

COVID-19 AND WOMEN IN THE INFORMAL ECONOMY

ICRW in collaboration with NASVI and Chetanalya, conducted a study to capture the experiences of street vendors and domestic workers in Delhi. The learnings presented here were collated as part of a three-country research study undertaken by ICRW Asia, REBUILD: COVID-19 & Women in the Informal Economy in Kenya, Uganda & India, with the support of the Bill & Melinda Gates Foundation and the International Development Research Centre.

KEY HIGHLIGHTS

TOP 3 PROBLEMS FOR WOMEN



Economic difficulties
86.4%



Lack of access to health care facilities
35%



Fear of the COVID-19 infection stands at the third position
32.2%

** Based on a survey with 178 civil society staff and leaders*

ECONOMIC CHALLENGES

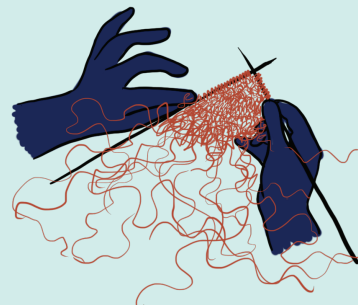
For most women, the pandemic related lockdowns and slow reopening have triggered a long standing impact on their families' financial situation, children's education, nutrition, and ability to spend on healthcare.

TOP THREE MOST PROMINENT ECONOMIC CHALLENGES ENCOUNTERED BY THE WOMEN

88.8% Used up their savings to cover their living expenses

86% Food shortage due to lack of buying capacity

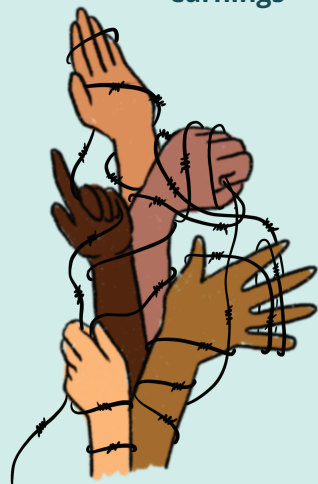
84.4% A significant reduction in earnings



Additionally, job loss (72.60%) and eviction due to non-payment of rent (84.4%) also cited as primary economic challenges.

Loss of income and savings, increase in experiences of violence and lack of access to urban infrastructure such as transportation, clean drinking water, rations and healthcare have left women more vulnerable than before.

Qualitative narratives highlight "standing in queues to access ration and direct cash transfer benefits as one of the most time consuming activities, in addition to care work".



HEALTH-CARE CHALLENGES

For most women, the pandemic and subsequent lockdowns negatively affected their ability to access clinics and hospitals, for both COVID and non-COVID health concerns.

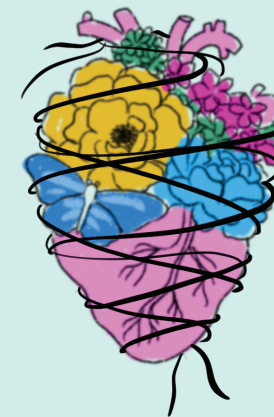
TOP FOUR HEALTHCARE CHALLENGES FACED BY WOMEN

91.50% Lack of access to non-COVID health care facilities

74.60% Lack of access to testing facilities for COVID

74% Lack of access to COVID related health infrastructure

73.4% Mental stress/ depression



Difficulty in accessing sexual and reproductive health services during the pandemic reported by many women during discussions (65.50%). Data also revealed that women found it difficult to access health services for pregnancy related concerns. Abortion clinics difficult to access as well.

Mental health issues have emerged prominently as loneliness, anxiety, depressions arising due to economic challenges, and pandemic induced uncertainties and isolation.



DISPROPORTIONATE BURDEN OF CARE-WORK

Women report disproportionate burden of care work during the pandemic, like managing children's education due to school closure and caring for the sick and elderly.

DIFFICULTIES FACED IN ACCESSING RELIEF PROVIDED BY GOVERNMENT DURING THE PANDEMIC

In the case of developing resilience and coping with the aftermath of the covid 19 pandemic, the women mention that their top coping strategy was to support each other and share resources as a community in the times of a crisis (79.8%), followed by receiving food from concerned citizen groups (75.3%) and on third position the women have indicated reliance on SHGs to access loans (44.4%).

Loss of usual networks and support systems linked with mobility restrictions, ability to work for pay, increased burden of unpaid care work contribute to increasing feminization of poverty and poverty linked vulnerabilities.

88.70% Lack of information

83.60% Unavailability of cards/documents

83.10% Lack of digital literacy

71.80% Restrictions on mobility

