

Impact of Covid-19 on women in low-income households in India

MAY 2021

Dalberg



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Introduction

After India's first nationwide lockdown was announced on March 24, 2020 a flurry of important, rapid research was conducted by multiple private, public, and social sector organisations to understand the effects of the pandemic. This collective body of knowledge—which spanned a range of topics, e.g., the movement and plight of migrant workers, the financial fallout of the crisis, the role of government entitlements—was critical in helping understand ground realities, supporting government response to the crisis, and shaping discourse around long-term recovery.

Yet large-scale data focused on how the pandemic was specifically affecting women was limited. This represents a significant gap in our collective understanding, especially as we know anecdotally that while women tend to step up and lead during major crises (e.g., organising health response efforts, caring for children and families, providing community support, etc.), they are affected differently and often disproportionately experience the negative effects of crises (compared to men). We reasoned that a large-scale study focused on the needs of women should be conducted in order for their specific needs to be sufficiently well-understood and prioritized through response and recovery efforts.

We therefore designed this study to be, and conducted it as, one of the largest studies on the socio-economic impacts of the Covid-19 pandemic on women. Our goals were to: (i) help fill critical information gaps on the effects of the pandemic on women, (ii) identify areas that needed the most urgent attention and (iii) identify practical, high-potential opportunities for policymakers to better support women's recovery. These goals informed the design of our study:

- **Focus:** We focused our study on women from low-income households' (est. 27 crore) given the significant role that government services and social protection programs play in their lives. In order to capture some of the ways in which the pandemic has affected women differently from men, we also included a small sample of men from low-income households in our study.
- **Scale:** The study includes perspectives from nearly 15,000 women and 2,300 men from low-income households across 10 states, surveyed from October 20 to November 14, 2020. It captures their experience through India's nationwide lockdown (March 24 - May 31, 2020) and the months immediately following (June-October). Because we conducted our survey by phone, our pool of respondents was limited to those who owned or had access to a mobile phone—with the result that our respondents (approximately half of whom owned their own phone) were, on average, more likely to experience better outcomes compared to women in low-income households

¹ We used PDS ration cards that enable their holders to buy food grains at subsidized rates as a proxy for household income. These are given on the basis of a household's SES status, which varies by state. Using ration cards provided us with a universal metric across all states to identify low-income household. We understand that many eligible households may not have a ration card and that some ineligible households may have one. Eligibility also varies by state.

Therefore, we also compared our sample's self-reported income distribution against the income distribution in other large-scale surveys (see next slide) and found that our respondent's were indeed from lower income households than the country as a whole. In our sample, 29% of respondents report monthly household income below INR 5,000, 70% below INR 10,000, and 95% below INR 20,000. Therefore, we refer to our sample as low-income.

in general or women in low income households who did not own or have access to a phone.² As a result, we believe that the results of our study likely represent the best case scenario for women in low income households.

- **Techniques:** The results are primarily based on telephonic interviews using a combination of a 25-minute questionnaire for all respondents and 45–60 minutes in-depth qualitative interviews for select respondents. Where available and relevant, we have also drawn upon evidence created by many other studies conducted to date on these topics to triangulate and contextualise our findings – these have been cited and credited in the footnotes wherever relevant. Additionally, we have further distinguished between the results (actual and extrapolated) from our survey and those from other studies by clearly beginning sentences presenting the latter with credit to the relevant study/report/data sources. For certain parts of the report, we have also offered our perspectives on potential outcomes or consequences of the trends we observe, and we preface those by saying “we believe...”. We were supported by experts (named below) in the design of our survey, contextualizing and validating our findings, and developing our recommendations.
- **Breadth:** Given the limited research available at the time this study was conceptualized, we felt our contribution to a more holistic understanding of the effects of the pandemic would be served by covering a wide range of topics and providing a bird’s eye view into the overall effects of the pandemic on women in low-income households. Our study covers the effects of the crisis on livelihoods, access to essentials, assets and debt, food and nutrition, sanitation, and time use. Additionally, we explored the role of government social protection programs and Self-Help Groups (SHG) in supporting women in low-income households through the pandemic. Because of the time limitations of phone surveys, we could not cover all topics with all respondents – instead, we asked demographics and livelihoods related questions to the full sample, and randomized the receipt of one of three other sections³ (splitting the sample evenly across the three). This allowed us to cover a greater breadth of themes and create a more holistic understanding of the impact of the crisis. To meet our priority for breadth of topics within limited time, we had to cover some topics (e.g., food security, assets and debt, time use, sanitation, and role of SHGs) more lightly than others (e.g. livelihoods, access to women’s essentials, and the role of government social protection programs).
- **Outreach:** Our outreach efforts will be focused on policymakers. We have simultaneously made our work publicly available on www.impactsofcovid.in. This is because we believe that this kind of effort is important for public awareness and discourse and the findings could be of interest to those researching and seeking to understand more comprehensively the effects of the pandemic.

2 50 percent of women (all low-income) in our study owned phones. Comparatively, another study (Mohan D, Bashingwa JJH, Tiffin N, Dhar D, Mulder N, George A, et al. (2020) Does having a mobile phone matter? Linking phone access among women to health in India: An exploratory analysis of the National Family Health Survey. PLoS ONE 15(7): e0236078. <https://doi.org/10.1371/journal.pone.0236078>) using data from NFHS-4 found women’s mobile phone ownership to range between ~27% -78% from the poorest wealth quintile to the richest wealth quintile. This implies that women in our sample, while being low-income lie among the middle/richer wealth quintile on an

average. This is also observed in other parameters – such as use of pads and toilet ownership. Further details on the methodology can be made available on request.

3 The three rotated sections were (1) Relief, (2) MGNREGA & Debt, and (3) Health. The Relief loop covered questions related to perception of support, the receipt of Jan Dhan Cash transfers, and change in time burden. MGNREGA & Debt covered all questions on the MGNREGA scheme, borrowing, and SHG participation/community leadership. Finally, the Health section covered mask usage, nutrition, sanitation, and access to pads and contraception.

Our research aims to answer the following questions and the following pages contain details of our perspectives on:

1. What were the effects of the Covid-19 pandemic on key aspects of the lives of women in low-income households? We defined these aspects as: livelihood, access to essentials, assets and debt, food and nutrition, sanitation, and time use.
2. To what extent did government programs reach and help mitigate the negative effects of the pandemic among women from low-income households?
3. What opportunities exist to mitigate—and even reverse—the negative effects of the Covid-19 pandemic on women in low-income households?

We hope that this research is useful in shading in the range of women's experiences during this crisis, how these have differed across time and segments, and how women have stayed resilient.

As we reflect on the findings, we were relieved that the majority of the women we studied seem to be on a path to recovery since the first lockdown (as of Oct-Nov 2020) but noted that so many remain affected. Further, it is our belief that the overall situation for women (and perhaps the country in general) is more precarious than individual headline numbers might suggest, a conjecture that will require additional research. As an illustration, that 89% of women in low-income households have recovered paid work may seem like a cause for celebration (and indeed, we were delighted that the situation was not worse). But when taken along with the fact that incomes have not yet recovered for women; that we don't yet know whether the work that women are doing now is different and perhaps stopgap; that many families have taken on a large amount of debt during the crisis⁴; and that 12% of women remain worried about food intake, we believe the picture is likely much starker. Further, the current surge of Covid-19 cases in the country and the health toll on families could further exacerbate the impacts of the crisis on women. We need to remain vigilant and continue to extend support as the pandemic continues.

We also recognize that there are important limitations to our findings. For one, women are not a monolithic group; though we have captured a few segments, a deeper dive into more and varying segments would help fill in a fuller picture of their experiences. Relatedly, gender is a non-binary construct, and this study does not capture the experiences of marginalized genders. And finally, while we take a women-centric lens to this study, we recognize that men are also facing significant challenges through the crisis, and encourage other researchers and organisations to investigate changes to men's resilience, their emotional and mental wellbeing, and the implications their experiences hold for transforming gender relations between men and women. As we mention in *Areas for Additional Research*, we believe these are critical knowledge gaps that we hope that we or others are able to fill.

⁴ Data from Dalberg's entitlements survey: 'Efficacy of government entitlements for low-income families during COVID-19', July 2020

We want to thank Rohini Nilekani Philanthropies, the Bill and Melinda Gates Foundation, and the Ford Foundation for their support in making this research happen, and Kantar Public, who led the data collection efforts for the survey and recruited participants for our qualitative interviews. We are grateful to the Omidyar Network: our work with them on the efficacy of government entitlements in helping low-income households navigate the impacts of the crisis provided the early inspiration for this study.

This study would not have been possible without the 15+ experts who shared their time with us so generously and often, on multiple occasions: Bina Agarwal, Rasmi Avula, Bishaka Datta, Sonalde Desai, Leena Datwani, Anjali Dave, Dr. Ashwini Deshpande, Faiz Ahmad Hashmi, Safeena Hussein, Renana Jhabvala, Nishanth K, Soumya Kapoor, Sujata Khandekar, Sona Mitra, Divya Nair, Dipa Sinha, and Mridulya Narasimhan. Their input into the design, findings, and recommendations has helped us significantly improve the quality of our work.

Finally, we are grateful to the study participants for their time and perspectives during this ongoing crisis.

If there are any errors or other shortcomings in this report, they are our own, and we welcome suggestions for further improvements.

We look forward to hearing your thoughts, discussing the results and working together to better support women in this challenging time. Please feel free to reach out to us at impactsofcovid@dalberg.com

Dalberg Team

Our Findings

For brevity, we are hereafter referring the pre-fix “low income” when referring to women and men in low-income households.

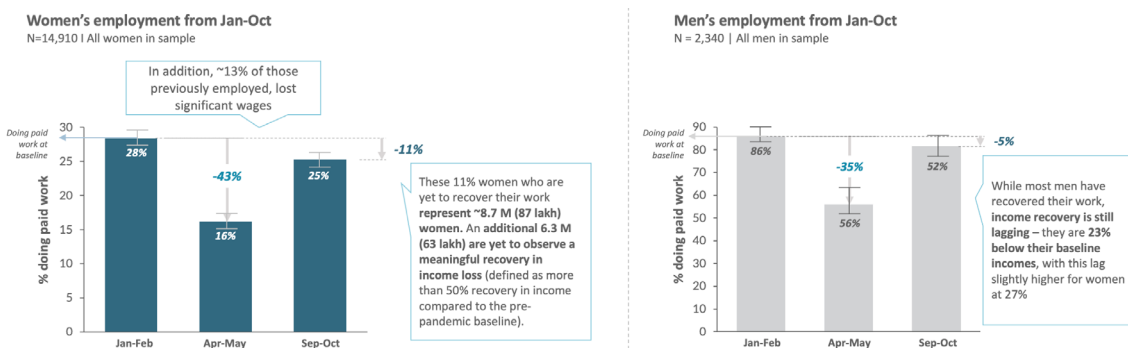
01

What were the effects of the Covid-19 pandemic on key aspects of the lives of women in low-income households?

Our study highlights that the pandemic continued to have a significant impact on women’s lives nine months after it first hit in India in March 2020—one out of four women (est. 64 M/6.4 crore women) were yet to meaningfully recover their paid work, were limiting food intake, and/or were unable to access essentials (pads and contraceptives).

We estimate that nearly 8.7 M (87 lakh) women who were working before the pandemic remained out of work as of October 2020 [See Figure 1]. Women in India already constitute a minority in the paid workforce.⁵ During the peak of the lockdown,⁶ the pandemic resulted in job and income losses for an estimated 43 M (4.3 crore) women (57% out of the 76 M (7.6 crore) who were previously employed).⁷ About a third i.e., 15 M (1.5 crore)⁸ were yet to meaningfully recover as of Sep-Oct 2020. Moreover, women experienced a deeper loss and a slower recovery in paid work compared to men⁹ – **women made up just 24% of those working before the pandemic and yet, they accounted for 28% of all those who lost jobs, and 43% of those yet to recover their paid work.**

FIGURE 1: Employment from Jan-Oct, by gender



5 India's labour force participation rate was 20% as of 2020, and among the lowest in the world; Source: International Labour Organization, ILOSTAT database

6 April–May 2020

7 This comprises of 33 M (3.3 cr) who were out of employment and 10 M (1 cr) who lost significant wages (defined as more than 50% loss in income)

8 This comprises of 8.7 M (87 lakh) who were still out of employment and 6.3 M (63 lakh) who were yet to observe a meaningful recovery in income (meaningful recovery is defined as recovering more than 50% of the income that they earned before the pandemic, i.e. in Jan-Feb 2020)

9 43% of women lost their paid work compared to 35% men at the peak of the lockdown, i.e. Apr-May 2020. 11% of women were yet to recover their paid work compared to 5% men as of Sep-Oct 2020

A small number of women report continued food deprivation and limited access to menstrual supplies and contraceptives through the pandemic [see Figure 2].

- **The pandemic has further exacerbated women's nutritional challenges.** More than one in ten (or estimated 32 M/ 3.2 crore) women limited their food intake or ran out of food in the week they were surveyed.^{10,11} An additional ~3.2 crore reported being worried about food sufficiency in their households (but not having had to limit food yet). Given Indian women's poor nutritional outcomes pre-pandemic,¹² it could compound pre-existing women's poor nutritional outcomes pre-pandemic.¹³
- **Women's access to menstrual pads decreased.** ~16% of women (estimated 17 M/ 1.7 crore)¹⁴ who used menstrual pads prior to the pandemic had no or limited access to menstrual pads between March and November, primarily because they could no longer afford these items. Based on existing literature, women who don't use appropriate menstrual supplies and have poor menstrual hygiene are more likely to contract reproductive tract infections (RTIs), urinary tract infections (UTIs), and have a higher susceptibility to cervical cancer.^{15,16} We believe (and have heard through our qualitative interviews) that many of the women who have had to cut back on usage are experiencing many of these adverse effects on their menstrual health and general welfare.¹⁷
- **Access to contraceptives fell.** More than one in three married women were unable to access contraceptives, primarily due to concerns about health and hygiene (in accessing a healthcare facility during the pandemic, presumably to access female sterilization treatments, the most commonly used contraceptive method¹⁸, and lack of affordability during the pandemic. In addition, the pandemic also affected the supply of contraceptives¹⁹. Data from Health Management Information System (Ministry of Health & Family Welfare), predicts an additional 2.4 M (24 lakh) unintended pregnancies through the first 6 months of the pandemic, a high proportion of which is expected to be among low-income women due to their lower levels of access.²⁰ We believe that limited access is contributing at least in part to this rise.²¹

Notably, women did not face sanitation issues. Approximately 4% of women in our sample faced decreased access to toilets at a rate similar as before the pandemic. This was a bright spot as most (92%) women in our sample had access to their own toilets.

¹⁰ This question was asked between October and November to women in our survey.

¹¹ Eight in ten households reduced food intake in April and May according to another household level survey conducted by [Azim Premji University](#). While the study did not report gender disaggregated data, the extent of the difference in reduction in food intake reported then and in our study suggests significant improvement during this period

¹² Outlook POSHAN, 'India suffers because women eat the last and the least', 2019; Institute of Peace and Conflict Studies, 'India: How COVID-19 Accelerates Malnutrition in Women and Children', 2020.

¹³ Source: Soumya Gupta, Naveen Sunder, Prabhu L. Pingali, 'Are Women in Rural India Really Consuming a Less Diverse Diet?' August 2020

¹⁴ This question was asked to women aged 18-55

¹⁵ Torondel, B., Sinha, S., Mohanty, J.R. et al. Association between unhygienic menstrual management practices and prevalence of lower reproductive tract infections: a hospital-based cross-sectional study in Odisha, India. BMC Infect Dis 18, 473 (2018).

¹⁶ India Today, No access to menstrual hygiene is the fifth biggest killer of women in the world, June 2020

¹⁷ Sources: Dalberg interviews; CNBC, 'COVID-19 lockdown: impact on menstrual hygiene management', 2020; The Wire, 'A reminder: Periods don't stop during the pandemic', 2020.

¹⁸ Sadhika Tiwari, 'In India, the burden of contraception still falls on women'; Scroll.in, Sep 28, 2020 (based on data from NFHS-4, 2015-16)

¹⁹ For example, 36% fall in injectables, 21% decrease in IUD, and ~23% decrease in condoms. Source: Health Management and Information Systems (HMIS)

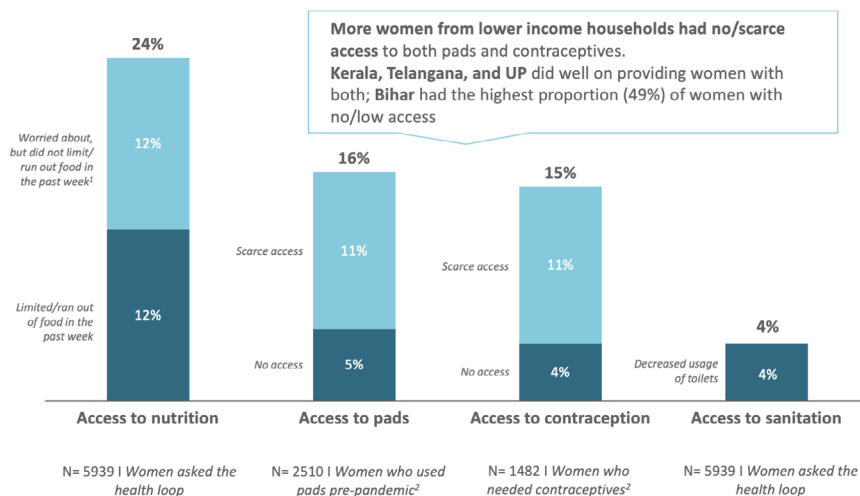
²⁰ Vora, Saiyed, Natesan, 'Impact of COVID-19 on family planning services in India, 2020; Foundation for Reproductive Health Services India, 2020.

²¹ Note that the HMIS data has not reported the number of births this year due to challenges posed by the pandemic. The official numbers are hence an underestimation of the actual number of births in 2020 and any projections cited are based on assumptions and 2019 data.

FIGURE 2: Women's access to necessities from Mar–Nov. 2020

Women's limitations in access to necessities between March and November

N = 5939 | Women asked the Health (one of the three rotated) section of the survey



Notes: (1) Respondents could choose multiple responses. Those categorized as 'worried' were those who reported being worried but not limiting their nutrition in any way, while those under "Limited/ran out of food" were those who selected any (or all) among the options: limited their portion size or reduced meals, ran out of food, were hungry but did not eat or went without eating for an entire day. (2) Within the women who asked the health section of the questionnaire, these questions were asked only to those <55 yrs, and those who gave their consent to be asked questions about pads and contraceptive use. Questions around contraceptives were only asked to married women. Breakdown of access excludes women who reported not needing pads/contraceptives since March. (3) Source: Azim Premji University, COVID-19 Livelihoods Survey (A survey of nearly 5,000 self-employed, casual, and regular wage workers across 12 states of India, conducted between 13 April and 23 May)

More women reported an increase in unpaid work and a decrease in rest than men [see Figure 3].

Pre-pandemic studies showed that Indian women already do almost 3x more unpaid work than Indian men (nearly 6.5 hours a day); that is one of the widest gender gaps in the world with respect to time use.²² Dalberg estimated at the beginning of the pandemic that the amount of time women spent on unpaid work may have increased by ~30%.²³ Our survey corroborated the increase in unpaid responsibilities for women—47% of women (compared to 43% of men) reported an increase in chores and 41% of women (compared to 37% of men) reported an increase in unpaid care work.²⁴ This was true across age groups, marital status and employment status.²⁵ At the same time (and perhaps in part because of the increase in unpaid work) far fewer women than men (16 percentage points (pp)) reported an increase in rest during the pandemic. This tracks well with what other research has shown—that both men and women increased hours spent on domestic work increased during lockdown, with the increase being higher for women than men—leading to an increase in the gender gap in average hours spent on domestic work post-lockdown.²⁶

²² On average, Indian women spend 6-6.5 hours a day on unpaid work -- more than two and a half times time spent by men. In urban areas, the difference between women's and men's unpaid work time is nearly three and a half times. Source: NSSO Time-use survey, 2019

²³ Dalberg Advisors, 'Addressing women's time poverty in India', 2020.

²⁴ Because of space limitations in our survey, we were not able to quantify how the amount of increase in time use on these areas. Such a quantification would help paint a more complete picture of the time use impact of the pandemic.

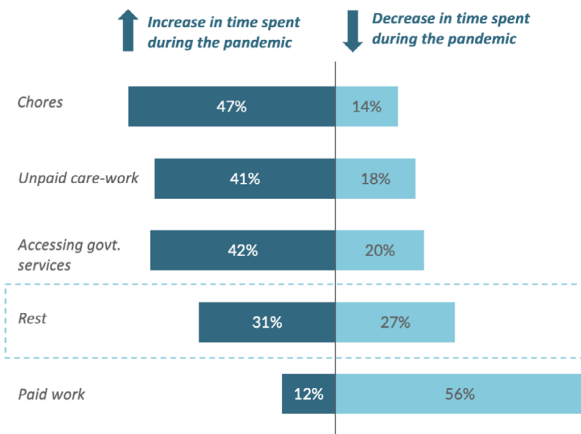
²⁵ The increase in responsibility was particularly marked among women in households with more than five members (45% stated an increase in care responsibilities) compared to women in households with fewer than five members (36% saw an increase in care responsibilities).

²⁶ Ashwini Deshpande, 2020. "The Covid-19 Pandemic and Lockdown: First Effects on Gender Gaps in Employment and Domestic Work in India," Working Papers 30, Ashoka University, Department of Economics, revised Jun 2020.

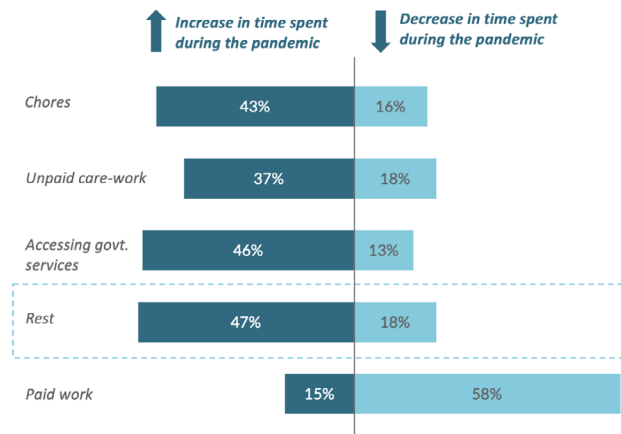
The impacts of women’s unpaid work responsibilities—on women, their families, and their communities—are well documented, and we believe that the pandemic has exacerbated some of these impacts. For example, another Dalberg study that surveyed parents of children below six years of age found that 7 pp. more mothers compared to fathers stated increased household tasks as a source of stress during the pandemic.²⁷ One of the documented effects of a higher unpaid work burden is lesser participation in paid work—we believe that this increase in women’s household burden will make it difficult for them to re-enter the workforce, leading to economic consequences that may outlast the pandemic.²⁸

FIGURE 3: Time burden since March, by gender

Women reporting a change in time spent on activities since March¹
 N = 5,999 (except paid work) | Women asked the Relief (one of the three rotated) section of the survey



Men reporting a change in time spent on activities since March¹
 N = 2,340 (except paid work) | Men asked the Relief (one of the three rotated) section of the survey



Note: (1) Respondents were asked to self-report whether their time spent on selected activities had increased, decreased, or stayed the same since March. We intentionally left out those who responded with 'no change'. Paid work was asked to only those respondents who were previously employed.

27 Swetha Totapally et. al., 2020. "Evidence-based response to Early Childhood Development (ECD) during the Covid-19 crisis", Dalberg Advisors

28 SAGE Journals. 'Does Caregiving Increase Poverty among Women In Later Life? Evidence from the Health and Retirement Survey'

More women from historically marginalized groups were affected in the areas we studied. Women from lower-income households, Muslim as well as migrant women, and single separated/divorced women were among the hardest hit. Women in lower-income households²⁹ lost 3–7 pp.³⁰ more of their income than all the women in our sample³¹; this difference was 13 pp. for Muslim women and 10 pp. for migrant women. Women from lower-income households were also slow to recover both their paid work and income. The extent of food deprivation and limitations in access to pads were also higher for some of these segments. For example, 20 pp. more single, separated/divorced women had limited food or ran out of food during the pandemic compared to the average woman., while 3–6 pp. more women from households with less than INR 10,000 monthly income were faced nutritional challenges compared to women from households with more than INR 10,000 monthly income. Similarly, Muslim women were 9 pp. less likely to have access to pads than all women.

Lastly, rural women did not experience anywhere near the same level of job recovery as rural men. Rural men in our study were both less likely to lose their paid work and the fastest to recover; however, rural women seemed to lag rural men in the recovery (32% rural men lost paid work during the peak of the crisis (compared to 41% of rural women) and only 4% are yet to recover (vs 11% of rural women). While 7 pp. fewer rural women lost their work during the peak of the crisis than did urban women, the recovery rates for both groups of women were similar (89% of those employed pre-pandemic had recovered their paid work). Moreover, rural and urban women lost a similar proportion of their income and recovered income at a similar rate.

Note: Our data suggested significant difference across states. We have not highlighted them all here as we could not sufficiently probe drivers through our study. Where the sample was indicative, we have flagged in our recommendations. Further details are available in our full report, which can be found at impactsofcovid.in.

²⁹ Lower-income households refers to those earning monthly incomes of less than INR 10,000.

³⁰ This range is due to the different percentage of income lost among women in households with < INR 5,000 and INR 5,000–10,000 income. Women from

lower-income households lost 69–73% of their income compared to the average of 66% for all women.

³¹ Note that we compared women from relatively lower income households with overall all women from low-income households in our study

02

To what extent did government programs reach and help mitigate the negative effects of the pandemic among women from low-income households?

Respondents said that government welfare scheme and Self-Help Groups (SHG) were important in helping them navigate the pandemic. About one in three women considered the government's support most crucial in weathering the crisis (this was at par with perceived support from family). Similarly, SHG members considered SHGs to be comparable with marital families as a source of strength. This is likely because of the multiple schemes the government built on and leveraged during the pandemic. For example, it launched an INR 1.7 lac crore relief package under the Pradhan Mantri Garib Kalyan Yojana (PMGKY) to bolster existing welfare schemes. The relief package supported cash transfer into Jan Dhan accounts, increased the MGNREGA wage payment, and doubled collateral-free loans for SHGs.³²

Specifically, MGNREGA, Jan Dhan, and PDS supported 12 M, 100 M, and 180 M (1.2 crore, 10 crore, and 18 crore) women respectively during the crisis.

- **These rails had strong coverage and focused on women most in need (though there remains room for improvement).** Among the three primary government support mechanisms (studied as part of this work), PDS had the most coverage (87%³³), followed by Jan Dhan (43%³⁴) and MGNREGA (35–42%³⁵). More women in our study (70%) depended on PDS for food and nutrition during the crisis than on any other channel. Jan Dhan transfers, meanwhile, accounted for ~57% of the average household income³⁶ in Apr–May, and a significant majority (~70%) of rural women from low-income households who had enlisted in MGNREGA and applied were able to find work. These rails also reached women in the lowest end of the income spectrum. For example, of the women who applied for and received MGNREGA work, 32% were from households with monthly income of less than INR 5,000.

³² Increase in collateral-free loan from INR 1 M to 2 M (10 to 20 lakh) per SHG

³³ Data from Dalberg's entitlements survey: 'Efficacy of government entitlements for low-income families during COVID-19', July 2020

³⁴ This translates to about 70% of those covered under JanDhan.

³⁵ Thirty-two percent of the women in this survey indicated that the household had

a card. Our previous survey on entitlement (50,000 households) suggested that 42% of households were covered.

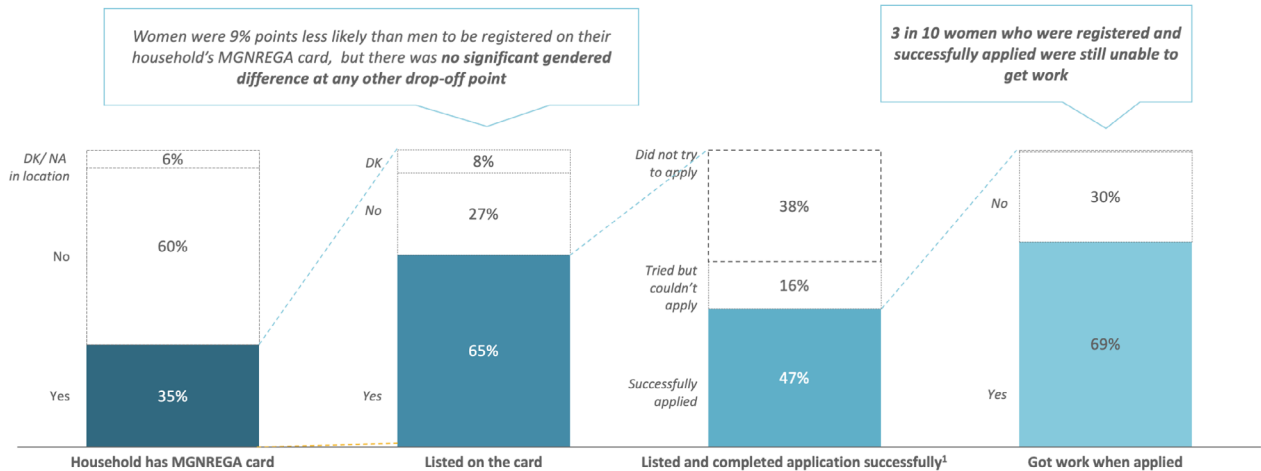
³⁶ Calculated as: INR 1500 as a proportion of the average household income during lockdown, which was taken to be ~2600 based on men's and women's lockdown incomes

- MGNREGA has been particularly beneficial for women, highlighting the importance of designing welfare schemes that focus on women.** Women were as likely as men, if not more, to get MGNREGA work when they applied for it [See Figure 4].³⁷ Historically, official data shows that women account for more than half of MGNREGA workdays (53% for 2020).³⁸ This stands in stark contrast to the high gender disparity in other rural employment—30% of rural women are engaged in any kind of paid work as opposed to 80% of men. Besides its vital role in supporting rural women enter the workforce, MGNREGA has also been associated with an increase in women’s empowerment (increased participation in local governance processes and household decision making) and a reduction in the gender wage gap.³⁹

FIGURE 4: Women’s drop-off points in getting MGNREGA work

Drop off points in the process of getting MGNREGA work for women, since March

N= 2974 | Rural women respondents asked the MGNREGA & Debt (one of the three rotated) section of the survey



Note: No also includes those who tried and couldn't complete application as well as those who did not try; Our sample size didn't allow us to say with confidence the degree of different challenges faced for those trying to enlist, but the most cited challenges included 'did not know how to get listed', 'on the waitlist', and 'issues with providing the correct documentation'

³⁷ Seventy percent of the women got MGNREGA work when they applied (vs. 64% of men).

³⁸ [MGNREGA website](#)

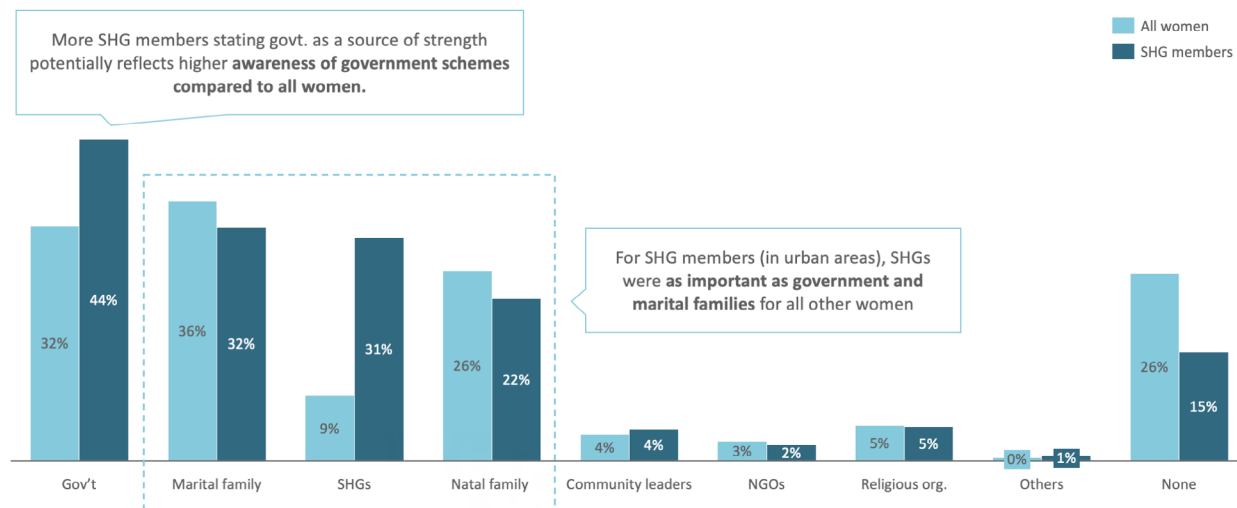
³⁹ International Labour Office, 'MGNREGA, paid work and women's empowerment', 2017.

The SHGs network also continued to serve as a reliable borrowing channel for both its members and women in the community [see Figure 5]. SHG members saw a higher borrowing rate—59% of SHG members succeeded in borrowing compared to 42% of women, on average. Apart from SHG members, other women also stated a preference for borrowing from SHGs (25% women), which was higher than borrowing from family (19% women) and second only to friends (37% women). In our sample, this SHG support and positive impact on borrowing ability did not translate to other economic outcomes (such as resilience of employment and income)—which is in alignment with other studies on SHG groups in India.⁴⁰

FIGURE 5: Women’s rails of support, by SHG membership

Most important rails to weather the crisis according to women who were members of SHGs for the top four rails¹

N (all women)=6000; N (SHG members)= 428 | Urban women who were members of SHGs and asked both the Relief and MGNREGA & Debt section of the survey²



More SHG members stating govt. as a source of strength potentially reflects higher awareness of government schemes compared to all women.

For SHG members (in urban areas), SHGs were as important as government and marital families for all other women

Note: (1) The graph shows the most help rails – the remaining answer options were ‘community leaders’, ‘religious organizations’, ‘NGOs’, ‘none’, and ‘other’; (2) These numbers represent only those SHG members in urban areas, since only urban SHG women were asked both the Economics and Perception and Outlook subsections of the questionnaire. Respondents could give multiple responses.

⁴⁰ While (SHG membership) has a positive impact on risk coping, some aspects of female empowerment, and non-food expenditure, a lasting impact on livelihood activities is unlikely (Lastarria-Cornhiel and Shimamura 2008). Similarly, in another study, after three years of implementation, SHG

participants had improved their nutrition and social empowerment but there were no significant impact on economic outcomes such as income or asset accumulation (Deininger and Liu 2009).

03

What opportunities exist to mitigate—and even reverse—the negative effects of the Covid-19 pandemic on women in low-income households?

The extent of and disproportionate impact of the pandemic on women has highlighted the importance of anticipating their distinct needs and challenges, especially in times of crisis.

Our study has confirmed what many expected – women were disproportionately affected by the pandemic’s negative effects (see *section 1*). While the government played a critical role in supporting women through large-scale welfare schemes (see *section 2*), these efforts did not sufficiently account for the needs and barriers faced by women (covered below). As we look ahead, we need to address this gap—both in the existing government machinery and additional support systems that could be established to support recovery of women.

We outline below six priority areas to deepen existing support and provide additional support mechanisms:

- 1. Launch drives to enlist women on MGNREGA job cards; increase the total number of person-days to support rural women’s recovery.** As noted above, MGNREGA proved to be an important support for rural women’s employment recovery during the crisis. However, gender disparity exists in the initial stages of the MGNREGA process—primarily, during enlistment. 27% of rural women in our study were not listed on the household MGNREGA card compared to 20% of men. Many of these women wanted to be enrolled⁴¹ and families may be more supportive of women taking on MGNREGA jobs than they have been in the past.⁴² **We recommend conducting ‘enlistment drives’ specifically targeted at women.** These drives can start with focusing on states with much lower coverage, such as Gujarat and Maharashtra.⁴³ Enlistment drives alone, however, will not be enough, as demand for MGNREGA work is already high while supply has been low.⁴⁴ As more women enlist, the government will therefore also need to **increase the total person-days offered** to successfully meet demand.

⁴¹ Only 16% said that they weren’t enrolled because they didn’t want to be enrolled.

⁴² Our study suggested that 39% of men whose wives were not working would like them to work and 40% of men stated that MNREGS work should either be distributed equally among men and women or that women should do more

days of MNREGS work than men.

⁴³ Gujarat and Maharashtra have less than 25% coverage (compared to 42% nationally) for men and women together

⁴⁴ Sources: Dalberg interviews; The Economic Times, Demand for work under MGNREGA shot up 38.79% in current fiscal, September 2020

2. Bundle provision of pads with the PDS distribution; conduct awareness campaigns on menstrual hygiene to increase usage.

As households struggled to make ends meet during the pandemic, women's essentials were among the first items cut from family budgets.⁴⁵ As highlighted above, access to pads fell since March primarily due to affordability concerns. Women's diminished buying power during the pandemic, along with a pause in pad distribution in schools via the Kishori Shakti Yojan (KSY) scheme⁴⁶, together call for a stronger government response. The government's existing provision scheme—INR 1 per pad through Jan–Aushadhi Kendras—tackles unaffordability but does not have sufficient reach. We suggest that **pads be bundled with food distribution through PDS** based on the number of women in the household. The government may consider re-allocating the budget from the KSY scheme to this distribution over the short term. However, increasing distribution alone will not be enough, as awareness continues to remain a challenge.⁴⁷ The distribution of pads will hence have to be supplemented by **national, state, and district-level awareness drives** on menstrual hygiene and management. We also suggest that these drives start with **focusing on states with lowest levels of both access and usage**, such as Bihar.⁴⁸

3. Ramp up family planning efforts to increase contraceptive access and usage in Bihar.

Over the last decade, contraceptive usage has steadily increased to the point that 19 out of 22 states have achieved the stable total fertility replacement (TFR) rate of 2.1. However, despite improvements, Bihar continues to have the highest TFR of 3.^{49,50} Our study also highlights this disparity: 49% women in Bihar who required contraceptives were not able to access them during the pandemic—the highest percentage among states and 32 pp. higher than the national average. This is despite the Bihar government distributing condoms and other contraceptives to quarantined migrant workers.⁵¹ Health and hygiene concerns (because usage of female sterilization—the most commonly used contraceptive method⁵²—requires visits to a clinic) and lack of affordability were among the primary reasons women cited for lack of access during the pandemic. We therefore suggest that the government **build upon and accelerate its existing efforts** through ASHA workers, Mission Parivar Vikas, and other schemes within Bihar. These efforts need to strategically focus on **specific districts that have low uptake** of contraceptives (e.g., NFHS-5 suggests Purnia has observed a decline in contraceptive usage⁵³). In addition, since health and hygiene was a concern for women, the government should consider **developing and launching behaviour-change campaigns involving both men and women to encourage the use of condoms as a modern contraceptive**.

⁴⁵ Sources: Dalberg interviews; BBC, Coronavirus sparks a sanitary pad crisis in India, May 2020

⁴⁶ Under the Kishori Health Scheme (Kishori Shakti Yojna) adolescent girls are entitled to iron and calcium supplements and any required immunizations free of charge. Pads are to be made available every month, also free of charge. Source: Ministry of Women and Child Development

⁴⁷ Observer Research Foundation, 'Menstrual health in India needs more than just distribution of low cost sanitary pads', 2020

⁴⁸ Our study suggests that access to pads during the crisis was the lowest in this state (more than 40% women didn't have access, compared to ~17% national average)

⁴⁹ [Press Information Bureau](#), National Family Health Survey - 5, 2020

⁵⁰ While this recommendation is for Bihar (since we have evidence from our study), two other states - Manipur and Meghalaya can also be targeted/tracked since they have the second highest TFR after Bihar

⁵¹ The Hindu, 'Quarantined migrants in Bihar given condoms, contraceptives', June 2020

⁵² Of the funds available for family planning, 80% are directed towards terminal (surgical and mostly non-reversible) methods of preventing conception, specifically female sterilisation. Source: 2019 study by Population Foundation of India

⁵³ [NFHS-5](#)

4. Strengthen SHGs' resilience by focusing on their economic recovery and market linkages via the existing Deendayal Antyodaya Yojana – National Rural Livelihoods Mission (DAY-NRLM).

Our study suggests that despite 12 pp. more SHG women being employed before the pandemic than the average woman, they were hit harder—more SHG women lost paid work, and, on average, they both lost a higher share of income and experienced a slower income recovery than all women. This is in line with previous studies that have found no impact of group-based livelihood programs on income or assets.⁵⁴ The government already supports improvements in the income levels and quality of life of rural low-income women through the DAY-NRLM program.⁵⁵ We recommend that the program **focus equally (if not to a greater degree) on supporting SHG women's own economic recovery and resilience** as it does on engaging SHG members in community response. Specifically, the program should invest in providing SHG women with the relevant technical trainings (e.g., women in Jharkhand were provided training on how to operate machines and handle packaging, accounts, registers, etc.⁵⁶) as well as managerial trainings (a study in Kerala highlights lack of managerial capacity as one of the major challenge faced by SHG members⁵⁷) to build business acumen and skills, as well as support them in onboarding to digital marketplaces and/or providing a platform for them to sell online (e.g., learning from Rajasthan⁵⁸, Lucknow⁵⁹) and procure raw materials (e.g., GeM⁶⁰). Additionally, in the immediate short term, the moratorium and one-time restructuring (OTR) period on loans to SHG members can be extended (with a parallel push on awareness to drive uptake) to ensure flexibility in loan repayments as SHG members cope with increased indebtedness and reduced income in the current crisis.⁶¹

5. Put in place systems for inclusion of single, separated/divorced/widowed women under the One Nation One Ration Card (ONORC) rollout. As the government rolls out ONORC, it will be important to be intentional about including single women, specifically those who are separated, divorced, and/or widowed. As noted above single women who are separated, divorced, and/or widowed are more likely to limit food intake. **These women could be put in the priority category** (alongside beneficiaries who wish to transfer ration cards from one household to another) to ensure that due to set state-wise quotas (set as per 2011 population), they do not end up waitlisted. Moreover, there are opportunities to ease eligibility requirements for single women, and in particular help, them acquire a separate ration card. For example, acquiring a separate ration card requires documents such as residential proof; that can be difficult for women to arrange, and we believe it is likely contributing to their exclusion today.⁶²

⁵⁴ Sie, How effective are group-based livelihoods programmes in improving the lives of poor people?, July 2020

⁵⁵ This anti-poverty programme aims to bring a minimum of one woman member of each rural poor household into the Self Help Group and helps SHGs provide support to women.

⁵⁶ In Jharkhand, a self-help group (SHG) set up a decentralised, solar-powered rice mill with the support of a local organisation, LEADS, and the State Livelihood Mission. The women in the group were not only connected to a rural bank for a loan to invest in their enterprise, but they also received training on running the business—for example, how to operate the machine and handle packaging, accounts, registers, etc. During COVID-19, while the larger mills shut down, the mill set up by the SHG, however, has been running regularly. (Indian Development Review, A new paradigm for rural livelihoods, August 2020)

⁵⁷ Journal of critical reviews, Problems of Women Self Help Group Members in Ernakulam District, 2019

⁵⁸ The Hindu, 'Marketing support for women self-help groups', Jan 2021.

⁵⁹ Time of India, Self-help groups roped into manufacture puja material, 2020

⁶⁰ The Commerce Ministry's public procurement portal GeM has started The Saras Collection for rural self-help groups (SHGs), wherein they can display their products on the Government e-Marketplace (GeM) for government buyers (integrated with with the NRLM (National Rural Livelihoods Mission) database. Source: The Economic Times, Rural self-help groups to list products on GeM portal for government buyers, May 2020

⁶¹ Data on whether SHGs and women members availed the OTR option, and to what extent, are not readily available. Anecdotally we understand that awareness among SHGs to utilize the moratorium facility and thus uptake remains low. Reports suggest that by the deadline of December 31, 2020, banks had received restructuring requests for just about 2% of the total loan book. Source: Mint, Banks will take 12-18 months to show covid symptoms, March 2021

⁶² Dalberg Advisors, "State of Aadhaar: Identifying supply side improvement in PDS and MGNREGS to improve service delivery", July 2021 (Expected)

6. Build social assistance programs for informal workers, specifically domestic workers and casual labourers. Across all occupations, domestic workers have been the slowest to regain employment; 18% of those previously employed in domestic work were yet to regain work (vs 11% for all women). Casual labourers have seen a swift recovery in terms of paid work; however, incomes still lagged 33% below pre-pandemic levels, making their income recovery the slowest of any category of worker. Yet policymakers often overlook these segments—while funds from BOCW were earmarked for construction workers, Garib Kalyan Rozgar Yojana to migrants, PM-KISAN to farmers, and collateral-free loans as part of Pradhan Mantri Mudra Yojana to self-employed women, there has been no substantive effort to support domestic workers and casual labourers. Although the limitations of our survey did not permit us to determine the challenges these segments face—and thus, the nature of the support required—it is nonetheless clear that the **magnitude of the impact warrants a deeper inquiry. Appropriate social assistance programs need to be designed to cushion the impact of the crisis and aid recovery for informal workers.** Social assistance can be in the form of universal child grants, maternity benefits and social pensions.⁶³ Targeting informal workers is often cited as a challenge in reaching informal workers. Alternate innovative approaches—such as region / area specific programs in which the assistance is provided to urban low-income neighborhoods – can be considered and piloted.

Beyond these six priority areas, we need to systematically gather and monitor gender disaggregated data, and use that to integrate a gender lens into the crisis response plans of government departments and agencies. As our data confirms, women have indeed been hit harder and have been slower to recover from the socio-economic effects of the crisis. The issues go beyond what we've studied—there is evidence of a disproportionate impact on women in terms of education, marital status, health, domestic violence, and much more.⁶⁴ It is therefore imperative that we (a) set up a monitoring agency to periodically gather national level data on gender;⁶⁵ (b) undertake a systematic review of the response plan across sectors now, as the pandemic slows down; and (c) develop action plans using a gender lens for future crises. And we have seen good steps in this direction – for instance, India consistently incorporates a gender lens into its budget – the issue is with what we define as women's issues which is sometimes narrow and that its scope doesn't cover crises like this one. Systematically monitoring data and applying a gender lens in the design and execution of government programs will not only help mitigate the impact of the crisis on women for the remainder of the pandemic, but may also help to address some of the structural causes of their vulnerability in the first place.

⁶³ A child grant can support women with child care costs when they have young children in their care. A maternity benefit and social pension can provide them with some income during periods when they cannot work. Universal social assistance programmes are financed through tax revenue and should be complemented by contributory social insurance schemes in order to build a financially sustainable national social protection system. Source: WEIGO, Extending Social Protection to Informal Workers, March 2019

⁶⁴ Sources: Azim Premji University, COVID-19 Livelihoods Survey, May 2020; Transform Rural India Foundation and Vikasanvesh Foundation, [Survey 2020](#), May 2020; Afridi et al, [x](#), April 2020

⁶⁵ This is in line with the recommendation of the High Level Committee on the Status of Women which states that – “A monitoring agency for national level data on gender (for e.g. a gender atlas) done every five years”. Further it suggests that “since the household is the sampling unit in household consumption expenditure surveys, sex-disaggregated household consumption data is not captured. Hence, the poverty head count ratio is not sex disaggregated. Alternative pilot surveys that canvas questions to both men and women must be explored to understand intra-household differentials in wellbeing”. Source: High Level Committee on the Status of Women, Executive Summary – Report on the Status of Women in India, 2015

Areas for Additional Research

Our study points to several areas that require additional research. Below are four ways to deepen our current study and largely focus on establishing a stronger understanding of why we are seeing specific trends with the intention of identifying more targeted solutions.

01

What are the drivers of loss of paid work/income loss and how might we aid recovery?

We were not able to study the drivers of loss in paid work and income. From prior research, we know that women often voluntarily step out of the paid workforce to be frontline defenders of community health and/or family health during times of crisis. Others face discrimination and bias from their employers. Knowing these drivers can help determine how to support women's re-entry into the workforce. This is especially important for three occupational segments – women farmers, domestic workers, private salaried women. Women migrant workers across occupations may also need additional support.

02

What are the drivers of the gender gap in recovery of employment among private-sector salaried women?

Recovery in employment among private-sector salaried individuals has revealed the greatest gender gap. Women held only 16% of private salaried jobs before the pandemic; however, they accounted for 29% of job losses in the sector. While our study does not shed light on the root cause of this disparity (e.g., whether it is a supply-side issue, such as employer discrimination, or a demand side-issue, such as low willingness to return to work due to increased time burdens at home), the severity of the gender gap calls for a deeper research and analysis into what is driving it and what solutions might address it.

03

What is the forward-looking impact of change in time use and household responsibilities between men and women?

Through our study, we were only able to capture respondent's perceptions of *whether* they experienced a shift in how they spent their time. We could not capture the *depth* and *impacts* of any shifts. Given the link of time use to so many other issues (from employment to health and well-being), we recommend a much deeper study into time use during the crisis.

Key questions include:

- What has been the net change in time use for men and women? How does that vary among different segments and groups? And how sticky have the shift(s) been?
- How has the balance shifted as the pandemic progresses?
- What is the forward-looking impact (especially on adolescents)? What are the pathways to norm change?

04

How might we make our social protection schemes more deliberately gender transformative?

While the government played a critical role in supporting women through short term efforts, as we look ahead, we need to take into account distinct challenges women face and tweak the programs appropriately. This requires us to understand how to drive inclusivity, how to target better (for instance, at a household level vs individual), how best to respond to the needs and challenges faced by women (for instance, provision of pads and contraceptives in essential supplies, in MGNREGA enrolment, gendered challenges during application, and improve utility of Jan Dhan accounts among others).

Finally, and as mentioned in our Letter from the Authors, we believe a more complete picture on the impact of the crisis on women and other genders is much needed. Deeper research into specific gender segments and taking a stronger intersectional lens would be essential. In addition, recognizing that peoples' needs stem from their unique identities and personal, and not just their economic or geographical, circumstances would lead to a more holistic understanding. Any response effort that takes into account a more holistic view would go a long way in supporting a more speedy and equitable recovery for all those affected.

Notes on Methodology

Research methods

We collected data through a telephonic survey with 17,252 respondents – 14,912 women from low-income households and 2,340 men from low-income households – across 10 states in India.

We supplemented our survey with 22 in-depth telephonic interviews. We conducted these interviews both before the survey (to refine our study design and questionnaire) and after the survey (to support our analysis and further investigate interesting findings).

SAMPLING

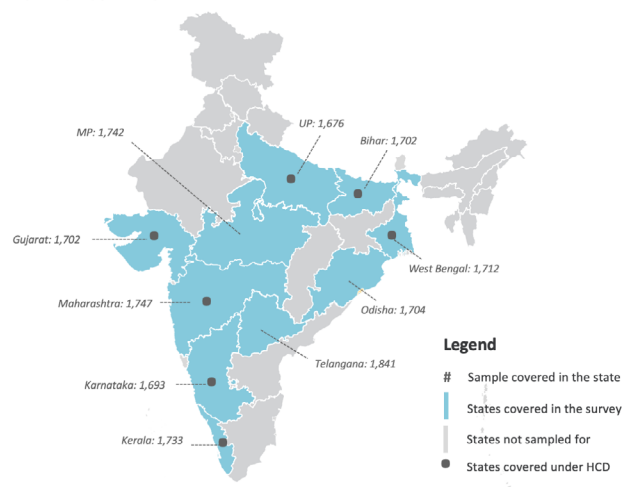
Since our primary interest was to understand the impact of the pandemic on women, we focused our survey sample on them, seeking to create a sample that was a) large enough in each state to capture the diversity of women's experiences, and b) allowed us to split the sample by urban/rural location. We included a smaller sample of men for comparison.

Our goal was to optimize for broad coverage across the country, as well as to sample with sufficient depth to enable meaningful discussion at a state level in the 10 states covered by the survey. We thus distributed our sample equally across all 10 states. We selected our states to provide diversity in terms of geography, the severity of the Covid-19 crisis, and per capita income. Our bias was towards larger states: while the survey is not representative of India as a whole, our states cumulatively cover two-thirds of India's population.⁶⁶

The states covered are: Bihar, Gujarat, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Odisha, Telangana, Uttar Pradesh, and West Bengal.

FIGURE 6: Research Coverage

RESEARCH COVERAGE



⁶⁶ Projected Total Population by sex as on 1st March-2001-2026 India, States and Union Territories, Census of India. Telangana population projections are from 2011 census projections.

Within each state we divided our sample between rural and urban regions: 60% was rural, 40% was urban. This represents a slightly higher share of urban respondents, compared to India's population. We increased our share of urban respondents, since we wanted to be able compare the experiences of rural and urban women, and since the urban impact of the Covid-19 crisis was less well understood at the time of our study. In our analysis, we corrected for the disparity between the population and our sample using survey weights (see previous page).

SAMPLING FRAME

To construct our sampling frame, we used a database developed by Kantar Public, a division of the social research and consulting firm Kantar, containing over 500,000 phone numbers collected over the past 5 years. Kantar sourced phone numbers through syndication by their enumerators (95%), and from Kantar Group's own prior studies (5%). Its footprint spans India and characteristics align broadly with the 2011 Census. Kantar has the express consent of all individuals in the database to be used for surveys like our own.

We filtered this database for two characteristics:

1. Respondents who self-reported as belonging to households owning AAY/PHH cards⁶⁷
2. Respondents with phone numbers collected or updated within the past 3 years

Finally, we drew a sample of phone numbers on a randomized basis within a framework of quotas for salient population characteristics:

- A rural-urban split of 60-40
- 10 states (covering ~63% of the population in low-income households nation-wide)
- Quotas for men and women respondents

Our response rate was 72%; the drop-off rate was 15%.

⁶⁷ Self-reported income data in surveys has been found to be unreliable, so proxies are required. Some studies use household assets (e.g. 2-wheeler, washing machine etc.) to approximate for household income, but the relevant asset-income band matches can be location dependent. For a large-scale survey across urban and rural areas in 10 states, we needed a more manageable, uniform proxy. We used PDS ration cards that enable their holders to buy food grains at subsidized rates. These are given on the basis of a household's SES status, which varies by state. Using ration cards provided us with a universal metric across all states to identify low-income households.

We understand that many eligible households may not have a ration card and that some ineligible households may have one. Eligibility also varies by state. Therefore, we compared our sample's self-reported income distribution against the income distribution in other large-scale surveys (see next section) and found that our respondents were indeed from lower income households than the country as a whole. In our sample, 29% respondents report monthly household income below INR 5k, 70% below INR 10k, and 95% below INR 20k. Therefore, we refer to our sample as low-income and not BPL.

POPULATION WEIGHTS

When conducting our analyses of the survey data, we applied population weights on the total sample across all 10 states, to appropriately reflect the contribution of each state across the pool of 10 states surveyed. Within each state, we weighted for urban/rural residence using gender-disaggregated, state-wise population weights:

- We used the number of households registered for PHH / AAY ration cards for each state in the NFSA database
- State, residence, and gender were weighted using Census 2011 data

EXTRAPOLATIONS

To estimate absolute number of individuals, we have determined projection factors using the NFSA database and Census of India 2011 (avg HH size, % adult population, % Rural-Urban split, % Gender splits). We extrapolated to absolute population sizes within the 10 states first; and then, multiplied it with a factor that accounts for the share of PHH/AAY ration cards in the surveyed states as a proportion of total household ration cards in India.

Limitations of the study

As with any survey, there are inherent biases and limitations in our data which are important to call out.

Telephonic surveys have the following limitations:

- They exclude certain populations: people who do not own a phone, are unable to charge their phone, lack the money to top up their phone credit, and/or are without network coverage.
- They are usually not as representative as stratified random sampling surveys because underlying phone datasets are often not randomized
- Joint phone ownership and a lack of privacy mean that men are often present for interviews, giving the phone to the women and sometimes prompting answers, particularly for younger women (aged 18-21). We believe that this effect was heightened due to public health measures to protect against Covid-19

To test for biases resulting from using phones for our survey and the difficulties of random sampling, we triangulated our sample structure against that of other large-scale studies. We believe that the issue of mobile phone access means that our sample underrepresents the poorest households, especially poorer women. We find few causes for concern in terms of other demographic variables.

PHONE OWNERSHIP AND ACCESS

The pool of respondents for our survey was limited to those who owned or had access to a mobile phone—with the result that the women in our study (roughly half of whom owned their own phone) were, on average, better-off than low-income woman in general. This is also observed in other parameters—such as use of sanitary napkins and toilet ownership.

In our sample of low-income women, 46% of women personally owned a phone and an additional 54% had access to a jointly owned phone or someone else's phone. The Financial Inclusion Insights report 2019⁶⁸ (FII 2019) finds that, across all income groups, 45% of women have their own phone but only 24% have access to a non-personal mobile phone. The remaining women (approx. 31%) who do not have access to any mobile phone are not represented in our study. They are likely to be poorer than the women in our study. (There is a 19 pp. gap in mobile phone ownership between people above the poverty and people below the poverty line⁶⁹).

Women who own smartphones are also overrepresented in our sample. Half of all female respondents who own a personal phone have a smartphone. By contrast, FII 2019 reports this number as less than one-fourth among all women in India.

⁶⁸ The FII 2019 survey was conducted from September to December 2018 with a random stratified sample of 48,027 respondents aged 15 years old or above across India.

⁶⁹ Financial Inclusion Insights report 2019

DEMOGRAPHIC VARIABLES

We feel confident that the results of our study broadly represent the key characteristics of our target populations in the real world. To ensure this and to identify any in-built biases, we triangulated our sample demographics⁷⁰ against existing public data sources that are considered nationally representative,⁷¹ namely:

1. The Periodic Labour Force Survey (PLFS) 2017-18, a large-scale, government-led, multi-round survey conducted in a representative sample of households throughout India
2. The National Family Health Survey (NFHS-4) 2015-16, a large-scale, government-led, multi-round survey conducted in a representative sample of households throughout India
3. The Centre for Monitoring Indian Economy survey (CMIE) 2019, a multi-topic panel survey of more than 174,000 households⁷²

We present the results of this triangulation below.

Household income: As expected, we have a higher concentration of HH in the <10k monthly income range as opposed to the CMIE which covers at all income segments

- In our sample, 29% respondents report monthly HH incomes <INR 5k, 70% <INR 10k, and 95% <INR 20k

Occupation: Our sample distribution also roughly tracks with PLFS '17-18 across occupations

- Our sample tracks particularly closely for salaried workers and casual laborers
- Rural agriculture was underrepresented (64% in NFHS-4 vs 48% in our sample)
- The self-employed category was underrepresented for men (but tracked well for women)

⁷⁰ Since male and female respondents were not sampled from the same households, we conducted this benchmarking analysis at an individual, gendered level as well. The trends were near identical to those of the full sample. The only exception was the occupational breakdown representation, which marginally differed by gender.

⁷¹ These 3 surveys are conducted at a national level and cover all income groups, whereas our gender study sampled for only low-income respondents across 10 states.

⁷² CMIE focuses on consumer behavior across India and the sample may not be fully representative of all of India.

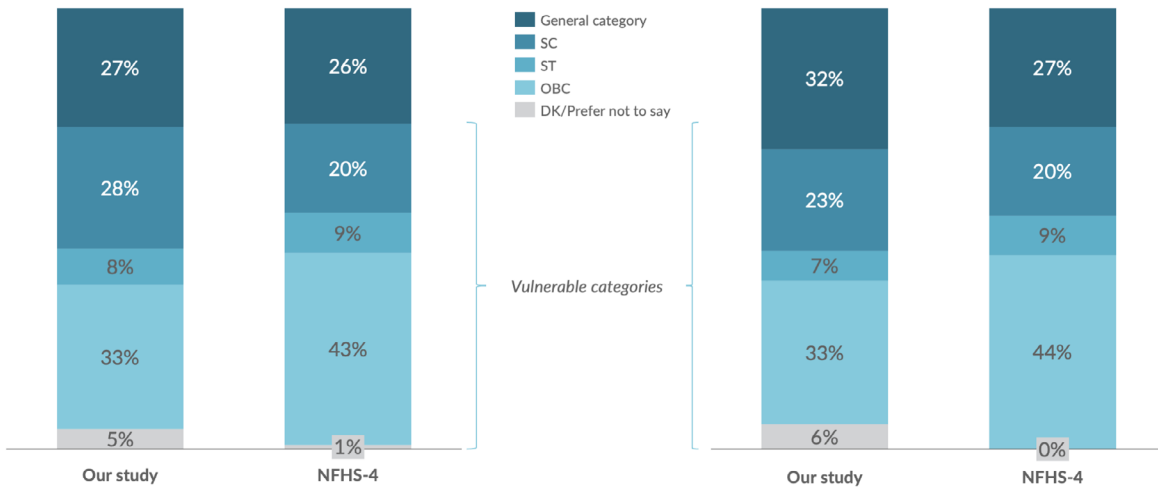
Social category: NFHS-4 data tracks closely with ours

- Other/General category proportions are the same as in our sample (27% vs. 30% overall)
- SC/ST/OBC comprise 65% of our sample (vs. 73% in NFHS) with differences potentially attributable to those who responded 'Prefer not to say' (5%)

FIGURE 7: Sample comparison of our study vs NFHS-4 by social category and gender

Women by social category
N = 14,910 | Women in our sample

Men by social category
N = 2,340 | Men in our sample

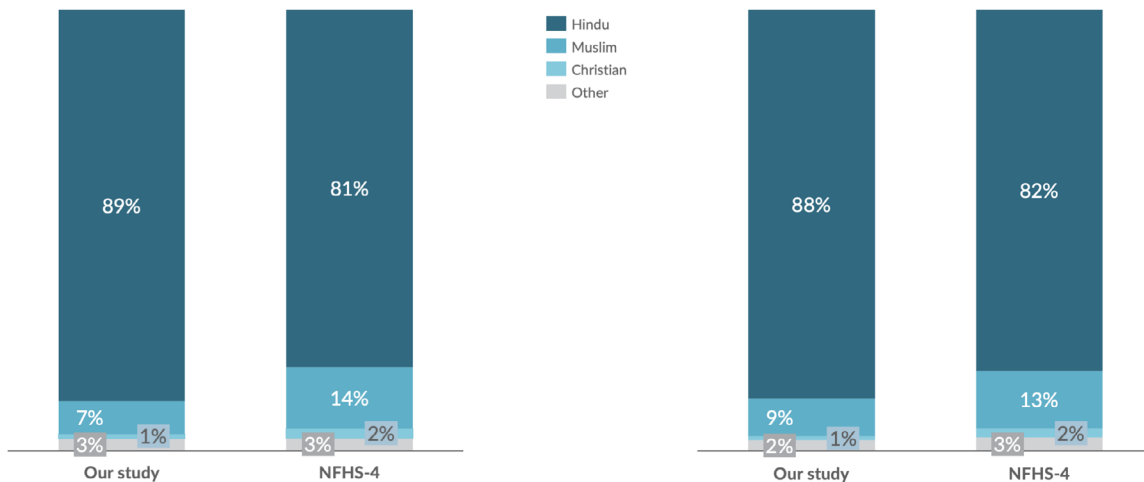


Religion: Hindus are slightly overrepresented in our sample (88%) compared to Muslims (8%) and Christians (1%) - the NFHS ratio across religions is about 80%-12%-3%, respectively

FIGURE 8: Sample comparison of our study vs NFHS-4 by religion and gender

Women by religion
N = 14,910 | Women in our sample

Men by religion
N = 2,340 | Men in our sample



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