



Coping with COVID-19

A story that focuses on the low and middle-income segments and their remarkable achievements, underlying challenges, shocking misery, and new opportunities amid COVID-19

A multi-country perspective: Bangladesh, India, Indonesia, Kenya, and Uganda

June, 2020

About this report

- The first five months of 2020 has been difficult for all. It has been rampant with a constant fear of exposure to infection, information on loved ones and acquaintances becoming infected, loss of loved ones, and loss of income. For many, food on the table has been less while for some, unpaid work has increased.
- In this report, we focus on [low- and middle-income \(LMI\) households](#), which have uncertain and irregular incomes. In LMI households, the daily income of the family ranges between USD 0-12. COVID-19 has been just the kind of event they always feared. Their story of grit and adaptation is worth knowing and provide critical insights, as [global poverty rates](#) are bound to increase. We start with policy-specific suggestions in slides 3-7, followed by slides with detailed data insights.
- We spoke to 604 LMI households across Bangladesh, India, Indonesia, Kenya, and Uganda, between 1st and 17th April, 2020. We have synthesized the quantitative and qualitative findings from these discussions in the following slides.
- We also encourage you to visit interactive data analysis [here](#).

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Governments have been successful in building awareness and inducing correct practices, yet critical gaps remain

The LMI segment has adequate knowledge, attitude, and practice—but that is not enough. Governments would like to ensure 100% awareness of critical elements, such as key symptoms and prevention measures, and ensure that everyone practices them.

What is going well



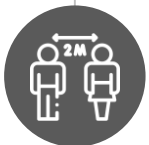
Knowledge

- Close to **90%** know that cough and fever can be symptoms of COVID-19



Attitude

- 82%** believe that the disease is highly fatal. A similar number believe that staying at home or practicing social distancing is the most effective way to prevent the spread of COVID-19.



Practice

- 77%** practice social distancing
- 98%** wash their hands with soap and follow some form of coughing etiquette

What are the critical gaps between knowledge and action

- Only **36%** are aware that breathlessness along with cough and fever are the most common symptoms of COVID-19
- Only **28%** know and could recall the COVID-19 helpline number
- Misconceptions on preventive measures and cure are common (see [slide 12](#) for details)
- Only **17%** have been using a face mask (Women 16% & Men 17%).
- 7%** is the gender gap when it comes to practicing social distancing

Governments can make communication plans for COVID-19 more inclusive and focused to drive specific behavior change among women and men

Control misconceptions

Rebuttal of misconceptions is critical.

While TV in Asia and radio in Africa are trusted channels for information, social media and word of mouth are the main source of misconception. Governments should use these and other person-to-person sources of information, such as community health workers to curb misconceptions. WHO launched its [“Stop the Spread”](#) campaign to tackle misinformation and already has started working with the Government of UK.

Be gender-centric

Governments need to proactively reach out to women, with specific [plans](#):

- Identify channels that engage with women. These may include: MFIs, savings groups, etc.
- Examine options for opinion influencers, such as health workers and group leaders, to engage in [conversations](#) with women as that is the most effective method of communication .

Prioritize messaging

Salience on three most important messages needs to increase:

- **When** to worry: Cough and fever
- **What** to do: Social distancing, masks
- **Where** to go: Nearest COVID-19 treatment center, helpline number

Broaden information channels

Policymakers need to broaden the sources of information to include trusted opinion influencers, such as [MFI staff](#), [CICO agents](#), and others who interact with low- and middle-income households.



Household economics is the greatest worry for LMI households

While 78% of LMI households have either lost their jobs or are earning less, 65% have to depend on savings for survival; the availability of food is the biggest concern for LMIs, followed by loss of income.

Skill development programs can prepare LMI households for the post COVID world.

- Most of the LMI segment will have to rebuild livelihood as the world reopens. Skilling or up-skilling programs to build skills, such as using digital platforms, electrical and electronic services, local food processing, among others, will help them participate in local economies. Indonesia's [pre employment card](#) program is a case in point.
- Specific livelihood and skilling programs for women must be a core strategy. When it comes to fending for their families, **women are more likely to be out of options (14%) compared to men (8%)**, as they lack income, loan, savings, and government support.



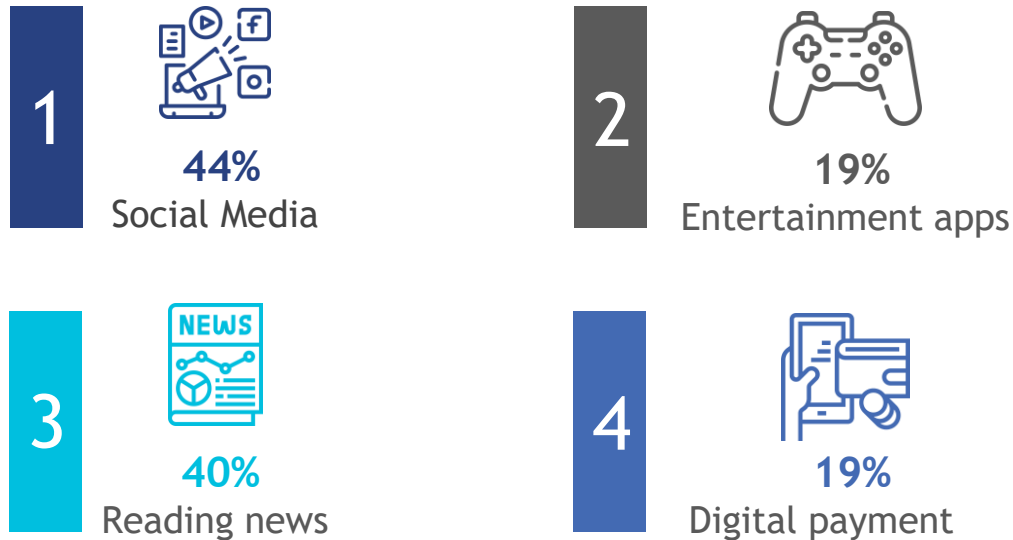
- Strengthening rural and semi-urban infrastructure, that is, roads, telephone networks, the internet, and electricity will help greatly. Better infrastructure will link local players to markets. Greater economic activity will provide employment and income generation opportunities to LMI workers.*
- Local administrations need to be incentivized, based on their performance as they implement livelihoods, infrastructure, and skilling programs

• Please refer to slides [20-24](#) for more details.
• [Research](#) by scientists from the University of Minnesota and Harvard T. H. Chan School of Public Health indicate that COVID-19 may last for 18-24 months and it will not be halted until 60-70% of the population is immune.
• Social distancing is here to stay, as per the articles [here](#) and [here](#).
• * In almost all research countries Governments have offered cash and food support programs. However, these programs come at a huge cost for the Government and will not be there for an indefinite period.

The LMI segment is showing pro-digital behavior—a good sign for governments that are willing to adopt the digital route to economic growth

However, policymakers need to be aware of the digital divide before going for an all-out digital agenda.

- For more than half (57%) of the LMI segment, time spent on their phone has increased.



- Women suffer from a structural challenge— they have lower access to smartphones (**14% gender gap**)
- 40% of the LMI segment decreased their visits to a bank branch. For banks, this is an opportunity to go fully digital and develop a robust cash-in cash-out (CICO) channel.

The push from governments toward digital should:

- Put more focus on building infrastructure, such as high-speed internet connectivity and apps in local languages;
- Include principles of orality* and gender centrality while designing user interfaces;
- Safeguard the new digital users from the threat of fraud, which is most likely to flourish in these difficult times;
- Conduct high-frequency communication bursts to inform people about **precautions to be maintained on digital platforms**—such as not sharing OTP or PIN, not clicking on random links, not believe calls that offer prize money, etc.
- Motivate and incentivize ground-level frontline workers (CICO agents, MFI staff, health workers) who have good rapport in the community to build the confidence of users and help them troubleshoot.
- Introduce specific outreach strategy for women, a critical component of the push to digital, to both increase access to digital devices and build their confidence in the use of digital services.

Please refer to slides:27 to 29 for more details

*"Orality" refers to the modes of thinking, speaking and managing information in societies where technologies of literacy (especially writing and print) are unfamiliar to most people

Women are likely to be forgotten in the pandemic response; a gender-centrality lens to design and implement policy or program or both will be essential

- The economic slowdown will have an impact on women-owned businesses. These are largely in the service sector, which has been hit the hardest. The economic life of women will have the most disproportionately adverse impact.
- Unpaid housework has increased—33% of the LMI segment believe that burden of unpaid work on women has increased—more in Asia (54%) compared to Africa (12%).

A gender centrality lens means that questions, such as those mentioned below are addressed:

- How do we make sure food support reaches women (while designing a food distribution program)?
- How do we ensure financial service providers give credit to women under various credit stimuli (that most governments have announced**)?
- How do we ensure the right information on COVID-19 prevention reaches women?
- How do we ensure women are part of enhanced digital outreach?



Specific programs to promote gender equality in economic and social life are important



Women entrepreneurship hubs that provide customized support to develop business need to be developed and organized. These hubs provide services, such as access to information and information on how to build networks. Specialized credit rating methods or agencies for women enterprises, or both, can be developed too. (Also see [MSC Strategic Insights #7](#))



The pandemic also provides an opportunity to make it clear that household work is unpaid work, primarily done by the women in the house. In the short term, policymakers can issue messages via TV or radio to highlight the economic burden that women carry while they are at home. An acknowledgment of their importance could change how women are treated in communities, including changes in gender-based violence, freedom to make choices, and prevalent caregiving norms.

- Refer to detailed data insights slides for gender-disaggregated analysis: Slide 15, 28 specifically highlight gender issues with knowledge and household economics.
- Earlier in January, 2020, with support from FDC, we conducted a study of the success factors of 335 women-owned micro-enterprises in 10 districts of India. It identified customer-centricity, business acumen, and business strategy as the three key ones. Only one-third of women-run enterprises were both successful and sustainable
- **The governments of India, Bangladesh, Indonesia Kenya, and Uganda have announced such support packages.



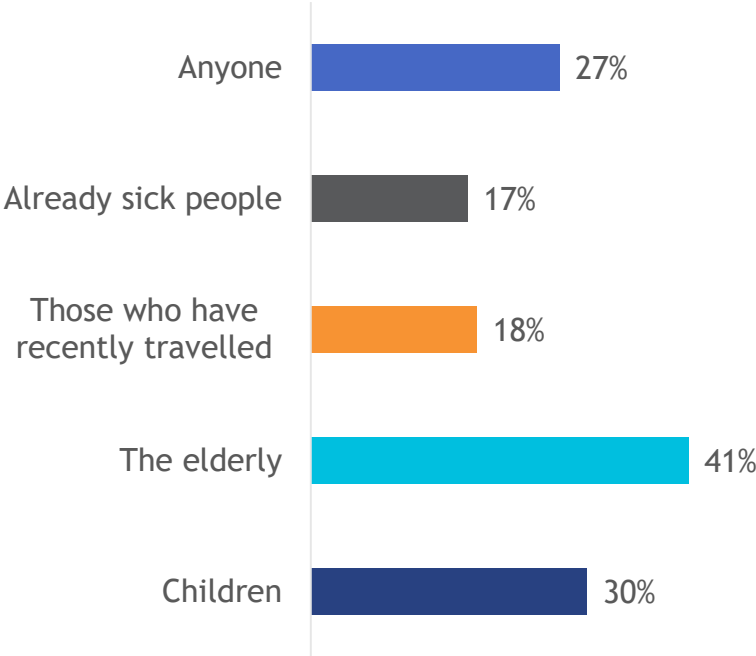
Detailed data insights: What the LMI segments know about COVID-19



Television is a major source of information on the pandemic, across all countries

Bangladeshis are least aware of the likelihood of infection—24% mentioned lack of any knowledge on who is more vulnerable to getting infected by coronavirus

Who is most likely to be affected by COVID-19*



Other responses included Female (6%) and Male (3%)

* Multiple responses were allowed
Neighbors/Local shop/friends/relatives

While Kenyans and Ugandans believe in listening to radio, Indonesians prefer to read social media content. Women all across prefer engaging in conversation!



TV (76%) and social media (56%) are the two top sources of information on the pandemic, followed by radio (39%) and social network# (32%)



Newspapers (14%) and government officials (12%) are not effective sources of information



Social media is a significantly strong channel in Indonesia (80%); While radio is a hit in African countries (Uganda: 80%, Kenya: 63%)

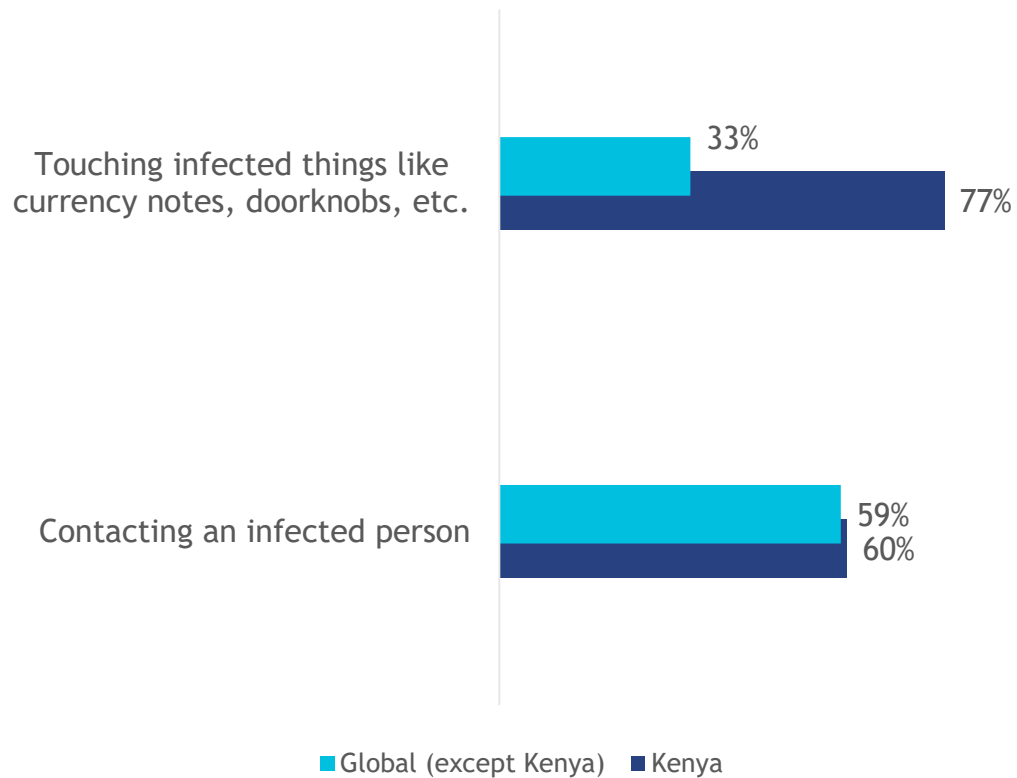


Social networks# are a much stronger source of information for women (40% as against 25% for men)

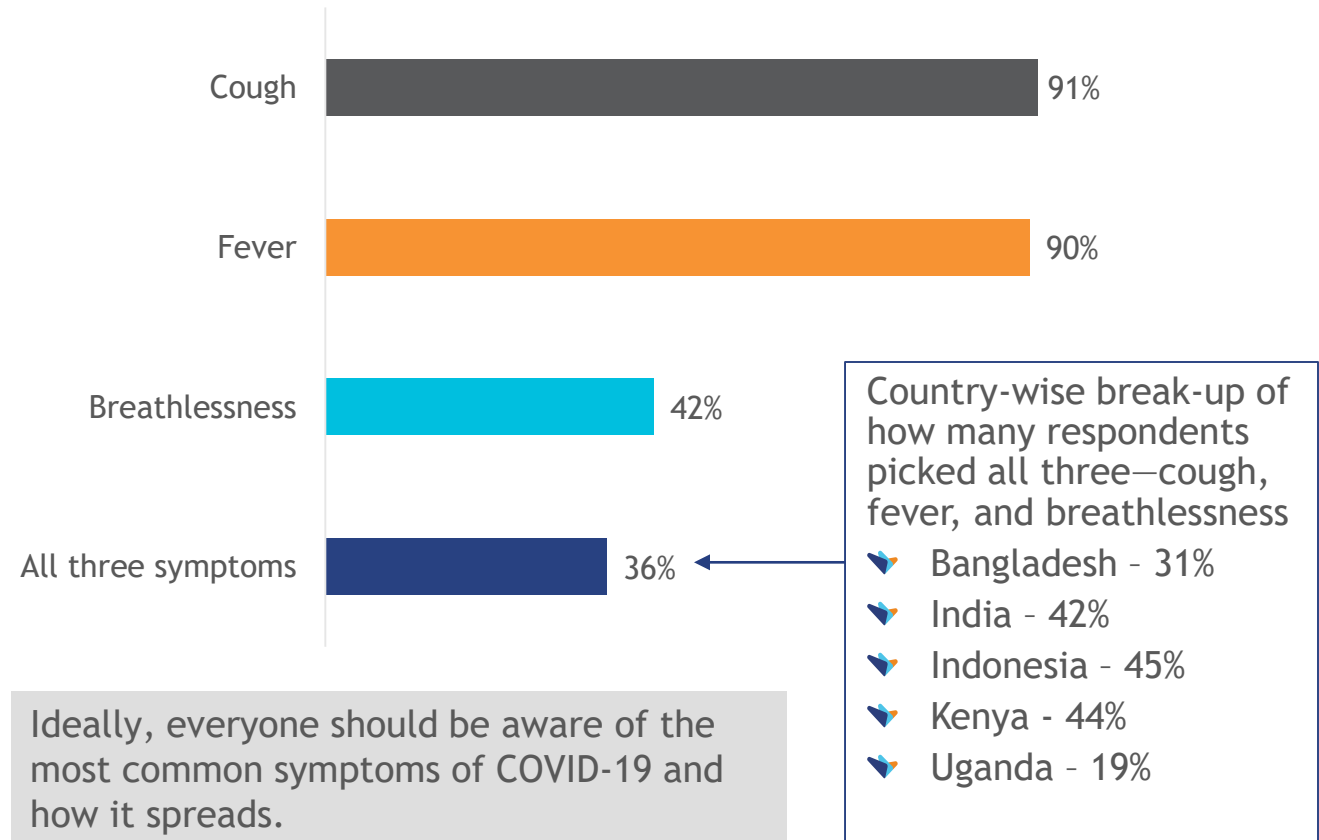
LMI people have a good awareness of COVID-19 albeit with a few critical knowledge gaps

People most often hear that coronavirus can be prevented through social distancing (71%) and that maintaining hygiene and cleanliness will kill the virus (42%)

How does COVID-19 spread?*



What are the symptoms of COVID-19?*



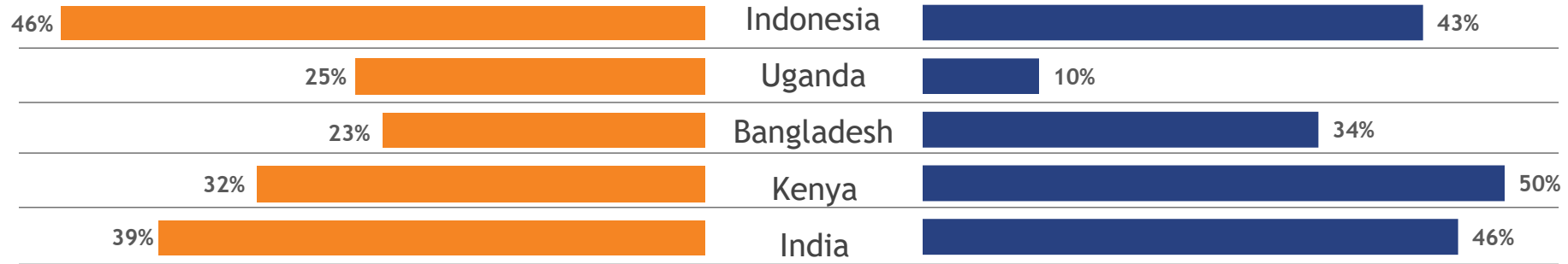
Ideally, everyone should be aware of the most common symptoms of COVID-19 and how it spreads.

* In Kenya, the question was treated as a multiple response one and in other four countries it was treated as a single response one. To adjust for this difference in data collection, we have shown this indicator separately for Kenya and rest of the countries.

Women are affected the most with this knowledge gap

Gender differences regarding knowledge about all the most common symptoms vary across countries

Except in Uganda and Indonesia, women were less likely to be aware of the three most common symptoms of COVID-19—cough, fever, and breathlessness/



Although majority (62%) of the respondents mentioned that men and women know equally about coronavirus infection.

Who has more awareness about the disease in your family?



Misconception or malpractices, though not widespread, are indeed present across the globe

Across countries, there are a lot of home remedies to cure or prevent COVID-19

What people hear about COVID-19

- In India, COVID-19 is being spread by few specific communities or groups—both intentionally and unintentionally
- COVID-19 virus is a scientific experiment gone wrong
- Common symptoms of COVID-19 infection include: running nose (54%), headache (24%), face turning pale (21%), dizziness (15%).

Medicine to cure or prevent COVID-19

58% respondents (76% in Indonesia) also reported about medicine or local solution for the pandemic. These included:

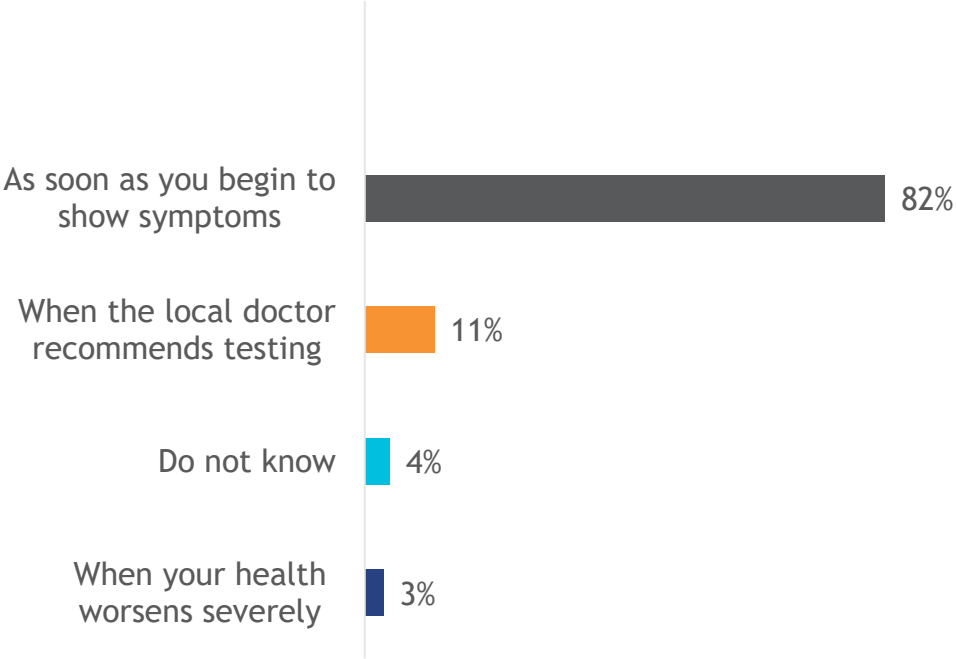
- India: Peepal (*Ficus religiosa*) leaf in oil, hot water, lemon water, neem (*Azadirachta indica*) leaf and paste, herbs or spices to boost immunity, chanting mantras, and anti-malarial or anti-pneumonia medicines
- Kenya: Azithromycin, Ibuprofen, Alcohol, neem (*Azadirachta indica*) leaf, black tea, and a traditional concoction of lemons, ginger, garlic, and warm water
- Indonesia: Turmeric, lemongrass, herbal drinks, galangal, betel leaves, palm sugar—all as preventives
- Bangladesh: Paracetamol, Chloroquine
- Uganda: Walking barefoot

- “I have increased my intake of waragi (a crude local gin). I was told that the virus cannot attack a body that is saturated with waragi” - a respondent in Uganda
- One should always take hot water with lemon every morning and night, it will help kill the virus”- a respondent from Kenya

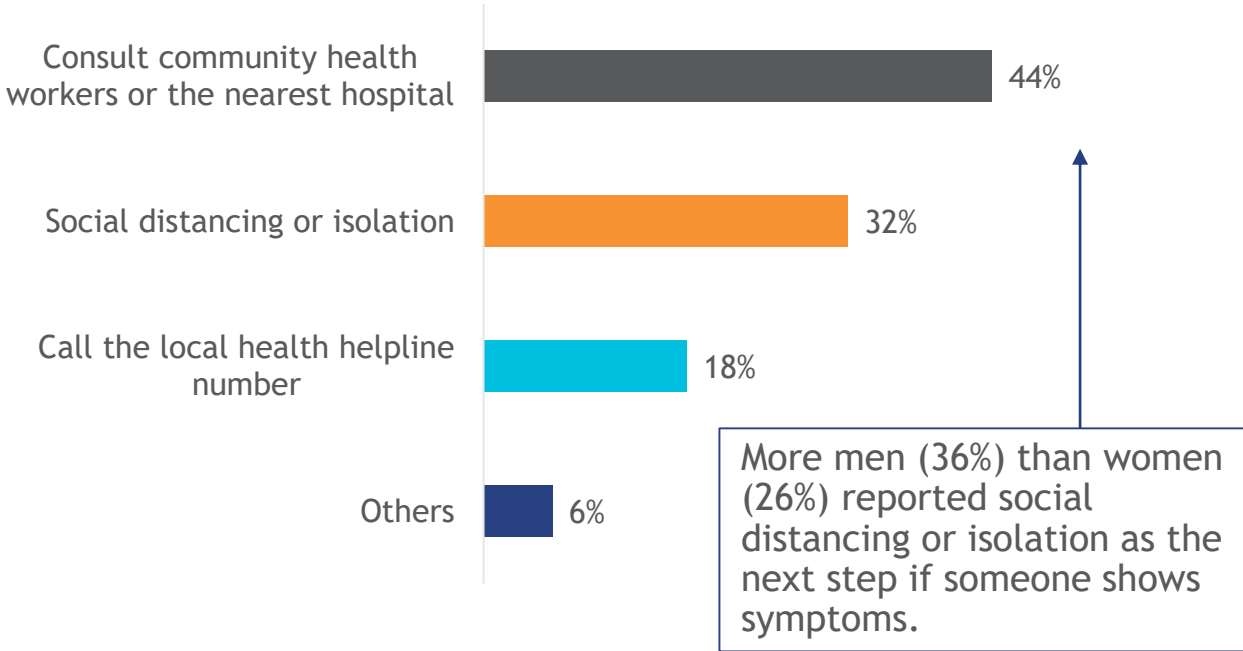
Most LMIs know where and when to go for testing

- 98% of respondents reported that government-run or government-listed labs, or both, are the “go to” place for testing and treatment if someone gets infected.
- 62% of respondents mentioned seeking healthcare as the next step if someone shows COVID-19 symptoms

When should one go for testing?



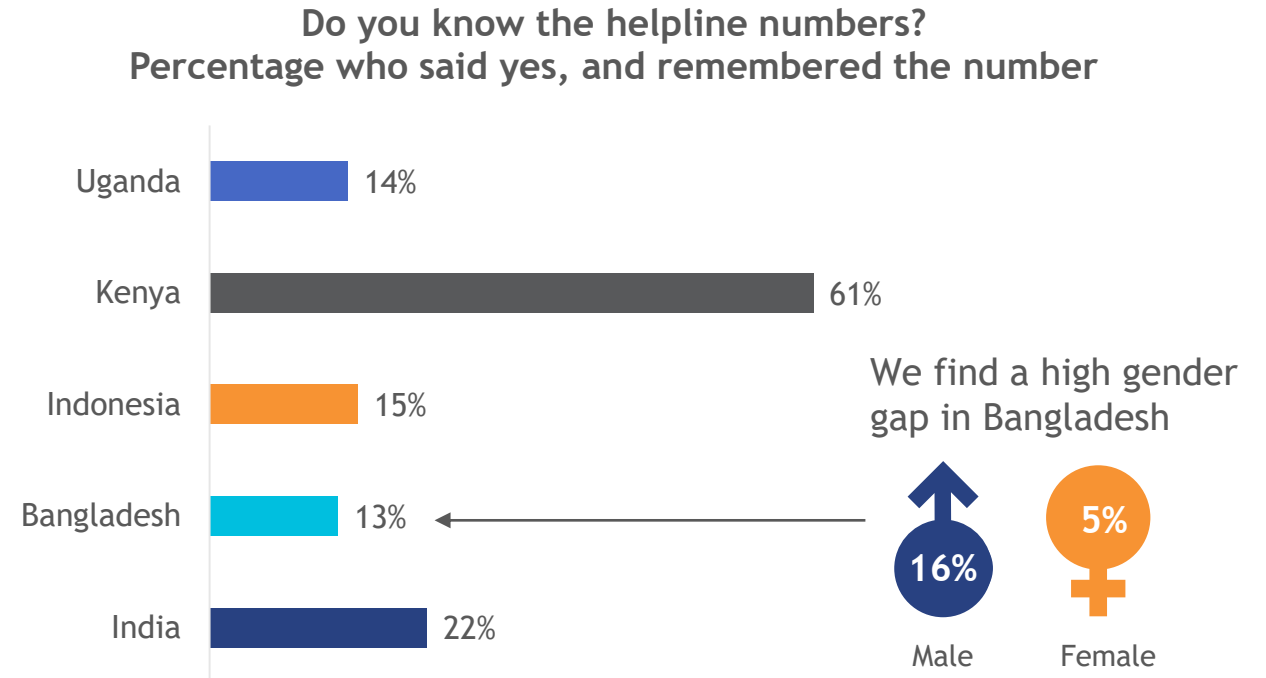
What should be the immediate next step if someone shows symptoms of COVID-19?



Only 28% of the respondents know and could recall the COVID-19 helpline number

- Though all five research geographies have a dedicated national COVID-19 helpline number, the recall is quite low. 32% knew of a helpline but did not remember the number.
- The recall of COVID-19 helpline is exceptionally high in Kenya
- Women (24%) are less likely to recall the helpline number than men (31%)

Country	Helpline number
Uganda	0800100066 0800203033
Kenya	719
Indonesia	119
Bangladesh	10655 01944333222
India	23978046 Toll-free: 1075 (Different states have dedicated <u>helpline</u> numbers too)



“I know there is a helpline number, but I do not remember it off-hand” - a hawker in India

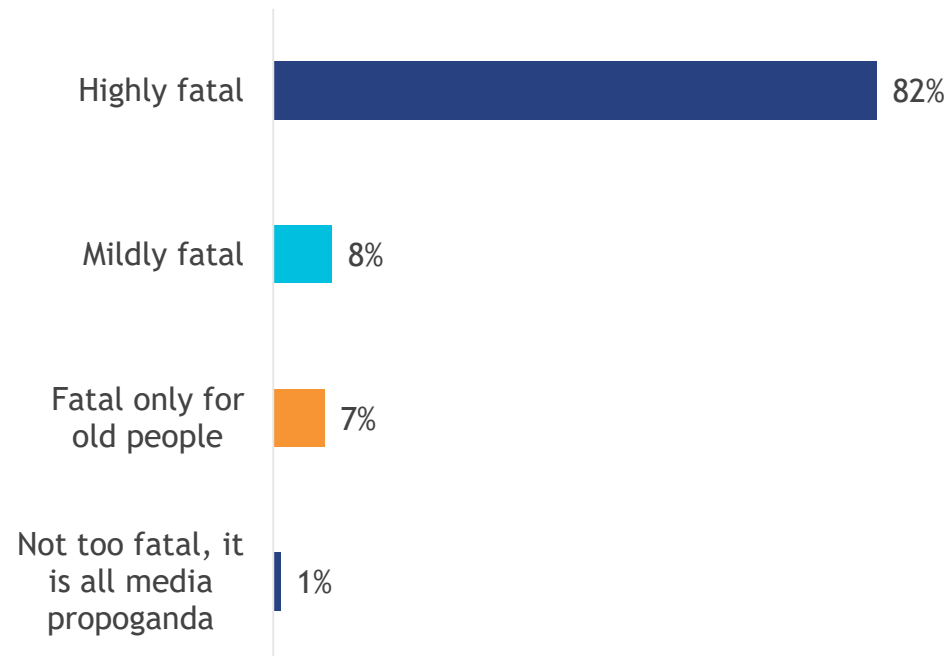


**Detailed data insights:
Attitudes and practices**

Almost 80% think that the COVID-19 infection is fatal

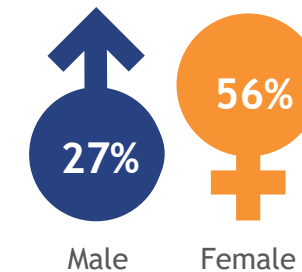
Due to availability bias, most people, both men and women, feel that COVID-19 is highly fatal

How fatal is the COVID-19 infection?



- In Indonesia, only 45% of the respondents believe that COVID-19 is highly fatal. More women think it is fatal than men.
- In Indonesia, 40% believe that it is fatal but only for old people.

Indonesia

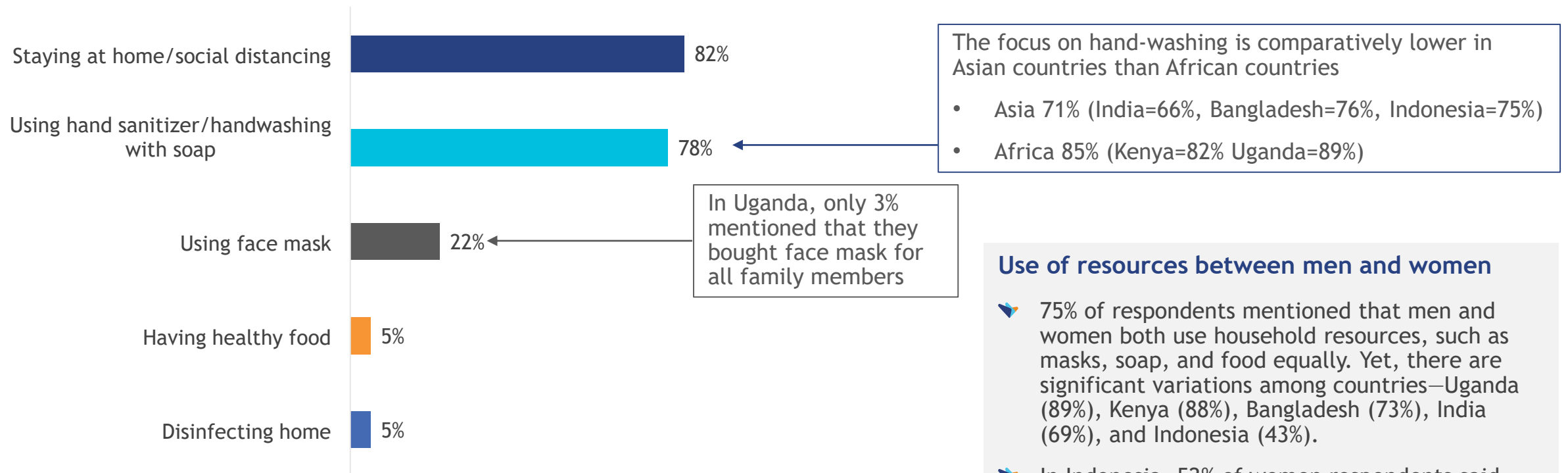


“This is a very fatal infection, but that is all I know...” - a farmer in northern India

Social distancing and proper hand washing are seen as the top two most effective measure to prevent the virus*

People believe that the best ways to prevent infection are to practice social distancing (82%) and proper hand-washing (78%). Using face masks (22%) comes as a distant third choice.

Which one do you think is most effective for preventing COVID-19?*

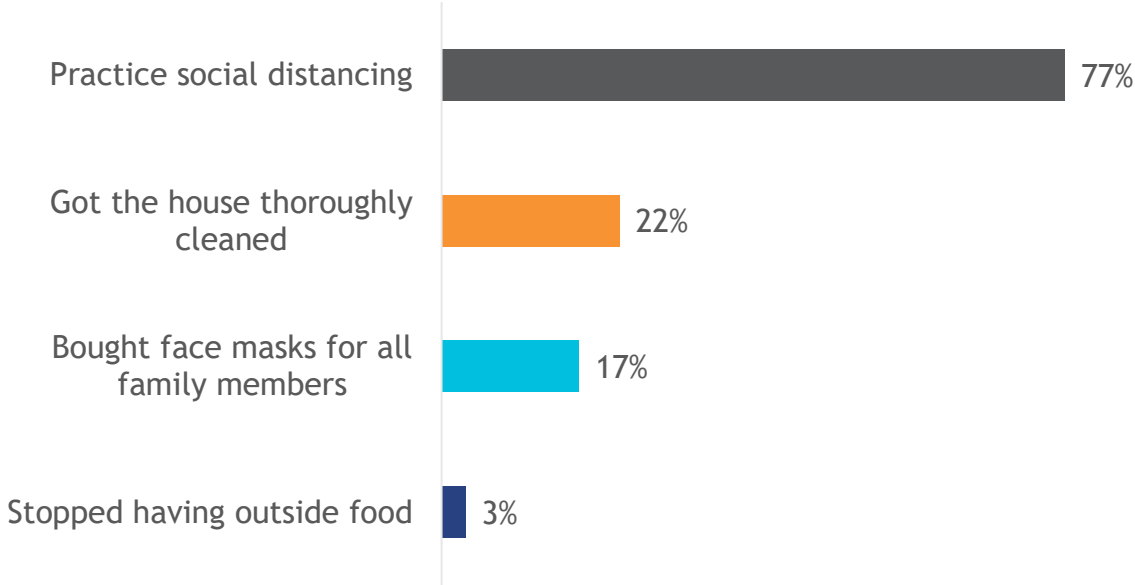


* We asked respondents to mention the top two measures

The gap between knowledge and action# seems to be low on social distancing and handwashing

Our data shows a 20% knowledge-action gap when it comes to social distancing and a 2% knowledge-action gap for handwashing.

What measures you or your family have taken to prevent COVID-19?*



In Indonesia, respondents reported focusing most on getting the house thoroughly cleaned (50%), followed by social distancing (30%) and getting face masks for family members (25%).

* Multiple responses were allowed

Knowledge-action gap: the respondent knows about a particular prevention measure but does not practice it. We calculate this gap by doing cross-tabulation between those who know social distancing and handwashing as prevention measures and those who practice these

Note: At the time of data collection all research countries except Indonesia were under complete (India, Bangladesh) or partial/limited (Kenya, Uganda) lockdown

What are the prevalent practices?



98% of respondents mentioned that they are practicing handwashing with soap.



98% of respondents follow some form of coughing etiquette; while 52% cover mouth with handkerchief, 27% cover face with elbow, and 19% use cupped hands while coughing or sneezing



31% of respondents are still going out while maintaining social distancing

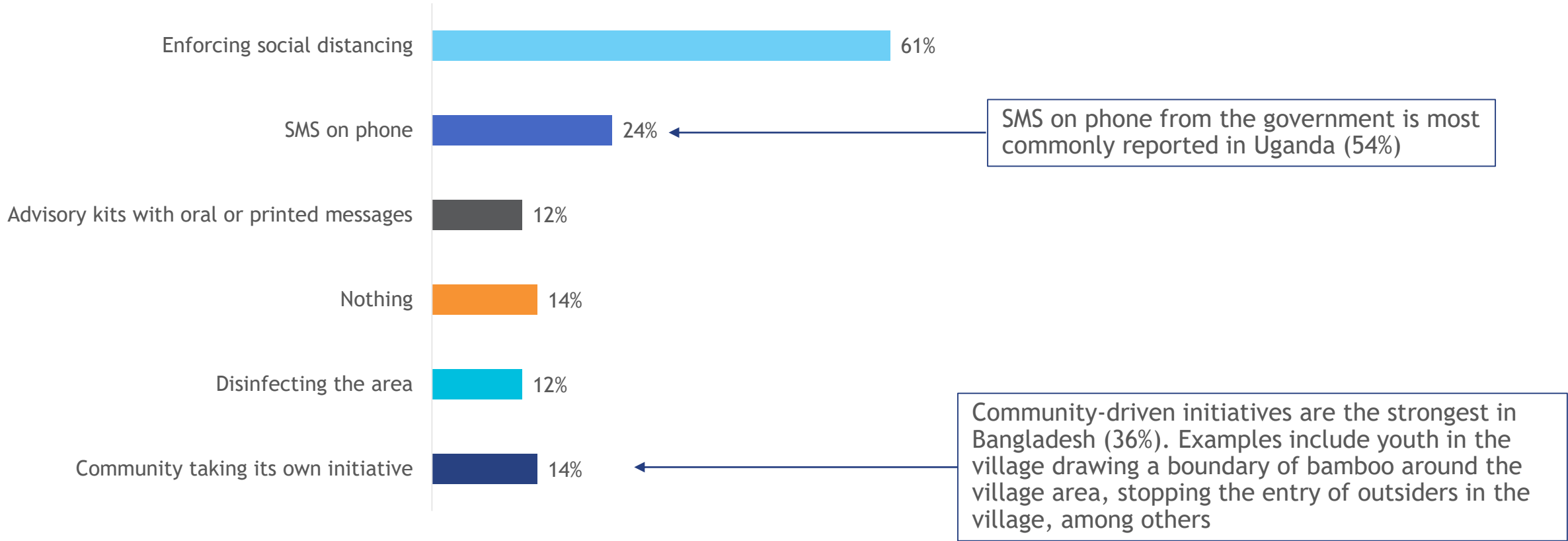


62% are either completely locked down or going out only in case of emergency.

Awareness is high regarding the preventive measures by governments to control the spread of the pandemic

More than or almost half of the respondents in each country mentioned enforcing social distancing as a main response by the government

How is the government helping you?*



* Multiple responses were allowed



Detailed data insights:
Impact on household economics

Low-income households face a serious economic crisis: 78% respondents either stopped earning or are earning less

Strict social distancing measures and lockdowns have resulted in loss of income.

Has the COVID-19 outbreak affected your income from office or work?



- Income has decreased
- Lost the job
- Stopped earning wages
- Income remained the same
- Others

*Others include delays in payments and partial payments

- “My boss decided to close the restaurant because of the outbreak. Now I do not have an income.” - A cake seller in Indonesia
- “Most of my income used to come from making airport transfers. Ever since flights have stopped, I have had no business.” - A taxi driver in urban Kenya

Why has your income been affected?



- I cannot go out to work
- Fewer people are coming to the shop to buy goods
- My employer has stopped working

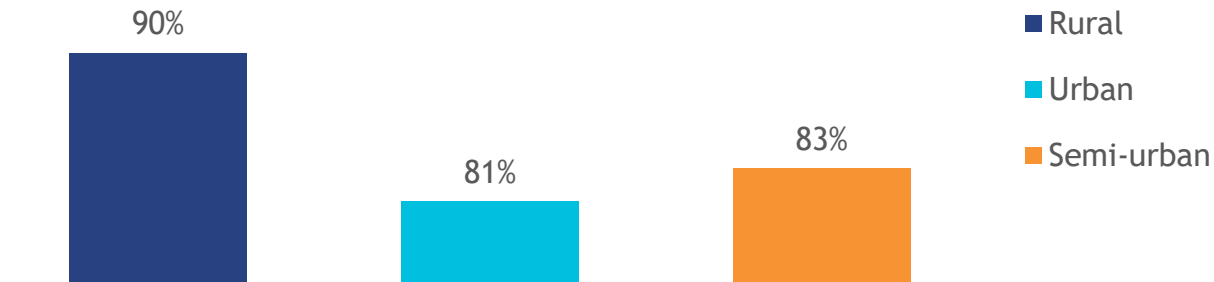
- ✦ In Indonesia, Kenya, and Uganda, both men and women reported an almost similar impact on income
- ✦ In India, more men (16%) than women (7%) reported their income remaining the same even after the pandemic. This could be because more men are in public sector jobs than women.
- ✦ In contrast, in Bangladesh, more women (27%) than men (16%) reported that their income remained the same. 36% of women mentioned that they have salaries as a means to sustain themselves, as compared to 19% of men.

*At the time of data collection all research countries except Indonesia were under complete (India, Bangladesh) or partial/limited (Kenya, Uganda) lockdown

Disturbing and sad stories are rife among low-income households

Overall, in geographies under lockdown#, 45% of households mention financial crises, out of which 32% mention food shortage as well.

Percentage of people for whom income reduced or stopped (by location)



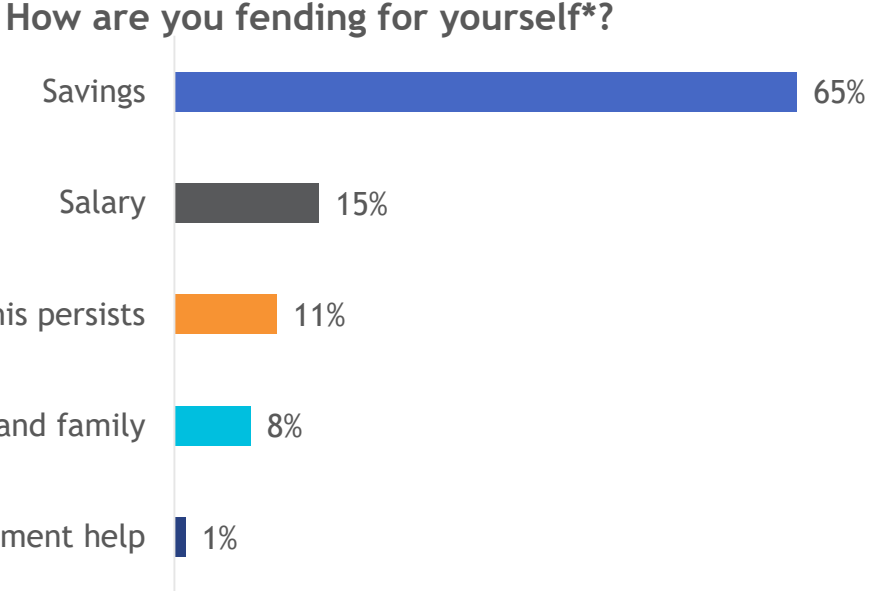
- The economic crisis is more severe in rural areas. Also see [this](#) and [this](#).
- Except for Indonesia (65%), a significantly high number of respondents in rural areas reported a change in their income.
- For Indonesia, a major reason for income change is employer stopping the work (28%)
- This variation in Indonesia could be due to late lockdown in the country*

- “Because I am no longer earning, we have a breakfast of porridge, water, and sweet potato at 11:00 am. The next meal serves as lunch and supper is at 7:00 pm. We will keep having one meal until the situation stabilizes.” - A businessman in rural Uganda
- We will die out of hunger and not from corona if this lockdown goes on for 10 more days” - A rickshaw puller in Bangladesh
- This is the Easter season. Usually around this time, the sales are high. However, this year due to COVID-19, we have not made any money.” - A produce trader in Kenya

*At the time of data collection, all research countries except Indonesia were under complete lockdown (India, Bangladesh) or partial/limited lockdown (Kenya, Uganda)

For most (65%), savings are getting depleted; but for many (20%), this is not an option

People are mostly surviving on their savings. 15% respondents in Bangladesh and Uganda and 22% in Indonesia reported that they will not be able to sustain if the situation continues.



- ▶ Respondents from rural areas (69%) more likely to depend on savings, than urban (59%) and semi-urban (58%) areas
- ▶ India (78%) and Uganda (79%) are countries with a high dependency on savings. For Kenya, it is 65% and 33% for Indonesia
- ▶ In Bangladesh, where 39% now depend on savings, there is a huge gender difference in the number of women (18%) depending on savings than men (47%).
- ▶ Further, globally, women are more likely to say that there are no options to fend for themselves (14%) than men (8%)

• I do not know... I am a single parent. I have a lot of debt. My savings have exhausted. Perhaps I will ask for a loan... to who else if not to my boss?" - a maid in Indonesia

• "If this lockdown goes on for two more days, I will commit suicide as I cannot see my children go hungry," - a rickshaw puller in Bangladesh

*Respondents were asked to mention the most important contributor to their income
India, Bangladesh, Kenya, Uganda. Our team had finished data collection before the countrywide lockdown was announced in Indonesia



Amid low incomes, the burden of unpaid work has increased for women

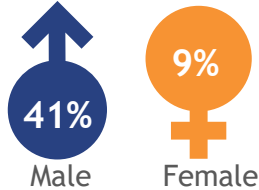
- In Asia, while 59% men accepted that work for women has increased, women did not echo a similar feeling for men; very few women in Indonesia (18%) , India (9%) and Bangladesh (0%) thought that work for men has increased.
- In Kenya (6%) and Uganda (9%), very few men thought work for women has increased. One percent of women in Uganda and no women in Kenya thought that work for men has increased.

How has domestic work (particularly cleaning and hygiene) changed in your household?



- Has increased for male member
- Has increased for female member
- Has become equal
- Was equal always

Bangladesh - has work become equal?

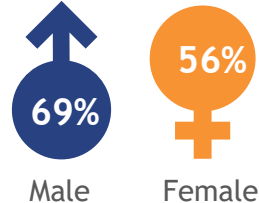


Who is mainly keeping the family's health in check (for instance, providing supplements to boost immunity, tending the sick, arranging doctor's appointment)?



- Male member
- Female member
- Both members equally

Uganda - has work become equal?



“I hate this situation. My work at home has increased so much!” - a woman wage labor in India

Governments are devising interventions to support the economy of poor households

The direct transfer of cash benefits, waivers, and free ration is at the core of most government interventions.

Country	Measures taken by the government to provide food and compensate for loss of income	Additional reading
India	<ul style="list-style-type: none"> ➤ Cash subsidy to farmers, widows, old aged people, disabled, Jan Dhan account holders ➤ Free ration 	<ul style="list-style-type: none"> ➤ MSC's state index ➤ Local food system and COVID-19
Bangladesh	<ul style="list-style-type: none"> ➤ Free or cheap ration distribution ➤ Cash transfer (planned) 	<ul style="list-style-type: none"> ➤ Wallet interoperability in Bangladesh
Indonesia	<ul style="list-style-type: none"> ➤ Incentives to those affected by the termination of work in the informal sector through pre-employment card ➤ Training and cash compensation to those who lost their jobs ➤ Increased beneficiaries of basic food program ➤ In-kind food to the poor at the local government level 	<ul style="list-style-type: none"> ➤ Launched re-skilling programs
Kenya	<ul style="list-style-type: none"> ➤ Food supply to poor communities at local levels ➤ Supply of personal protective equipment (masks, sanitizer) to vulnerable populations 	<ul style="list-style-type: none"> ➤ Role of DFS agents during the COVID-19 crisis
Uganda	<ul style="list-style-type: none"> ➤ Food supply to vulnerable people 	<ul style="list-style-type: none"> ➤ Govt. response to COVID-19

The biggest concern for the poor is food and hence they expect the government to be the provider in these times

- The recovery may follow a U-shaped curve, rather than a V-shaped one, which means that LMIs will need government support to sustain themselves.
- Ensuring food supply is critical. Failure to do so can push the world back to the times of food insecurity, leading to a rise in rates of malnourishment globally. (Also see [this](#))

What recommendations would you make to the government as it tries to respond to the corona epidemic*?



*Multiple responses recorded

Country-level variation among peoples' demand

- **India:** Demands are mostly related to ensuring food and income during the lockdown.
- **Bangladesh:** People are mostly concerned about the leakage in ration provided by the government. This has a serious impact on food supply. Another demand was to share the actual numbers of COVID-19 cases transparently.
- **Indonesia:** The demands are around faster response and better coordination
- **Kenya:** The demands are to continue the lockdown, enforce mass testing, supplement income, and implement less strict implementation without police brutality
- **Uganda:** The demands are for waiving off tariffs for power and water, postponing loan repayments, sensitizing people in rural areas, among other things
- A common demand across countries was to find a cure for COVID-19



**Detailed data insights:
Impact on digital life**

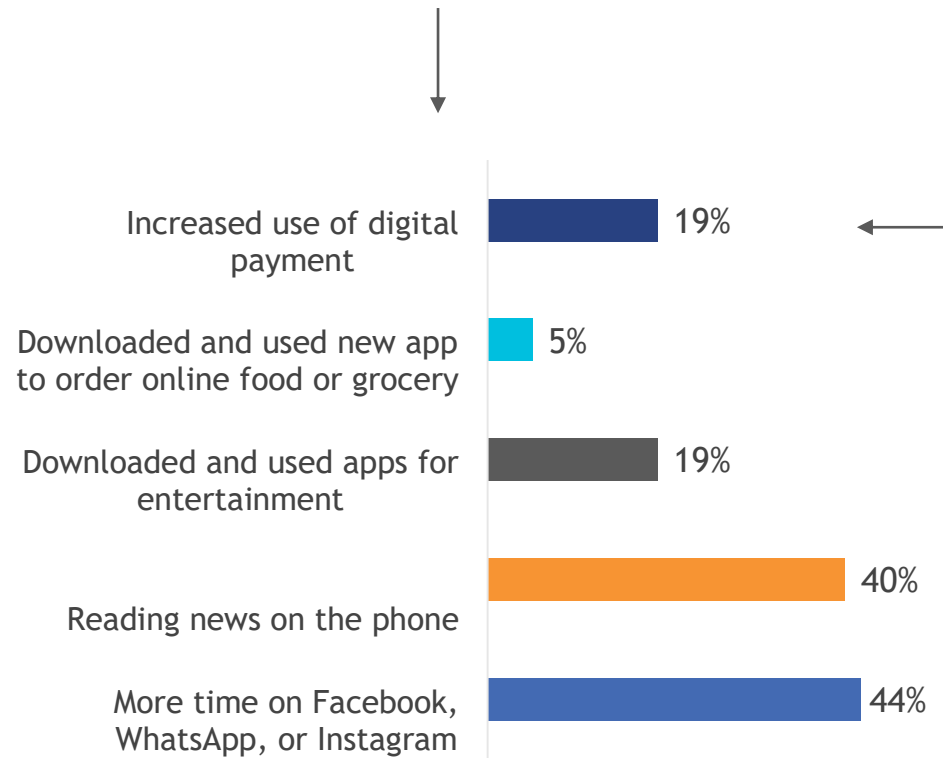


A pro-digital practice is sinking in among the poor, including a low to moderate increase in digital payment

A restriction on mobility or self-induced restriction, or both, have led to increased time on the phone for more than half of the respondents—mostly on social media 44%, and reading news 40%



Time spent on the phone has mostly increased in Kenya (93%) followed by Indonesia (59%), India (58%) and Uganda (38%). Bangladesh (26%) reported the lowest increase.

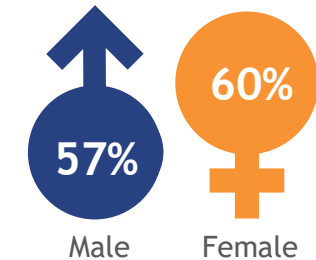


In Kenya, there is a significant increase in the use of digital payment (43%) with no visible gender difference.

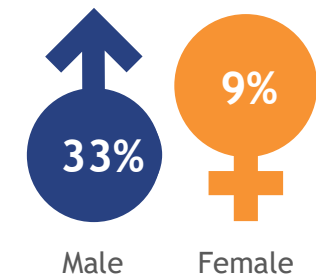
More men (63%) than women (51%) reported an increase in the time spent on the phone, except for in Indonesia

70% of men reported having a smartphone compared to 56% of women

Indonesia - time on the phone



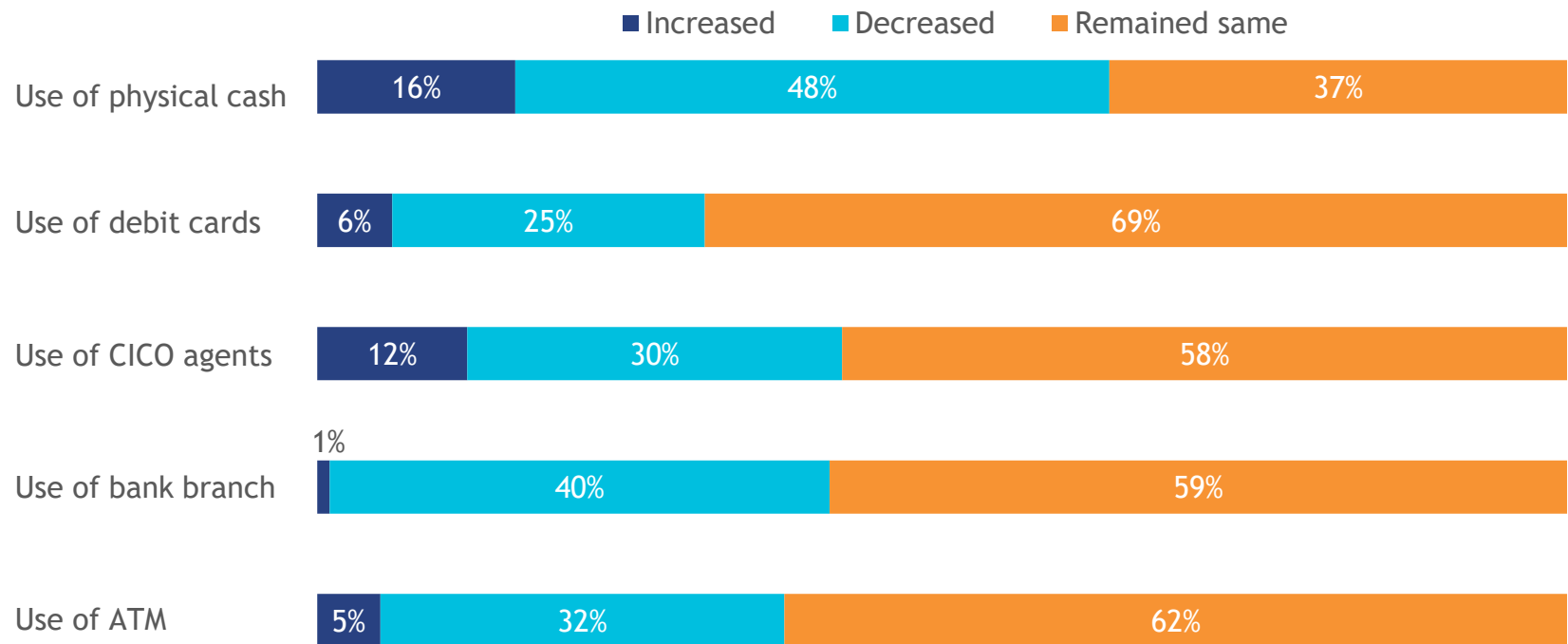
Bangladesh - time on the phone



Although financial transactions have decreased in general, how physical cash is being used has changed significantly

The use of debit cards and ATMs are the least impacted. Further, it seems that a decrease in the use of the bank has pushed the use of both physical cash and CICO agents

The use of cash has both increased and decreased. The decrease could be due to both fewer transactions and fear of the spread of infection through cash. The increase in the use of cash is because the LMI segment is keeping cash at home to meet expenses. This also explains the increased use of CICO agents. In a [parallel study](#) by MSC, more than 60% of the agents mention an increase in daily cash-in-cash-out transactions



- The use of cash increased the most in Kenya (35%), followed by Uganda (18%), and India (9%).
- The decrease in the use of debit cards is very high among males in Bangladesh (79%), India (34%), Indonesia (30%), followed by Kenya, where it is similar for men and women (24%)
- The use of CICO agent points has seen an increase in India (12%), Uganda (11%) and Kenya (23%)
- The decrease in the use of bank branch is the highest in India (72%). While banking is listed as essential service, India has been pushing the use of CICO agents.



Annex 1: Study design

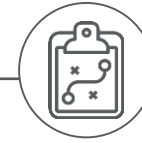
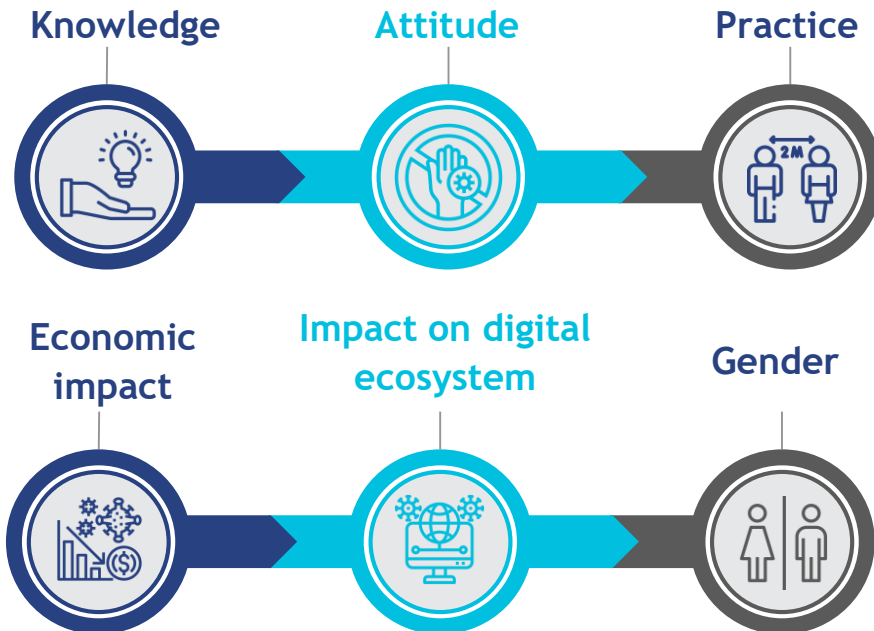
Study design



The objective of the research

The objective of the research was to assess the following:

- Knowledge, awareness and attitude towards the COVID-19 virus
- Practices adopted to prevent COVID-19
- Impact on social behavior, gender roles, digital life, and household economics
- The government's response: actual and expectation



Study design

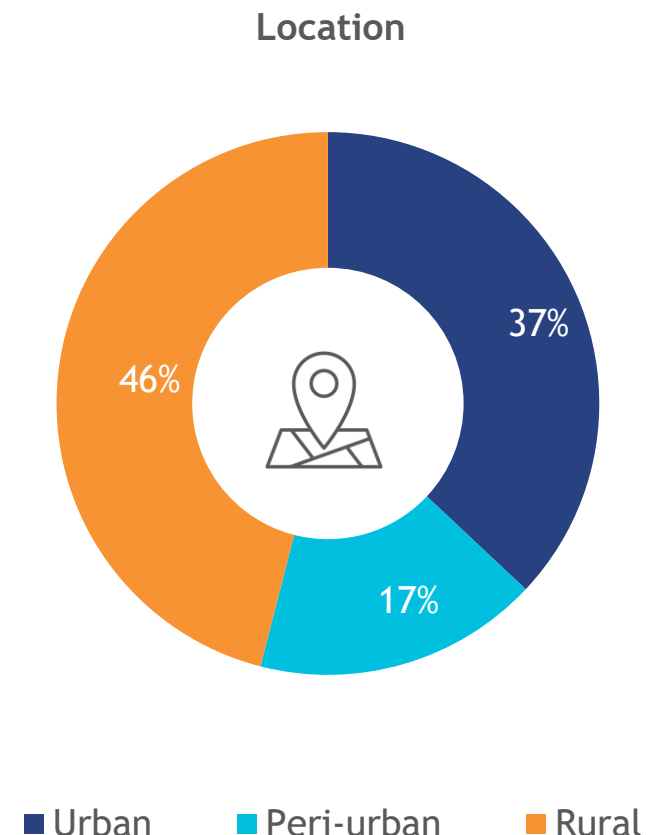
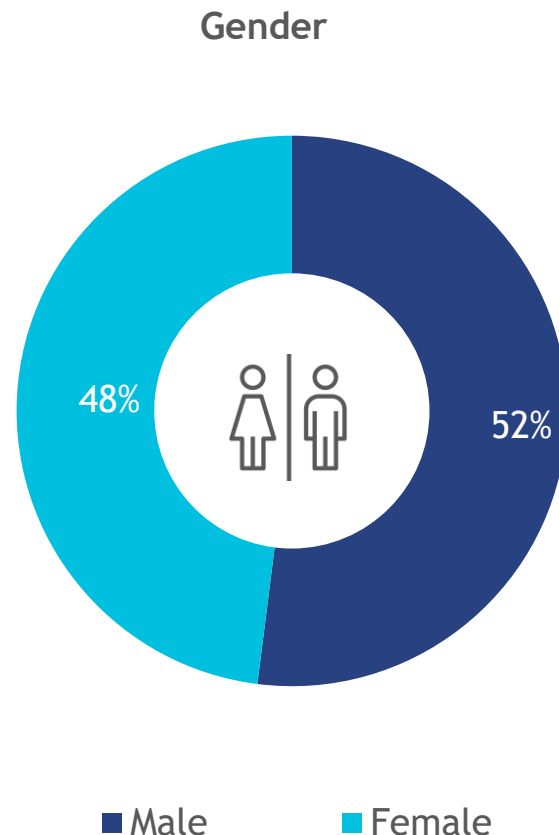
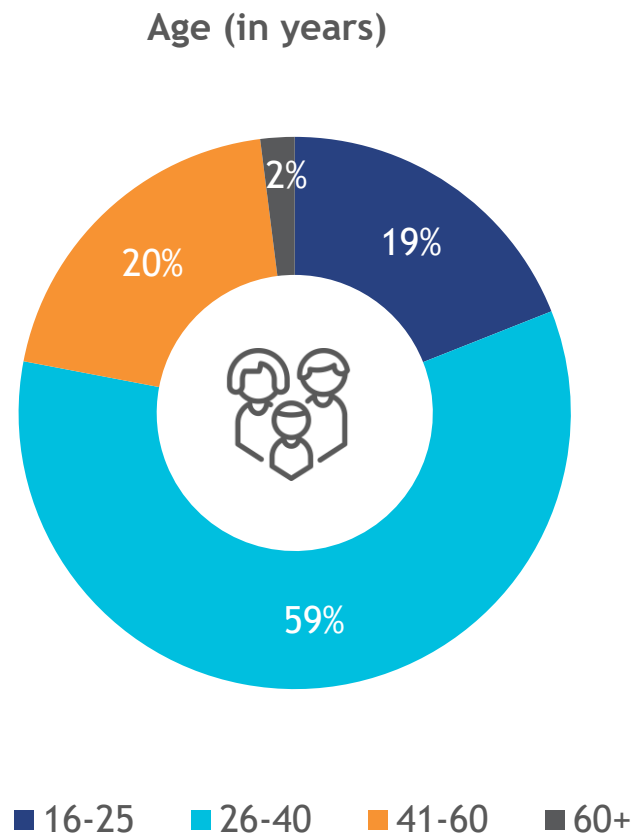
- **Countries:** India, Bangladesh, Indonesia, Kenya, and Uganda
- **Location divide:** Rural, urban, and peri-urban areas
- **Sample size:** 604
 - India=144, Bangladesh=80, Indonesia=80, Kenya=153,
 - Uganda=147
- **Method:** Telephonic survey
- Data collectors were trained in detail about how to ask questions, where to probe, how to record responses, etc.
- Data quality was assured through virtual spot checks, telephonic back checks, review of audio recordings, and concurrent checking of data
- Owing to low and non-representative samples from each country, the findings are directional and indicative, and cannot be generalized.
- Owing to the differences between countries in the COVID-19 situation and sample distribution, cross-country comparison of indicators has not been done. Instead, we present global aggregate-level findings and country-specific insights in this report.

Annex 2: Sample characteristics



Sample distribution

The sample is mostly young to middle-aged with a near-equal distribution of gender and location (urban/rural)



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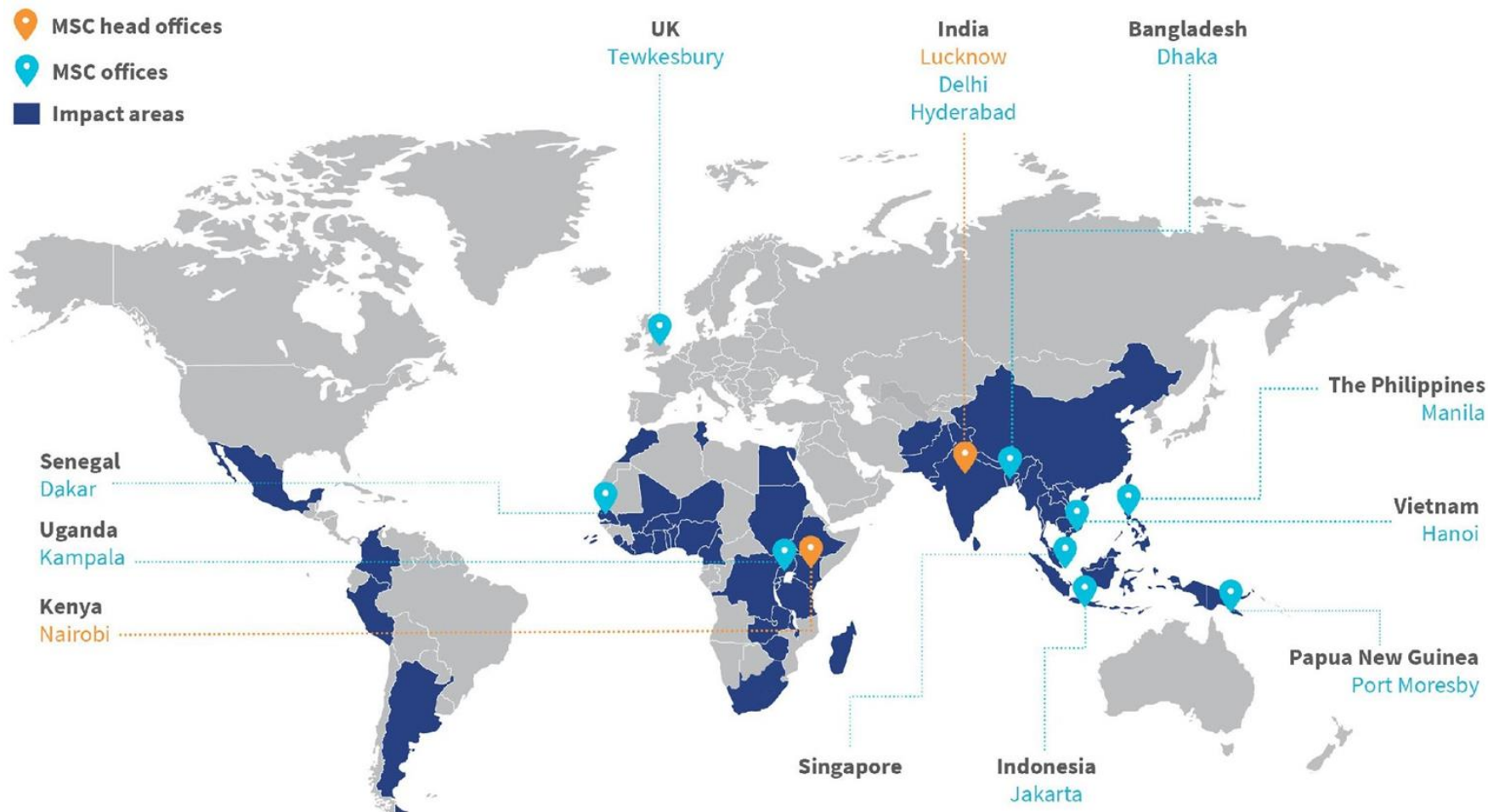
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