwhelmed with COVID-19 cases and public schools shut, additional burdens have fallen on women’s shoulders to take care of the sick as well as children at home.

Despite this, 76 out of the 91 IMF loans negotiated with 81 countries (84%) since the onset of the pandemic in March push for adopting more tough austerity measures in the aftermath of the health crisis.⁹⁵ These measures are likely to result in further reduction of public services in the developing countries, worsening poverty and inequality.⁹⁶ ActionAid’s report on “Who cares for the future:



finance gender responsive public services!” urges indebted governments to resist these hegemonic austerity conditions, stop loan repayments and adopt progressive taxation to create space for a comprehensive response to the COVID-19 crisis.

Overall, the survey has found that 76% of respondents reported that access to public services has been hampered due to the pandemic. The findings (see Figure 13) show that a higher percentage of young women in Kenya (91%) and South Africa (90%) are affected by reduced or zero access to public services compared to India (71%) and Ghana (60%).

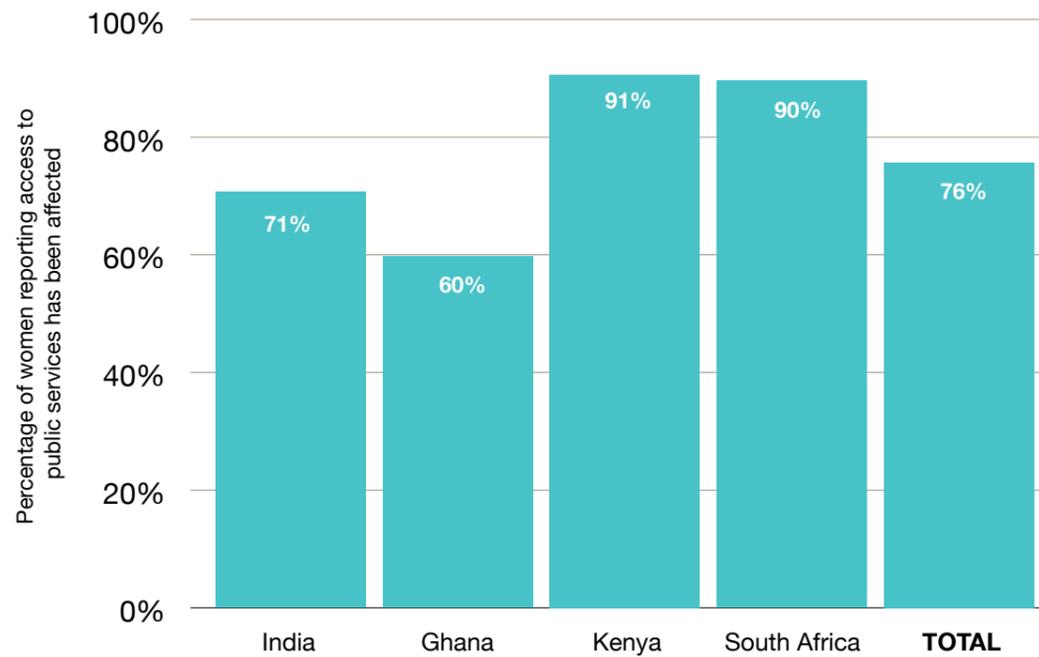


Figure 14: Percentage of respondents reporting disrupted access to public services due to the pandemic

Of the services, transport is the most affected service (62%) in all four countries followed by health services (51%, see Figure 14). The effect on transport was due to the lockdown measures whereas the health services were overwhelmed with COVID-19 cases, making treatment inaccessible for other illnesses and care needs. We also note from Figure 14 that 36-37% women in Kenya were affected by water and sanitation services.

“There is no access to public transportation past the curfew time so the expectant mothers can't get to hospital in time.”

Beryl Adhiambo, a young woman from Mombasa, Kenya

“Pregnant women and nursing mothers were not given the needed attention and there was even a cut down in the number of women to attend to at the various health centres.”

Abubakari Ayisha, a young woman from the Northern Region of Ghana



BOX 4

HANDWASHING IS A CHALLENGE IN INFORMAL SETTLEMENTS OF KENYA DUE TO LACK OF ACCESS TO WATER⁹⁷

A 2019 UN Human Rights survey on the right to water in informal settlements in urban Kenya found that many residents in the informal settlements rely on private water vendors, costing more per litre than piped water in the urban middle-class neighbourhoods. Due to the privatisation of water by 'cartels', the residents of informal settlements pay up to 50 times the price of water per litre in comparison to middle class households. Moreover, 35% of the survey respondents indicated that it took them more than 30 minutes to access water because there are few water points where they live so they have to travel long distances to fetch water. Due to the poor condition of water and sewage lines, there is a high incidence of water-borne diseases such as cholera in the settlements. The World

Bank identified cramped urban living conditions and inadequate public services, especially inadequate waste management and sanitation, as creating pandemic 'hotspots'.

Given that collecting water for family consumption is a chore which usually falls to women, the COVID-19 guidelines of washing hands more regularly and disinfecting living areas pose multiple challenges in women's lives. Water, sanitation, hygiene (WASH) services, which were already in deficit in the urban settlements of Kenya, were disrupted by the pandemic due to the lockdown restrictions and lack of public transport.

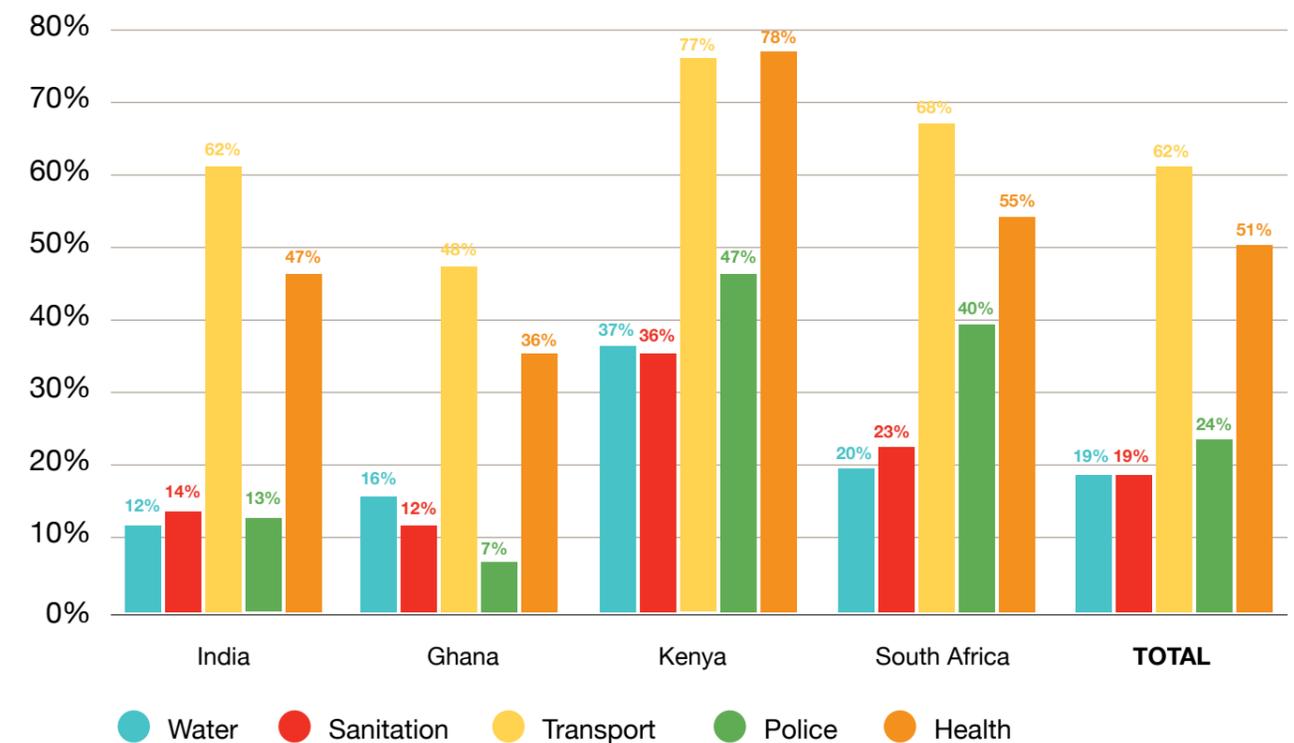


Figure 15: Public services affected by the pandemic according to respondents

Access to education

“I have to share my phone with other siblings and hence I don't get enough time to study online and attend classes.”

Sihvani Pujari (pseudonym), a young woman from Mumbai, India

Since the outbreak of the COVID-19 pandemic in early 2020, 185 countries have implemented lockdowns and school closures, causing 743 million girls to miss out on education.⁹⁸ Governments have quickly responded to the unprecedented educational challenges by designing remote learning policies with the potential to reach billions of students. However, 3.6 billion people still remain offline, with the majority of the unconnected living in low income countries where the digital gender gap is growing.⁹⁹ Women are still eight per cent less likely than men to own a mobile phone, and 20% less likely to use the internet on a mobile.¹⁰⁰

Besides the existing digital divide between genders, prevailing gender inequalities and hierarchies at home also hinder women and girls from accessing online and distance learning. When families face economic hardship, girls are often the first ones to be pulled out of school to contribute to the household responsibilities. A report published by Malala Fund

estimates that 20 million more secondary school-aged girls could be out of school after the crisis has passed.¹⁰¹

Most (93.2%) of the young women surveyed in this study had received some form of formal education at the primary, secondary and tertiary levels (see Annex B). About 24.6% of the women indicated they were studying at the time of the survey. The survey findings paint a stark picture of the existing digital divide. Among the young women who were studying, only 22.1% indicated they were able to continue their study remotely (see Figure 15). The rest could not continue their study due to not having a smartphone or laptop, lack of access to the internet, and not having a conducive environment at home for study. Among the African countries, the lack of access to smartphones or laptops and the internet were higher in Ghana and Kenya as shown in Figure 16.

“My mother gets upset when I ask her for money to buy data. She does not understand that studies have moved online and we argue all the time about this. But I understand her as she is unfamiliar with the current trend of studying online.”

Sonia Shiraz (pseudonym), a young woman from the Northern Region of Ghana



Young women claiming their rights over public spaces in Delhi, India

Photo: ActionAid India

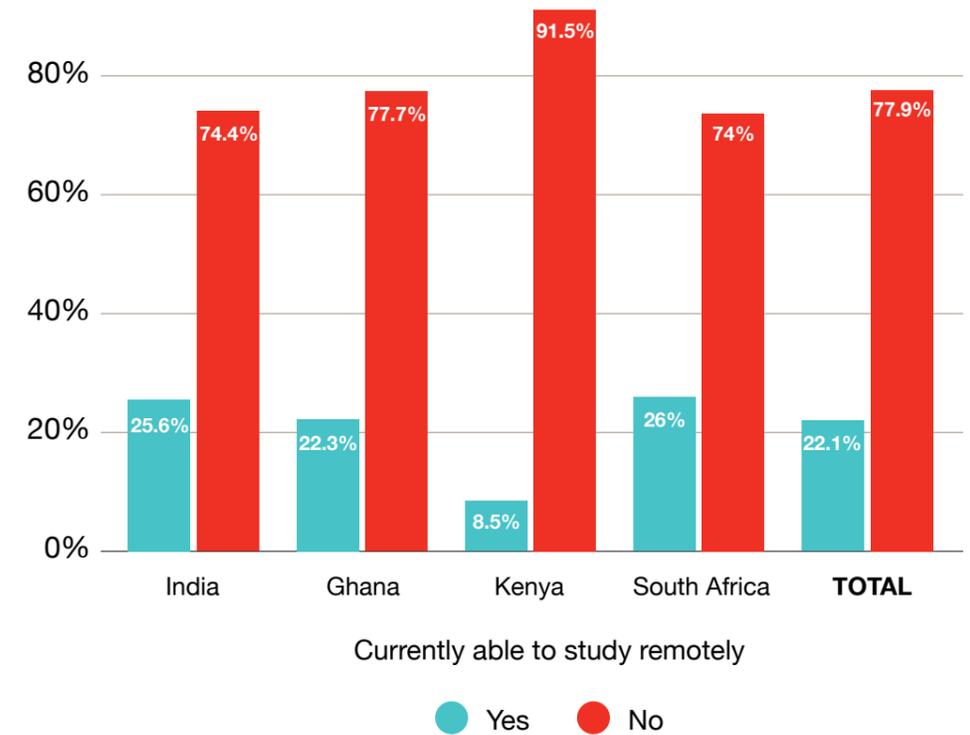


Figure 16: Education affected by the pandemic according to survey respondents

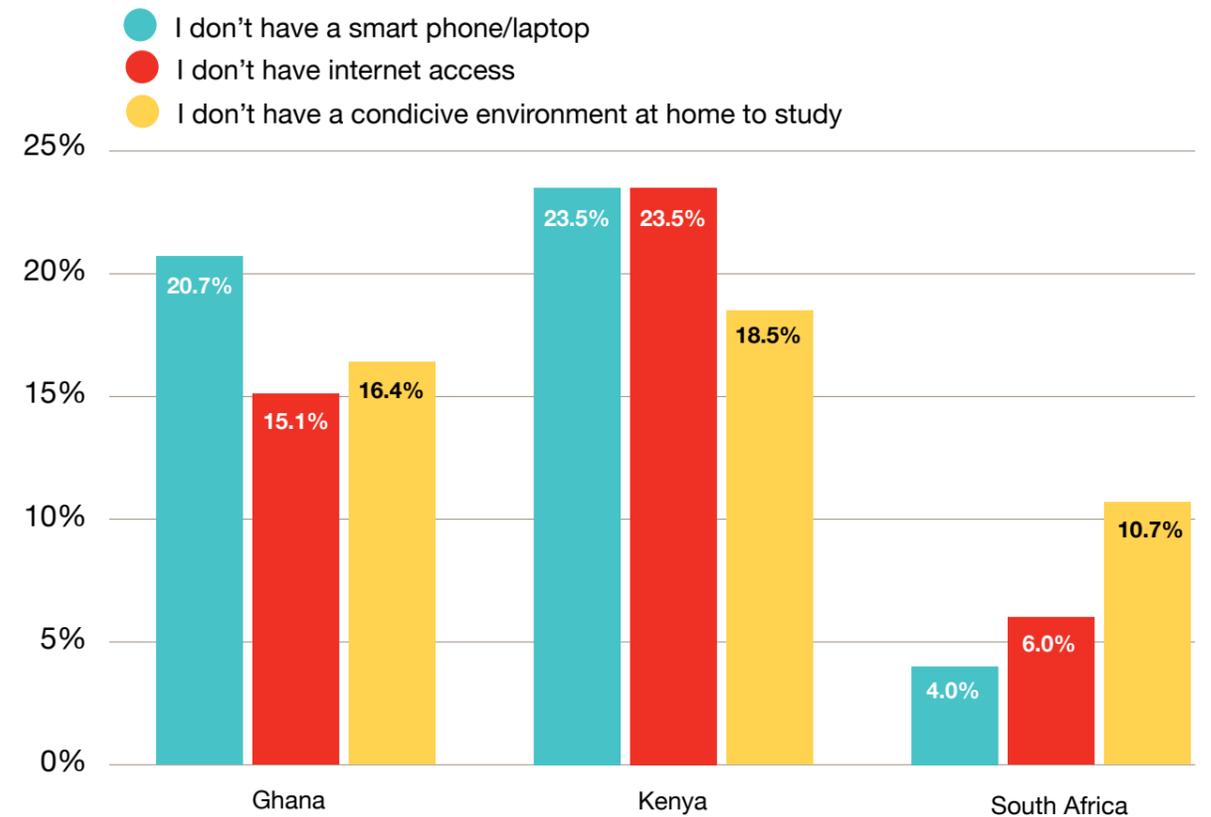


Figure 17: Reasons for not being able to study remotely

Some survey respondents, who were studying before the pandemic, shared that the increased burden of household work has limited their time to continue their education.

“How do you expect us to study and that too online when since the lockdown the back to back work and care of family consumes all our time and energy?”

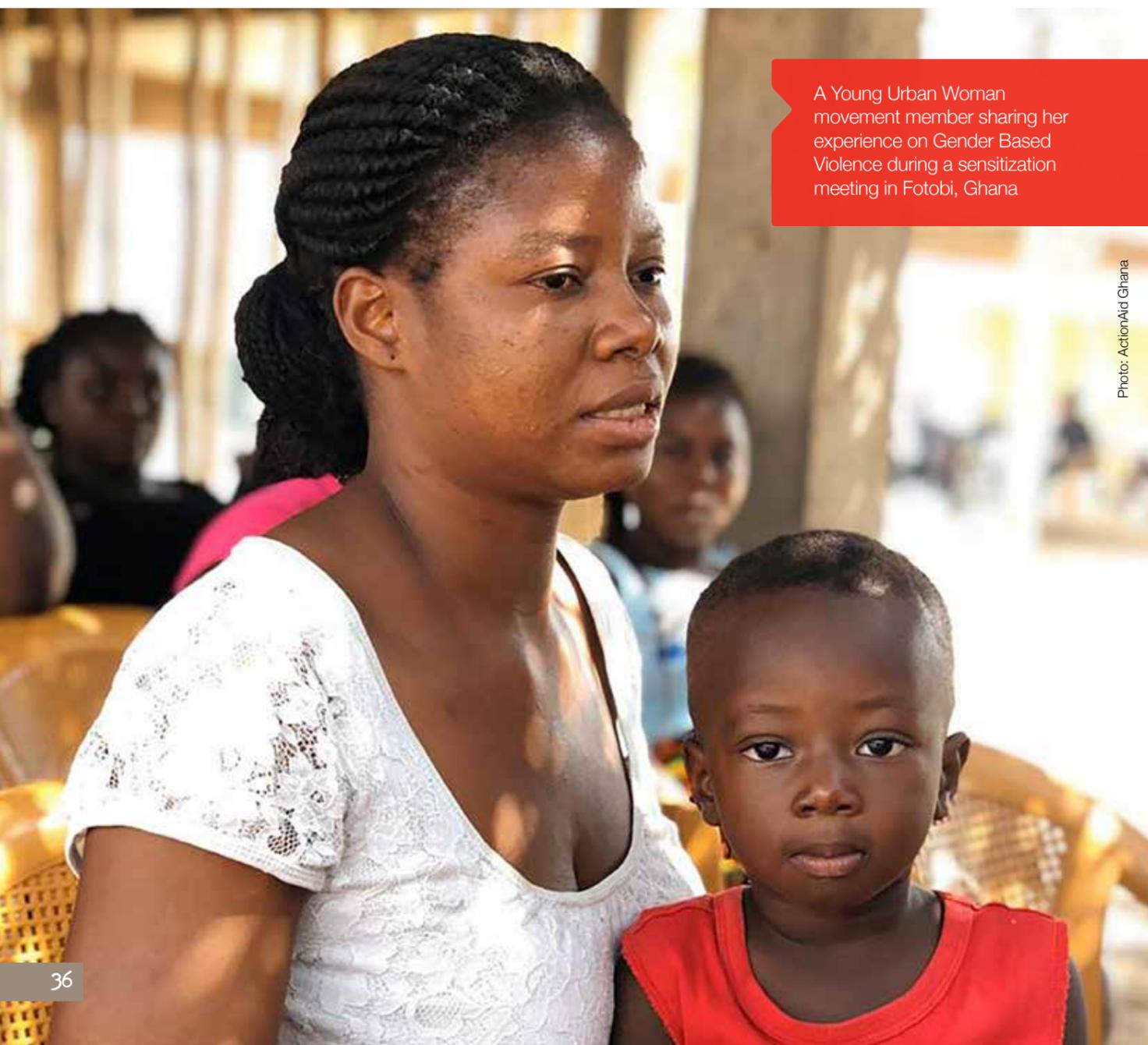
Shaziya, 17-year-old woman from Ahmedabad, India

Women’s education is crucial in lifting their families out of poverty. According to the World Bank, “better educated women tend to be more informed about

nutrition and healthcare, have fewer children, marry at a later age, and their children are usually healthier, should they choose to become mothers. They are more likely to participate in the formal labor market and earn higher incomes.”¹⁰² The COVID-19 health crisis has limited young women’s access to education, thus increasing their risk of early marriage, early pregnancies and poverty.

“Many girls have given up on school and decided to get married at early stage leading to increased rate of early pregnancies.”

Jully Taria Mkui, a young woman from Mombasa, Kenya



A Young Urban Woman movement member sharing her experience on Gender Based Violence during a sensitization meeting in Fotobi, Ghana

Photo: ActionAid Ghana

RECOMMENDATIONS

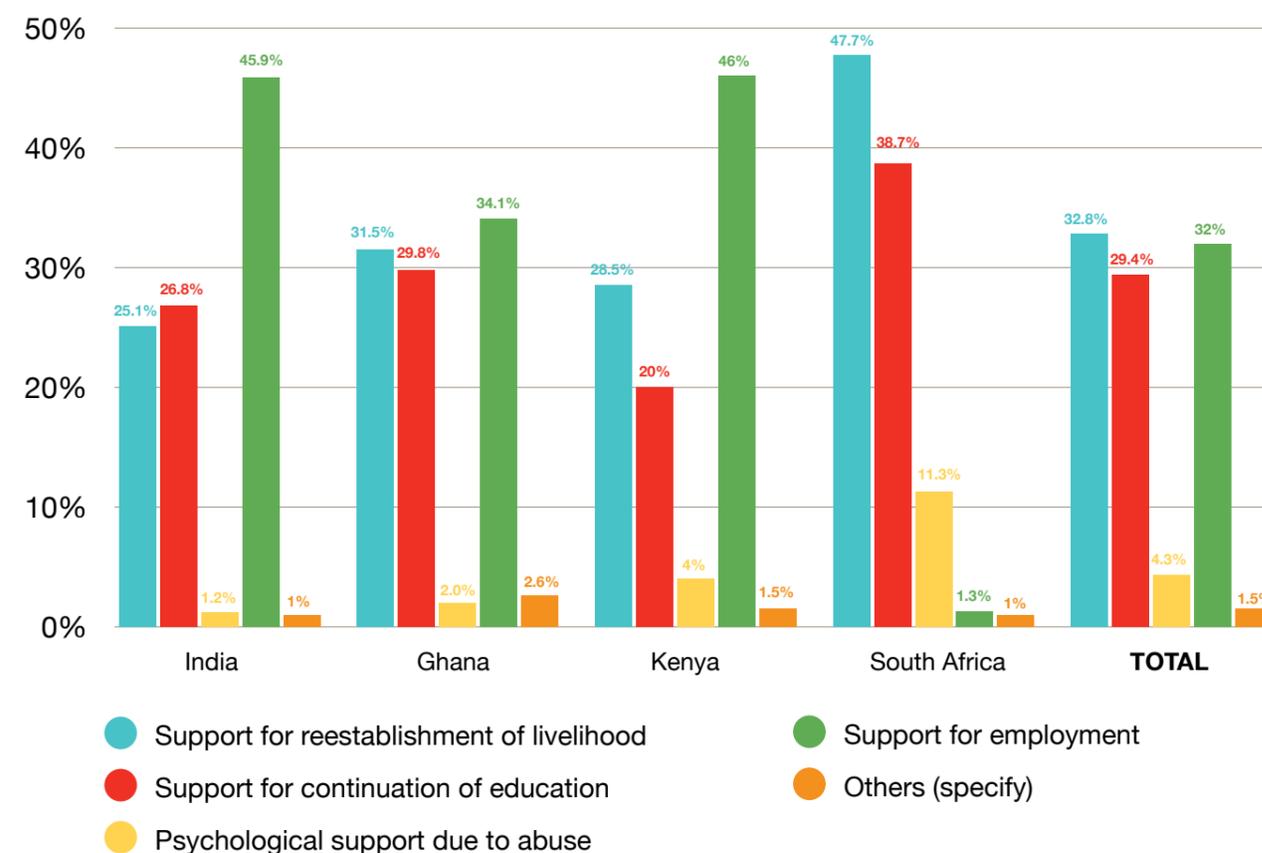


Figure 18: Support required by respondents to recover from the pandemic

Our rapid assessment of the impact of COVID-19 on young women in urban areas in four countries illustrates the extent to which this global pandemic continues to expose and exacerbate pre-existing crises with young people being hit especially hard. The young women who generously contributed to this study have always had to grapple with gender-based violence, the exploitation of their paid and unpaid labour, the absence of social protection and gender-responsive public services, the erosion of labour rights, the dismissive attitudes to the working poor and workers in the informal economy among other constraints and violations. COVID-19 has wreaked havoc on already severely strained health and social care systems, and disrupted the livelihoods and food security of millions.

As governments in India, Ghana, Kenya and South Africa continue to design and roll out pandemic response and social and economic recovery plans, it is imperative that they use this moment to reject failed policy templates and development models and urgently replace them with policies and actions specifically aimed at permanently removing

inequalities. They should do this with a special and urgent focus on young women in low income households who continue to be excluded in multiple and intersecting ways as discussed in this report. In particular, governments should:

- **Invest in publicly-funded, publicly-delivered, universal, quality, gender-responsive public services.** This is the most sustainable and just method to redistribute unpaid care and domestic work and protect or create jobs for young women across the public sector. It requires removing any constraints to public funding for all public services, including austerity measures (such as public sector wage bill containment) and the privatisation of services. It also requires the expansion of domestic tax bases in a progressive way – through emergency taxes on wealth, increasing corporate taxes (especially where there are excess profits), reducing consumption taxes like Value Added Tax (VAT) and expanding the list of exempted items to cover staple foods and other essential items. In many cases it also means that governments cancel or suspend debt payments to finance domestic



Photo: Arikia Tikka/AktionAid

Young Women taking part in a leadership camp in Johannesburg, South Africa.

CONCLUSION

The pandemic has placed a disproportionate burden of hardship on women globally – and young women are no exception. The survey findings show that the lockdown measures implemented to curb the pandemic have further aggravated the pre-existing inequalities faced by the young women we surveyed. It has eroded their economic gains and opportunities, exacerbated their burden of unpaid care and domestic work, made them more susceptible to gender-based violence, and limited their access to health care, education and other public services. The direct and indirect impacts of the COVID-19 health crisis could reverse the fragile gains made towards the universal realisation of women's human rights.

In addition, the new wave of post-COVID austerity measures, such as those driven by IMF loan conditions is likely to worsen the existing poverty and inequalities in countries in the global south, which have already been hard hit by the pandemic.¹⁰³

To create space for a comprehensive and effective response to the COVID-19 crisis, the IMF should instead focus on boosting investment in universal health and education, as well as gender-responsive public services, and adopt a progressive taxation system.¹⁰⁴ Governments need to resist these hegemonic austerity conditions, stop loan repayments and ensure wealthy individuals and corporations pay their fair share of tax.¹⁰⁵

To deliver on their commitments to women's rights and gender equality under the Convention for the Elimination of All Forms of Discrimination against Women (CEDAW), the Beijing Platform for Action and the Sustainable Development Goals, it is critical for governments around the world to apply individual and collective, immediate and long-term sustainable strategies to overcome the challenges posed by this global pandemic. The multiple crises it has triggered present us with a critical opportunity to shape new economies that respect and value all labour, deliver human rights for all and care for both people and the planet.

responses to COVID-19 and renegotiate future debt servicing to ensure it does not result in reduced social spending.

- **Take immediate measures to ensure that there are minimal interruptions in the delivery of universal, quality, gender-responsive sexual and reproductive health information and services** and provision of commodities including contraceptives. This includes specific mechanisms to ensure regular and emergency access to skilled healthcare for antenatal, delivery and postnatal care especially during periods of curfew and restricted movement. Specific action should be taken to ensure that these services do not reflect bias against young women or any excluded groups such as LGBTIQ+ people to ensure that they can access them without fear or discrimination.
- **Urgently adopt a zero-tolerance policy on gender-based violence and mobilize maximum resources and measures to prevent and respond to it.** This means, as per WHO advice, classifying GBV services as essential services and ensuring that they are prioritised by law enforcement, health professionals and other responders. These services include universal, free hotlines and safe shelters, emergency medical response and clinical management (treatment of injuries, emergency contraception, post-exposure prophylaxis and the treatment of sexually transmitted infections), mental health support,

police services, and justice-sector support. GBV policies and programmes should extend to violence and harassment in the world of work and build from the knowledge and expertise built of GBV-focused women's rights and other civil society organizations, with extra measures taken to include young women's and workers' collectives. They must be meaningfully involved in decision making at all stages of any interventions as well as prioritised for funding and other resources.

- **Recognise all workers in the informal economy, protect their labour rights and ensure they are equally covered by emergency and long-term social protection policies and programmes.** In doing this, it is vital to ensure that such policies and programmes do not (continue to) expose any workers to criminalisation, violence, harassment, bribery, forced evictions or demolitions – especially for the most vulnerable and marginalised workers, including young women, LGBTIQ+ people, migrant workers, home-based workers and sex workers. Coverage should extend to all paid care workers, including domestic workers and other informal workers on the frontlines of the pandemic. In addition, immediate protection should be provided to all migrant workers by creating emergency funds, ensuring that migrant workers have access to health services wherever they are, and repatriating workers stranded away from their home countries.



Photo: ActionAid Ghana

Young women participating in a training in Tamale, Ghana.

ANNEX A: SAMPLING PROCESS

A mixture of clustered and convenient sampling processes was used to determine the sample size and select the respondents in each of the countries.

First, the following formula was used to arrive at a scientifically valid and generalizable sample size.

$$n = N/1+N(e)^2$$

n is the required sample

N is the sample population from which the sample size will be drawn

e is the margin of error that the researcher is willing to accept in the sample – for surveys this is set at 5% or 0.05

Second, in cases where the project is implemented in several districts/regions, the sample size was divided by the number of districts/regions to ensure that respondents are spread across each district.

Third, the sampled population was targeted to cover the following four categories:

1. 25% of young women who are currently studying (secondary, tertiary) and not working.
2. 25% of young women who are currently neither studying, nor working.
3. 25% of young women who are currently working.
4. 25% of young women who are unemployed and looking for work.

Young women were then interviewed based on their willingness and availability to respond in order to fill the number of respondents required for each location and cover the desired categories. Informed consent was sought from each respondent prior to the survey.

However, the intended proportion for the four categories were not reached as it was difficult to distinguish between “young women who are currently neither studying nor working” and “young women who are unemployed and looking for work”. Also, a small percentage of young women were both studying and working, which was not covered by the four categories. Based on the entries related to information on the occupation of the young women, the survey data was re-arranged in the following four categories in each country as shown in Table 5 below.

Country	Category 1: Currently studying and not working	Category 2: Currently neither studying/ nor working/ Unemployed and looking for work	Category 3: Currently working	Category 4: Currently studying and working	Total
India	115 (27.8%)	133 (32.1%)	164 (39.6%)	2 (0.5%)	414 (100%)
Ghana	56 (18.4%)	90 (29.5%)	159 (52.1%)	0 (0%)	305 (100%)
Kenya	31 (15.5%)	68 (34.0%)	101 (50.5%)	0 (0%)	200 (100%)
South Africa	89 (29.7%)	110 (36.7%)	94 (31.3%)	7 (2.3%)	300 (100%)
Total	291 (23.9%)	401 (32.9%)	518 (42.5%)	9 (0.7%)	1219 (100%)

Table 7: Categories of sample population according to occupation status

ANNEX B: PROFILES OF THE YOUNG WOMEN

Age group

The majority of respondents (52.6%) were between 18 and 25 years old. 27.5% of the respondents were aged between 25 and 30 years, with 14.2% below the age of 18. Only 5.7% of respondents were aged 30 or above. Figure 2 shows the breakdown of the number of respondents by age group and country.

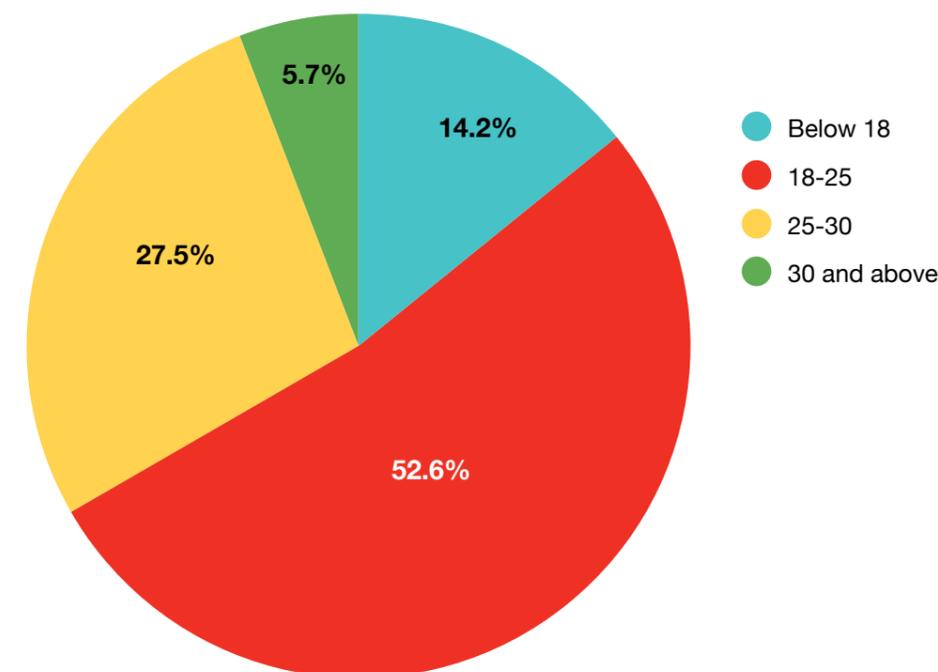


Figure 19: Age group of respondents

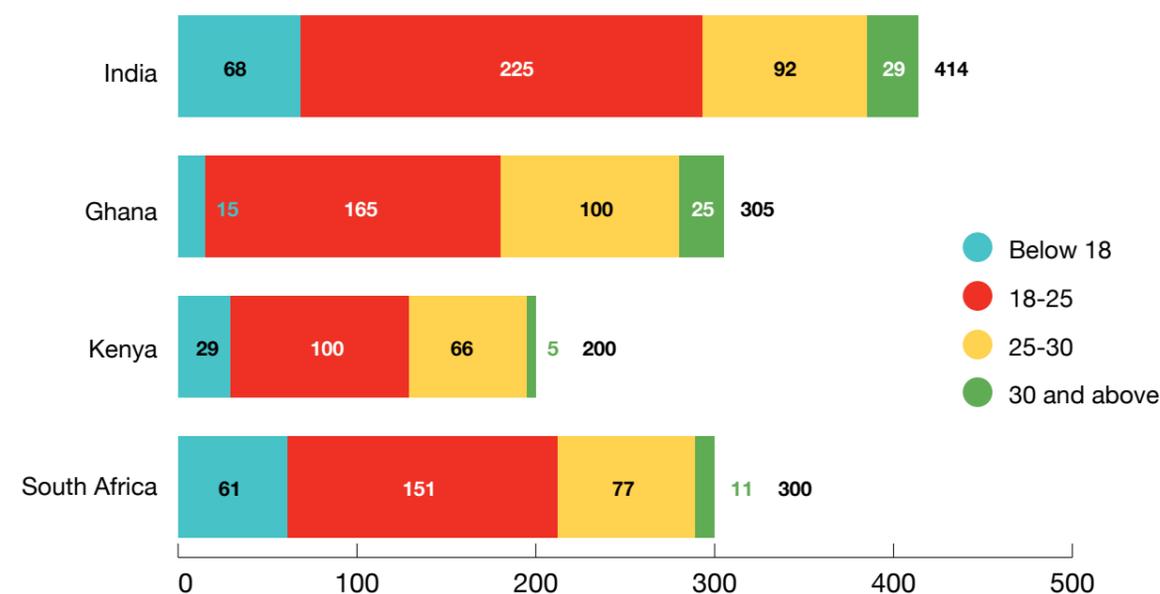


Figure 20: Age group of respondents by country

Educational level

Among the four countries, most (93.2%) of the young women surveyed had received some form of formal education. As shown in Figure 3, only 6.8% of the respondents were not formally educated. The remainder have completed their primary (21.0%), secondary (45.3%) and tertiary level (26.9%) education. Figure 4 shows the breakdown of the number of respondents by educational level and country.

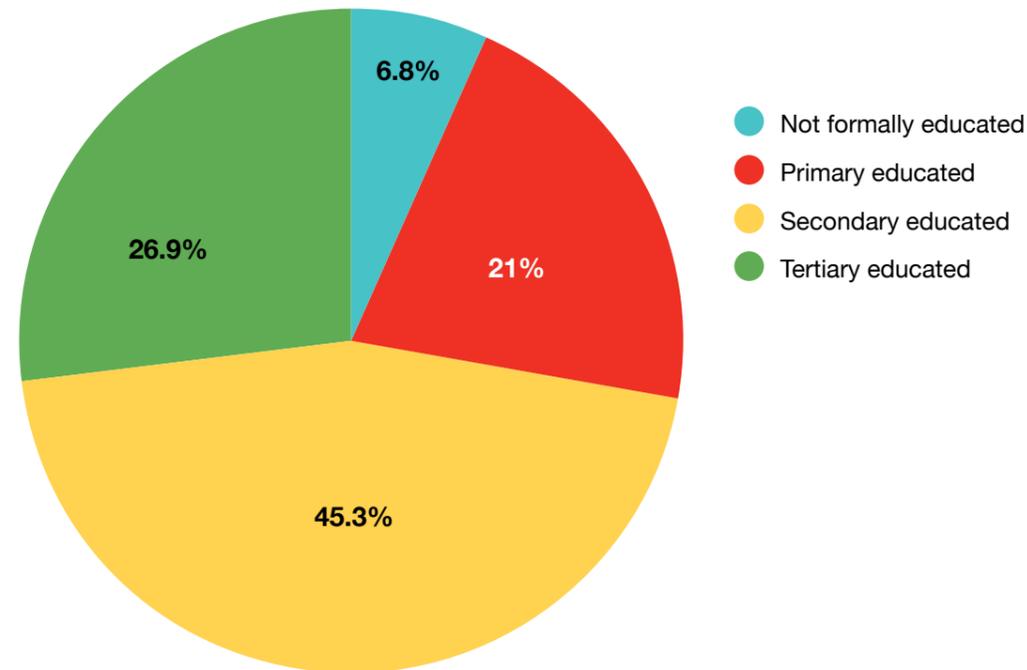


Figure 21: Educational level of respondents

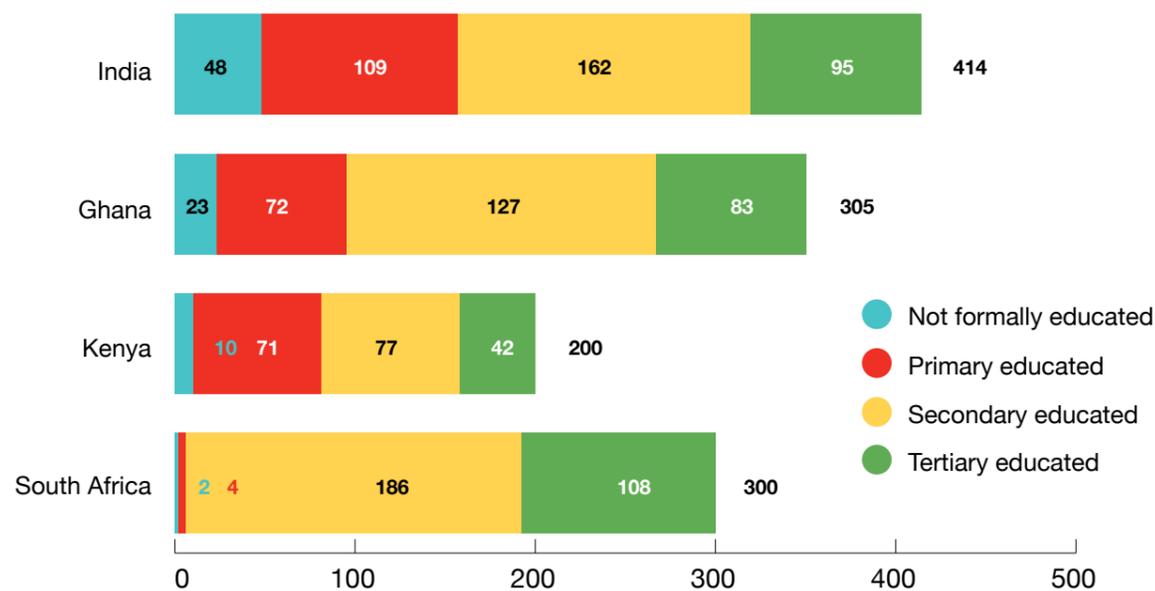


Figure 22: Educational level of respondents by country

Primary occupation

On average, only 35% of the respondents indicated that they were employed at the time of the survey (see Figure 5). Among those who were employed, 22.2% worked as daily wage earners, such as construction workers or casual labourers, street vendors, sex workers etc. 15.7% worked full-time in the formal sector, as teachers, nurses, secretary, doctors etc. The rest were doing internships or working as domestic workers (11.0%), home based workers (12.2%) or contractual workers including working in malls, shops, restaurants, security and logistics (8.2%). Table 3 shows the breakdown of the number of respondents by type of occupation and country.



Figure 23: Employment status of respondents

Occupation type	India	Kenya	Ghana	South Africa	Total
Contractual work (such as in malls, shops, restaurants, security and logistics workers)	14 (10.2%)	3 (3.8%)	7 (6.2%)	11 (11.2%)	35 (8.2%)
Daily wage earner (such as construction workers or casual labourers, street vendors, sex workers)	17 (12.4%)	42 (53.2%)	35 (31.0%)	1 (1.0%)	95 (22.2%)
Domestic work	26 (19.0%)	12 (15.2%)	6 (5.3%)	3 (3.1%)	47 (11.0%)
Full-time formal work (such as teacher, nurse, secretary, doctor etc.)	22 (16.1%)	1 (1.3%)	20 (17.7%)	24 (24.5%)	67 (15.7%)
Home-based work	35 (25.5%)	5 (6.3%)	12 (10.6%)	0 (0.0%)	52 (12.2%)
Internship/unpaid learnerships	5 (3.6%)	0 (0.0%)	7 (6.2%)	47 (48.0%)	59 (13.8%)
Student	0 (0.0%)	1 (1.3%)	7 (6.2%)	2 (2.0%)	10 (2.3%)
Other	18 (13.1%)	15 (19.0%)	19 (16.8%)	10 (10.2%)	62 (14.5%)
Total employed	137	79	113	98	427

Table 8: Young women in different types of occupation

Marital status

The majority (68.8%) of the young women who responded to the survey were unmarried. 20% of the respondents were married and a very small portion (0.3%) of the respondents were widowed, separated/divorced (0.3%) or did not want to disclose their marital status (1%). Figure 7 shows the breakdown of the number of respondents by marital status and country. We note that 96.7% of respondents in South Africa were unmarried which was higher than the unmarried sample population in other countries (59.5-61.0%).

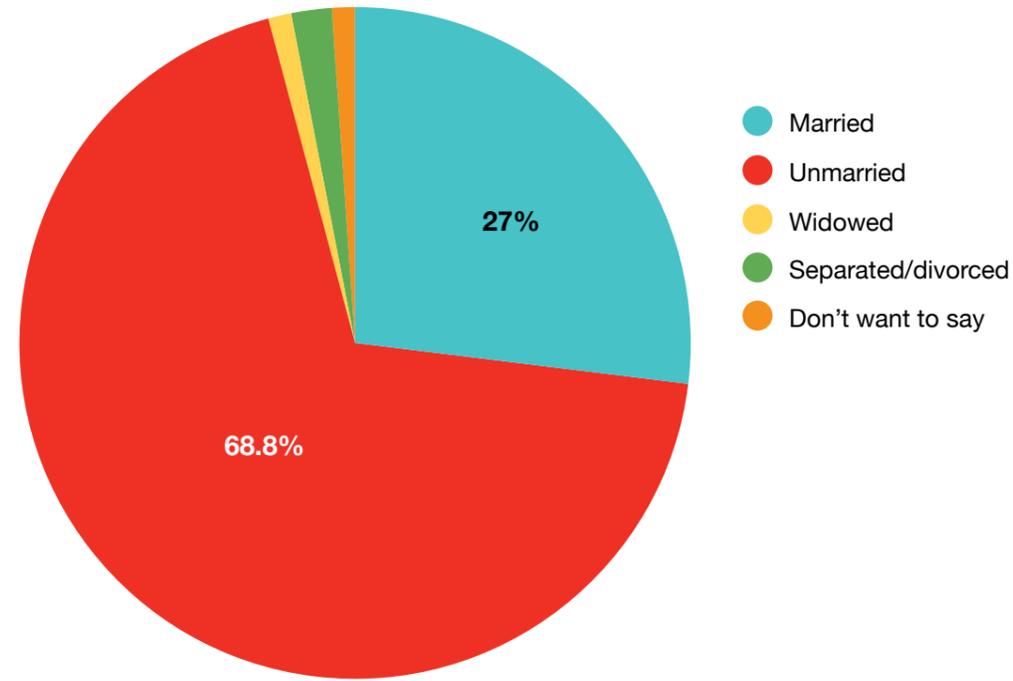


Figure 24: Marital status of respondents by country

Household size

The majority (57.4%) of the respondents lived in a household size of five or fewer. 35.2% of the respondents lived in a household size of six to ten (see Figure 8). In India, Kenya and South Africa less than 1.5% of respondents lived in a household with more than 10 members but the percentage was over a quarter in Ghana (25.6%).

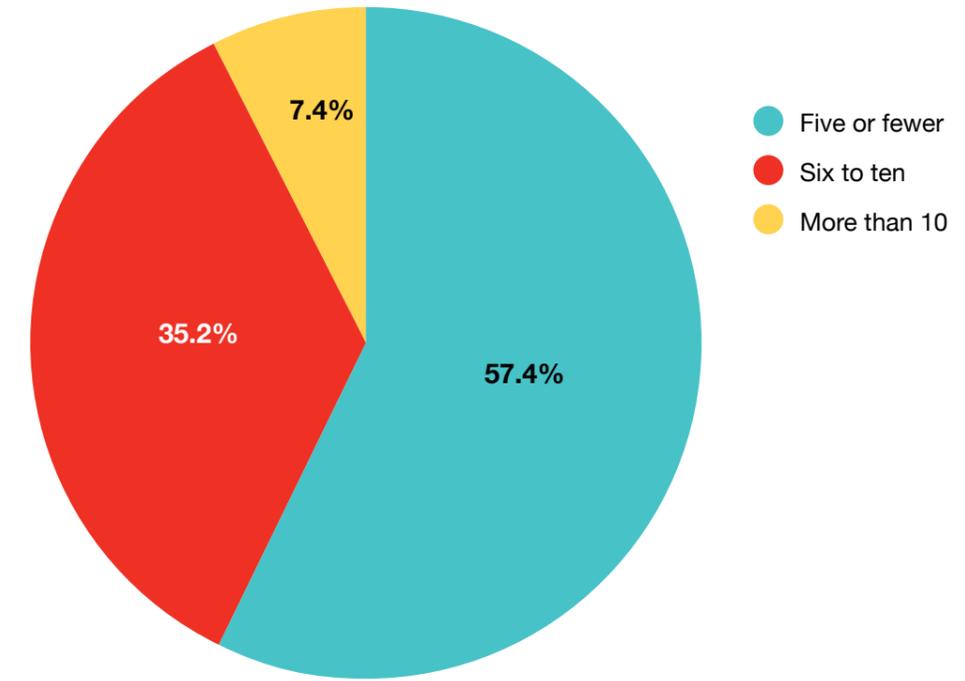


Figure 26: Household size of respondents

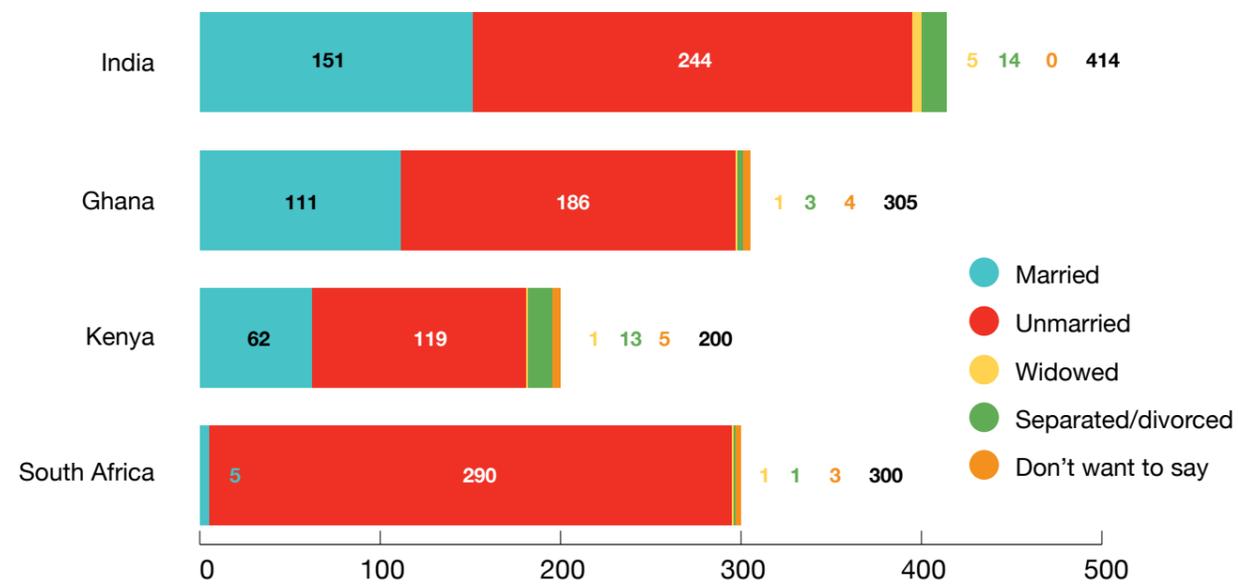


Figure 25: Marital status of respondents by country

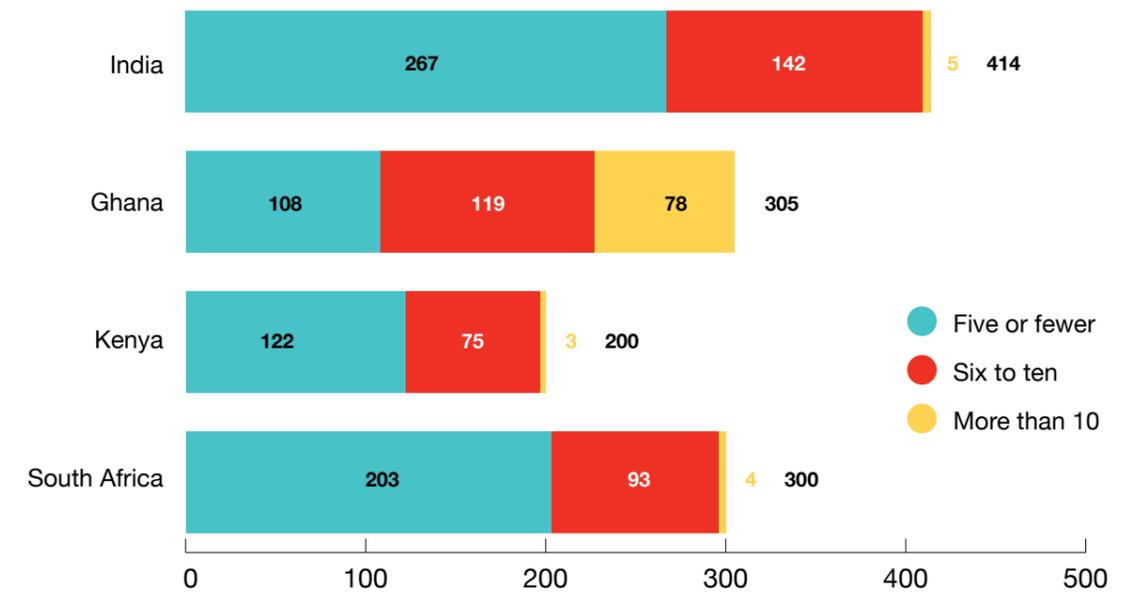


Figure 27: Household size of respondents by country

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