



# Responding to COVID-19

A story that focuses on the low- and middle-income segments and their way of responding to the global pandemic through grit and adaptation

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

October, 2020

# About this report

- The first eight months of 2020 has been difficult for all. The scale of the COVID-19 pandemic has been unprecedented, at least in the past 100 years. To date, the coronavirus has claimed [965,071 lives](#) (and counting) across the globe and [crippled the economy](#) of numerous countries. Restricted mobility, a constant fear of exposure to the virus, loss of loved ones, and loss of income have characterized the year 2020 so far.
- We have been tracking the impact of the pandemic on [low- and middle-income \(LMI\) households](#), which have uncertain and irregular incomes. LMI households are those with a daily income that ranges between USD 0 and 12.
- This report presents the impact of COVID-19 based on the second round of data collected in July, 2020. We spoke to 719 LMI households across Kenya, India, Bangladesh, and Indonesia, between 25th June to 22nd July, 2020. You can access the full report of the first round of our study here: [“Coping with COVID-19.”](#)
- Please see Annex 1 and 2 for the research methodology and notes on the difference between the data from round 1 and round 2.
- This report has four sub-sections: (i) knowledge-attitude-practice of LMI segments toward COVID-19, (ii) the economic impact of the pandemic, (iii) the impact of the pandemic on digital life, and lastly (iv) the gendered impact of the pandemic. Each sub-section provides data and insights from the research and actionable recommendations for policymakers based on the data.
- Wherever possible, we have provided comparative data from April 2020. All the data from “April 2020” used in this report are from round one but we used aggregate-level data of the four countries that were common in both rounds. We also encourage you to visit the interactive [data dashboard here](#)

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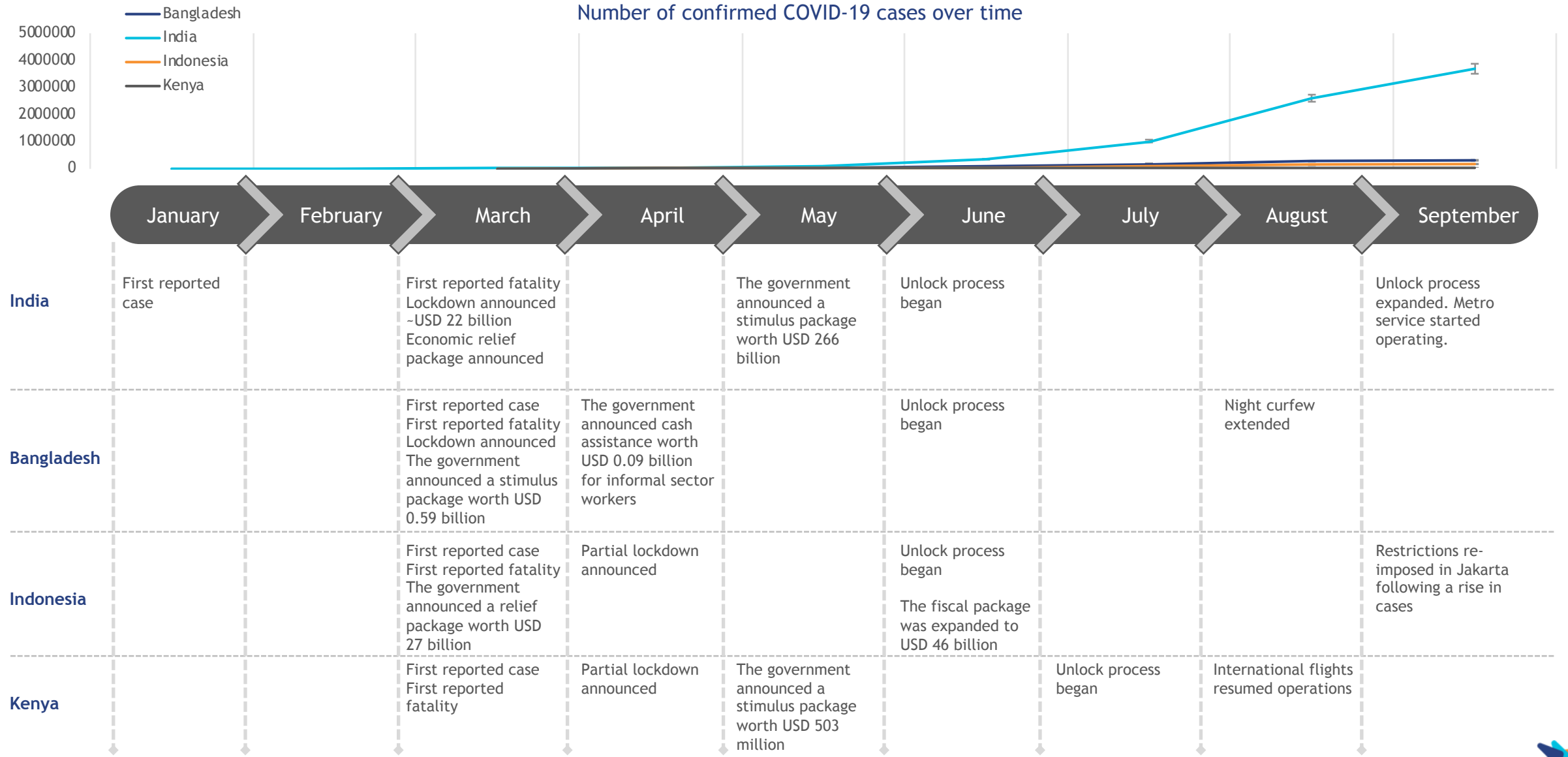
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# How the pandemic evolved in our four research countries



## Responding to the COVID-19 crisis through improved knowledge and correct practices

“

All family members have been following health protocols, such as using masks, washing hands frequently with soap, changing clothes, and bathing when coming home from long trips, among others. My family members too have become used to the new routine, including my little grandchild.

- A female food seller in Indonesia

”



# Governments have been winning the battle against COVID-19 on the knowledge and awareness front

However misconceptions, though not widespread, persist.

More than 70% of LMI people are aware of key pieces of information regarding COVID-19.



More than **80% (men=80%, women=83%)** know about the two most common symptoms of COVID-19 (cough and fever); almost similar to what we saw in April (83%).



**74% (men=73%, women=75%)** of respondents know that a COVID-19 patient can be asymptomatic too.



**85%** of respondents mentioned “contacting infected persons or objects” as a major reason for the spread of the disease.

**Contacting infected persons: April=69%, July=65%\***

**Touching infected objects: April=36%, July=20%\***



**80%** mentioned that they know that they should practice social distancing as the virus is highly contagious, as against 67% in April.

Also see Annex 4 for more details

Misconceptions still exist; many people now believe that COVID-19 is not risky and people are overreacting

01

50% believe that a running nose is a symptom of COVID-19 (in April, 41% believed so)

02

10% believe that COVID-19 is not risky and people are overreacting (in April, only 2% believed so)

“

The coronavirus cannot infect poor people like us. Rather it is infecting only the rich ones as their pocket is filled with black money\*\*. This is God’s punishment.

- A rickshaw puller in Bangladesh

”

\*In the April data, multiple responses were allowed for this question. We changed it to a single response question in the July data to make the responses more specific.

\*\* Money earned through illegal activity and otherwise legal activity that is not recorded for tax purpose.

# Around 70% of the LMI population have bought face masks to prevent the spread of COVID-19—a significant improvement compared to April (21%)\*\*

Close to 80% of the respondents scored more than 5 out of 7 on the composite score developed to measure how many of them were following correct practices#

92% reported that they have been following some form of social distancing even after containment measures were lifted (July). This was almost at par with the response in April (91%)

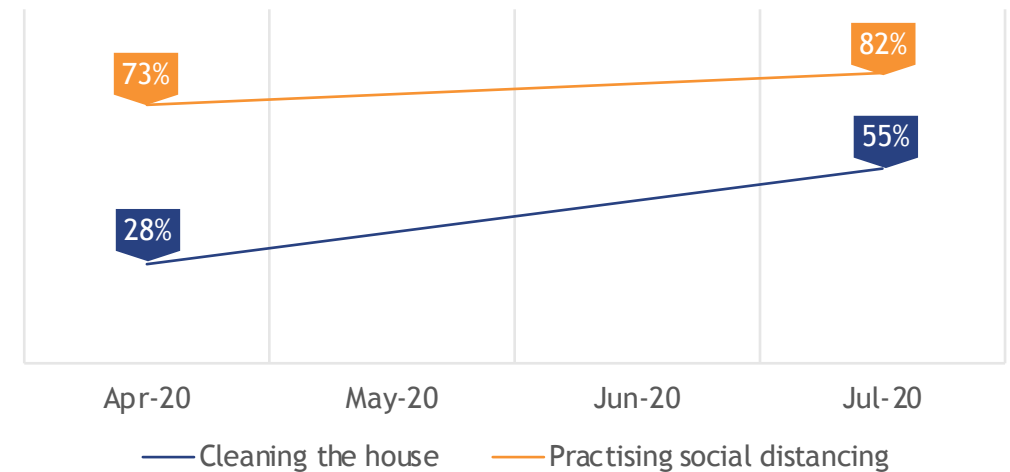
- ➔ 62% of respondents reported that they maintain social distance when they go out
- ➔ 28% go out only in case of emergency while 3% do not go out at all.

People have not only bought masks for family members but using them too. Significant improvement is visible compared to April

- ➔ 67% of respondents reported that they have bought face masks for all family members; a lot more than the situation in April, 2020 (21%)
- ➔ 85% of respondents wore masks whenever they went out the previous week

\*\*All other practices like social distancing and handwashing were high (>90%) in both the rounds.

Some lifestyle changes are visible (N: April=457, July=719)\*



# Note on the composite score: We developed a composite scoring for “correct practices to be followed” where the possible score is between: 0-7, with 7 representing following all correct practices; 91% of respondents scored >4; 77% scored either 6 or 7. More men (35%) than women (30%) scored 7 (the highest score).  
Practices used in scoring: social distancing, wearing masks, washing hands with soap, following coughing etiquette, using sanitizers

# However, we find that the “correct practices” are not being followed—40% of respondents feel that people have failed to follow the guidelines properly.

People often do not wear masks properly or they take them off while speaking. Not wearing a mask properly is as good as having no mask on.

➔ Numerous newspaper articles and reports have highlighted the fact that a lot of people are not wearing masks properly (not wearing it all the time, wearing it at the chin, wearing it but the nose is not covered).

➔ The following articles illustrate country-wise examples to explain this better:

India

Bangladesh

Indonesia

Kenya

➔ Governments have been forced to take innovative and strict measures to enforce correct practices.

Given the high awareness of the use of masks or social distancing, this behavior could be because

- A person does not know how to do it properly;
- A person is being unable to follow the correct practices owing to external circumstances;
- A person does not want to follow the practice.

In slide 10, we discuss how governments can handle these issues.

Though most respondents mentioned that they have been practicing social distancing, it is practically impossible to maintain social distancing in many situations.

➔ In densely populated countries like India and Bangladesh, social distancing is a far cry.

➔ The following articles illustrate country-wise examples to explain this better:

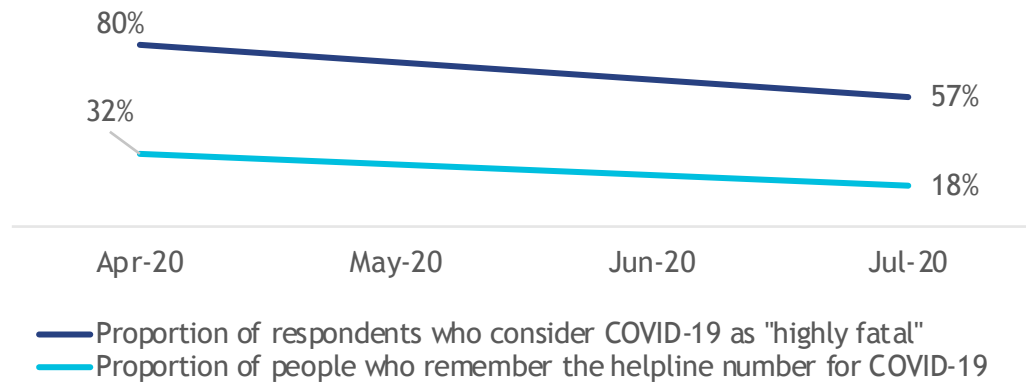
India

Bangladesh

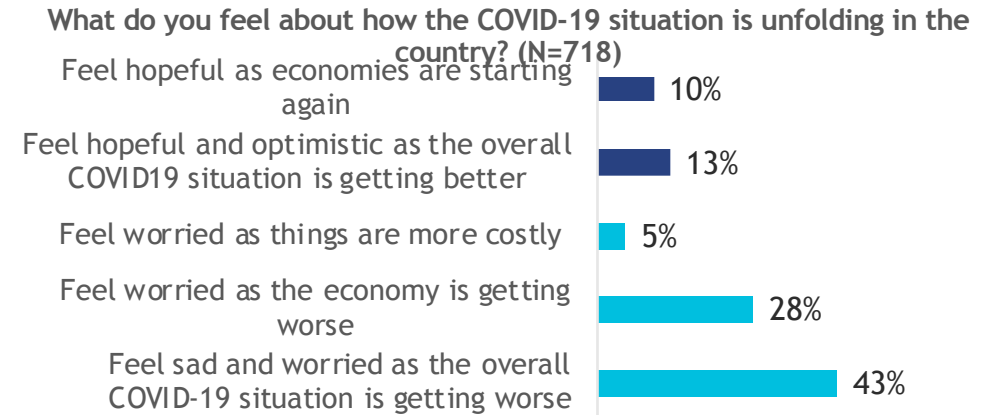


# Furthermore, while the state of panic has subdued; a sense of pessimism has prevailed.

**Respondents reported a reduced fear of the disease and reduced use of the helpline number (N: April=457, July=719)**



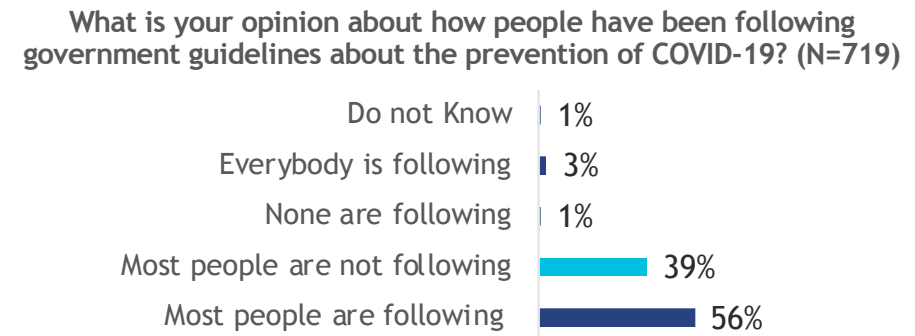
**76% of respondents feel sad and worried about the pandemic situation**



**Search queries on Google related to “Corona Virus” has reduced from April to July, 2020 (see Annex 3 for more)**

- The reduced fears about the pandemic may be attributed to:
- More people have been following the correct practices now (at least that is what they think and report!) and hence feel less scared
  - The fear of economic plight being more severe compared to the fear of the disease itself
  - Recent media reports that have highlighted the high recovery rate of COVID-19
  - Better access to healthcare, as containment measures are lifted partially or fully in most countries

**40% of respondents feel that most people do not follow government guidelines about the prevention of COVID-19 properly**





# Governments have a tough task ahead to ensure that all citizens follow COVID-19 protection measures and stay optimistic

01

Governments must focus to carefully design targeted communication campaigns on behavior change for both men and women to communicate the “how” part of mask wearing, hand washing, social distancing, etc. Animation and comics can be appropriate channels for easy messaging.

02

A SBCC approach (Social and Behavior Change Communication) can help to achieve the desired change. The communication has to be at multiple levels—individual level, family and peer network level, community level, and social and structural level. A digital SBCC with a human touch can be successful.

03

We have seen initiatives (like this and this) by governments as well as by the community during lockdown to keep the morale high. As we are in the post-lockdown period and the situation does not permit much optimism, similar initiatives can be made a part of the communication campaigns to make them more interesting and appealing.

04

A publicly available “one-stop” repository for all required information (available in regional languages and can be crowdsourced with scrutiny) also works as a good way for quick access to correct information.

## Case study: The “New Normal” campaign by NITI Aayog (the policy think tank of the Indian government)

NITI Aayog in India, in partnership with BMGF, launched a campaign to generate awareness on how to adapt the routine activities to enable consistent compliance to protective behavior amid COVID-19.

The campaign has a dedicated website for quick reference by citizens, NGOs, civil society organizations, among others, who work on behavior change campaigns.

The campaign has a specific focus on correct ways of mask wearing and it has released a few videos on it, such as here and here.



## “The other (economic) pandemic”: the story of timely response and gradual recovery

“

I used to work as a delivery man. Since COVID-19 started, people stopped ordering like before and I lost my job as there was no need for so many delivery men. I am prepared to pawn my motorcycle to get some money to start a business.

- A respondent from Bangladesh

”



MSC 

# Case study: The impact of the pandemic on household economies and how LMI people responded to it.

Mimin Kriustiono's (name changed, a 25-year-old woman) fight with COVID-19 reflects the struggle that millions of LMI people face across the globe since the pandemic began.

Mimin used to work in a fast-food restaurant in the city of Yogyakarta, Indonesia. She was laid off without severance or other benefits. The same happened to her mother as well. Mimin has two younger siblings. She and her mother were the only breadwinners of the family of five. Her father has not been working since 2019 due to diabetes.

Mimin and her mother now sell groceries at home to overcome their financial difficulties. Mimin's neighbor supplies the groceries and shares the profits. Mimin also borrowed money to provide food for her family. These include loans from relatives and neighbors. Her family received assistance from a political party in the form of necessities as her father is a sympathizer of the party. The assistance was not adequate but helped to meet daily needs to some extent. Around May, Mimin borrowed from loan sharks as she could not get money from other sources. She paid an interest of 17% per month (effectively 204% per annum) for three months. "What other choice did I have?", she says.

Mimin could not get any of the government benefits that the Government of Indonesia provides.

- Her family did not get PKH (a conditional cash transfer program of the Government of Indonesia, which has an estimated outreach of 10 million households) even though her sister is still in elementary school, which is an eligibility criterion to enroll in PKH. Mimin does not understand how to access the PKH benefits. She hopes the government will make the process of data collection on social assistance more accurate so that truly eligible people like her can get the benefits.
- Mimin has been trying to find a new job and apply for a pre-employment card from the government but has not been successful (3.8 million have been enrolled and 3.2 million have purchased at least one course. A recent study on 450,000 beneficiaries indicate that 35% got re-employed after getting enrolled and doing courses).

# Three-quarters of LMI households still report lower incomes; however, there are signs of economic recovery

True to their resilient lifestyle, LMI households have adopted new ways to earn money. Relaxed containment measures also helped LMIs to start or restart income-generating activities

- 01 There is a 13% points drop among respondents who reported that they have lost their job or stopped earning wage completely (27% in April, 2020 to 14% in July, 2020).
- 02 As countries have started to lift lockdown measures, people have started to get back their livelihood.
- 03 LMI households reported a median income of 50% in July 2020 compared to before COVID-19#. They have adopted different strategies to respond to this challenge and survive.
- 04 89% respondents feel that the decrease in income is temporary.

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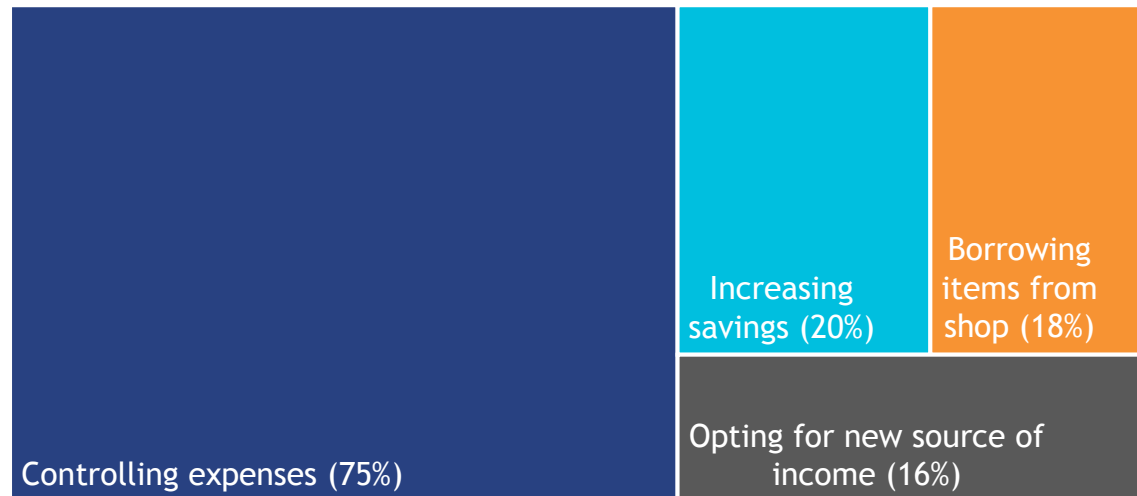
I have started to run a farm produce shop since movement was restricted

- A respondent from Kenya



# N=500, that is, the respondents who mentioned about decreased income/no income

Strategies adopted to survive the economic crisis (July 2020, N=719)\*



\*Multiple responses recorded

## 80% of respondents had some source of income in July, 2020

What is your main source of income now? (N=689)

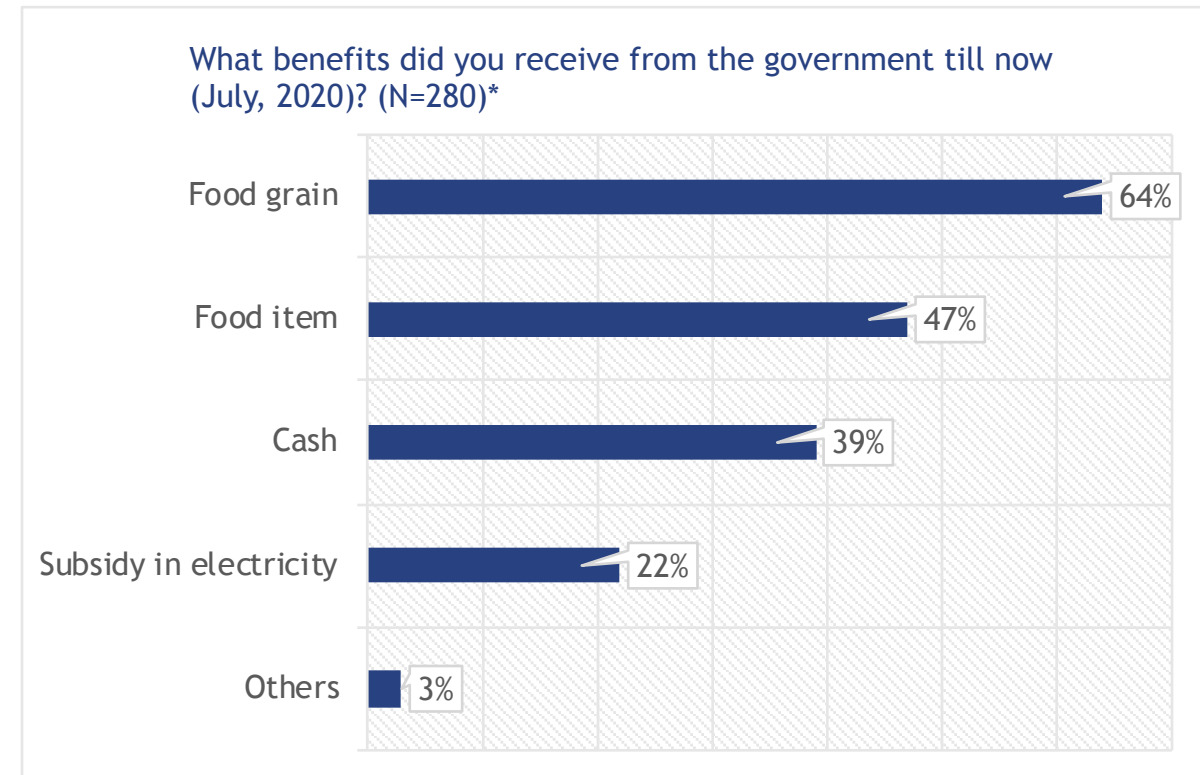
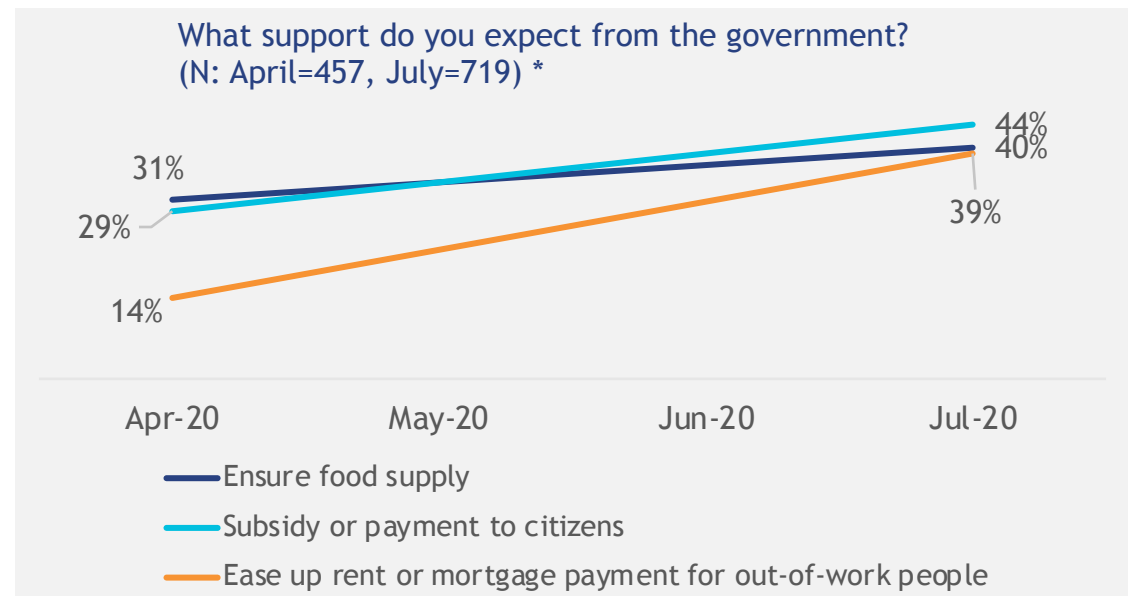


- Started doing old livelihood activity again
- Have started a new business
- Currently lack a source of income

# Government support has been crucial to the survival of LMI people as they cope with the crisis and respond to it

Food and cash benefits are the major demand of LMI people from the government, which indicates the importance of cash transfer and food distribution programs in their lives

- 01 Compared to April, more respondents mentioned that they require specific support (food supply, cash, subsidy, etc.) from the government to survive this crisis.
- 02 This can indicate (i) expectations of people born out of government programs (ii) LMIs' dependence on government support during crises.



**39%** of respondents mentioned that they received government benefits, mostly in India (56%) and Indonesia (48%)

\*Multiple responses recorded

# The pandemic offers lessons for governments to cater to the need of the pandemic-hit population and revive the economy



Governments need to design smart direct benefit transfers for cash transfer and food distribution programs

- i. **Continue the social cash and food assistance to citizens:** Government social cash transfers and food distribution were lifelines for many LMI people across countries. Even as governments lift lockdowns and livelihoods restart, the pace of recovery has been—quite expectedly—slow. Hence, governments should continue these cash and food support to people. Our studies re-emphasize their high demand (see [Slide 14](#)).
- ii. **Identify and control exclusion in government schemes:** Social cash transfer and food distribution programs always face the challenge of excluding potential beneficiaries for various reasons, such as a lack of uniform database or human errors, among other reasons. Research and insights, such as [this](#) and [this](#) support the statement. Hence, re-working on the beneficiary lists and tweaking program design—especially the distribution part—will be crucial to control exclusions in these schemes. We have identified good practices for managing G2P programs in the [next slide](#).



Developing a localized economy will be essential to revive the economy in the new normal

- Developing local economies will give employment to thousands, including now-jobless migrant laborers, and generate more business for local SMEs
- i. **Build or develop infrastructure:** This is the time to build local infrastructure to produce food, goods, and services as per local needs. Building roads, telephone networks, internet, and electricity distribution, among other infrastructure, will help to generate employment and prepare for the future. Developing the digital infrastructure at the local level will be an important step to adjust to the “new normal” of doing businesses through digital channels.
  - ii. **Involve the local government:** Local governments are well-placed to address the differential and long-term implications of firm closures and job losses at local labor markets. They also know which disadvantaged groups have been hit most. Regional and local governments implement national programs and complement them with locally tailored responses for the short and long term. Local governments will play an important role in the economic revival of countries post-COVID. Now is the time to prepare for this.

# Lessons from India and Indonesia on the design of government aid

The need for transferring cash benefits and food to citizens will keep arising as the economic impact of the pandemic is deep-rooted and persistent. Mitigation of the effects of the pandemic will require carefully designed programs that can be used in the long term. The key requirements are:

- 01 An exhaustive database of citizens (such as the Unified Database of Indonesia) that can act as the base for identifying eligible beneficiaries for the direct transfer of benefits
- 02 A gender-centric design for DBT programs to tackle the issue of exclusion of women from them
- 03 A biometric authentication system linked with national ID (like Aadhaar in India) to authenticate legitimate beneficiaries for cash transfer or food distribution and minimize pilferage
- 04 Bank account of all target beneficiaries linked with the authentication system so that cash benefits can be transferred directly to accounts
- 05 An infrastructure of biometric authentication devices, high-speed internet connectivity in all areas, and uninterrupted or largely uninterrupted electricity supply
- 06 Scrupulous implementation of programs and concurrent assessment to have a continuous feedback loop for program design improvement
- 07 A well-defined and implemented communication plan to make people aware of the programs and the benefits they offer
- 08 A robust grievance resolution mechanism (GRM) for quick solution of the challenges that beneficiaries face

**Note:** The lessons mentioned above have been derived from MSC's experience of working with G2P programs across India, Indonesia, Bangladesh, and Africa. We have drawn these actionable recommendations based on various assessments, such as impact assessment of PKH program in Indonesia, concurrent evaluation of DBT in fertilizer in India, evaluation of the Government of India's response to COVID-19, and assessment of the impact of COVID-19 on SHG members in India, among others.

## “Digital life” is now part of the “new normal”: a change that is here to stay

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I installed Grab (online transportation app) application to buy food. I also used mobile banking for safety purposes so that I do not have to leave the house.

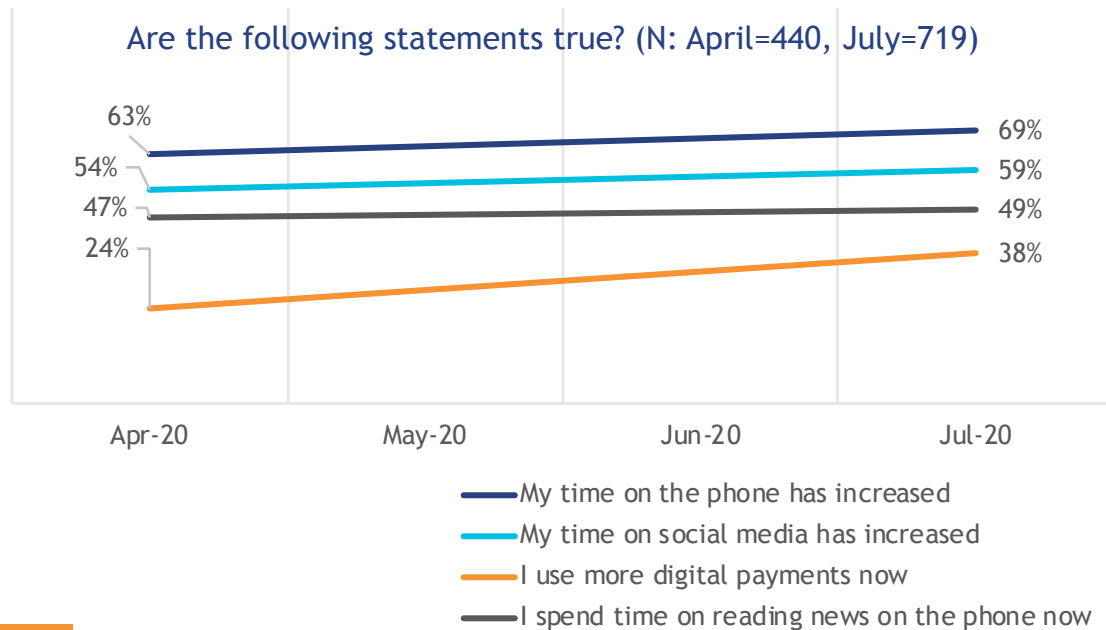
- A private employee from rural Indonesia

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# Digital ways continue to penetrate the lifestyle of LMI people—63% of respondents have now installed new apps on their phones, compared to 23% in April, 2020



There is a promo from the Halodoc (telemedicine) application for new users in the form of free consultation. So I used this for pregnancy consultations because the midwife I usually go to has not been practicing these days.

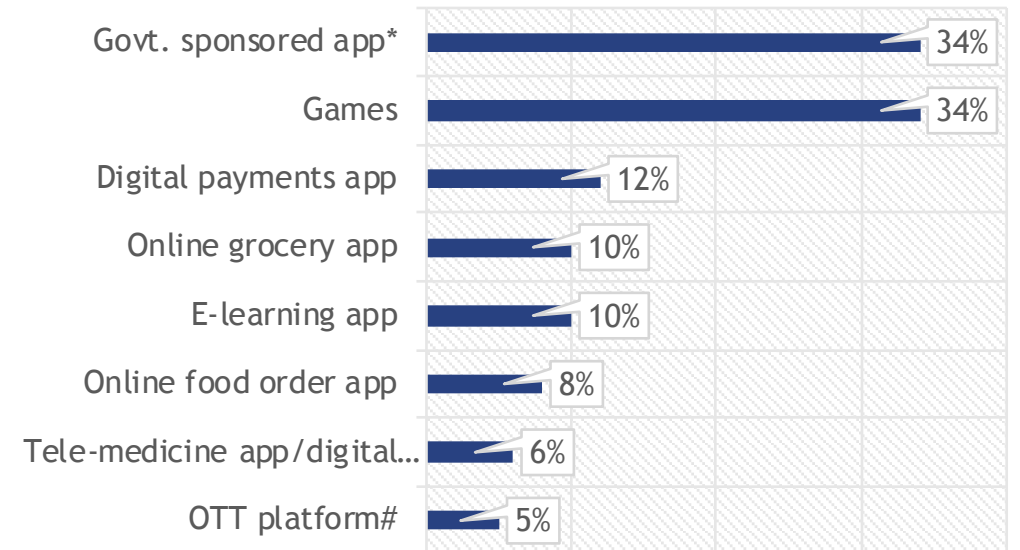
- A female food seller from Indonesia



\*Multiple responses recorded  
# Netflix, Amazon Prime, etc.

**39%** of respondents reported that they used some form of telemedicine (chat, video call, dedicated app)





What new apps you have installed (among those who installed new apps)? (N=453)\*



The Indian government has developed an app for contact tracing and self-diagnosis called Arogya Setu, while the Government of Indonesia has developed apps, called PeduliLindungi for tracing and BLC (Bersatu Lawan COVID) for self-diagnosis. India mandated the use of Arogya Setu for travel as well as for entry to many government buildings. Some private establishments in India have also mandated its use for entry.

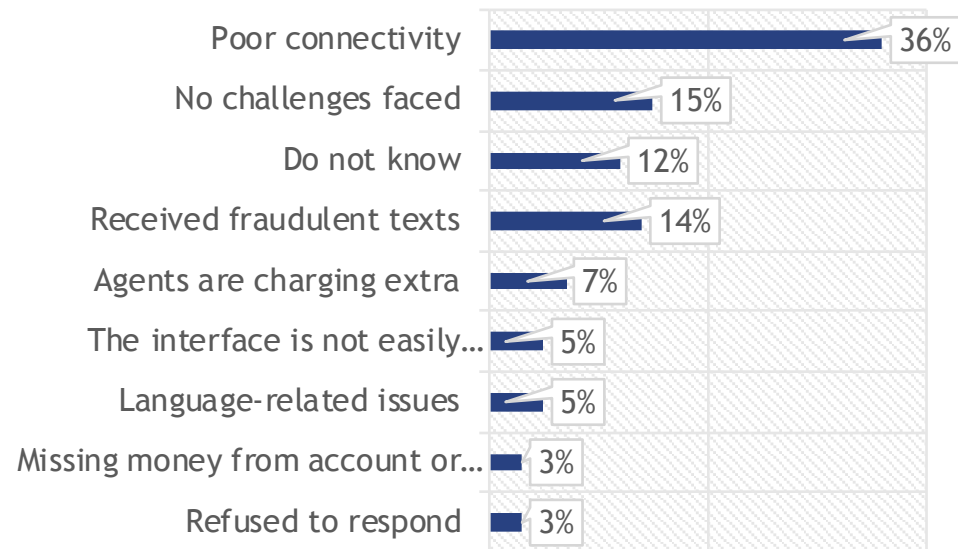
# A significant number of LMI people now use digital financial services but issues like poor connectivity and fear of fraud impede adoption and usage

The intensity of the use of digital channels has increased since April, 2020

	April 2020	July 2020
 Use of ATM has increased (N: April=447, July=718)	6%	18%
 Use of bank branch has increased (N: April=422, July=719)	1%	4%
 Use of DFS agents has increased (N: April=447, July=719)	12%	14%
 Use of debit card has increased (N: April=437, July=718)	7%	14%

60% respondents reported that they use digital payments (July, 2020) but face several major challenges

What is the major challenge that you have faced while using digital payments? (July 2020, N=433)



One person called me with an offer and told me to recharge some amount to my mobile wallet and it will be doubled within an hour. After one hour, even though I did not perform a recharge, somehow my PIN got blocked.”

- A student in Bangladesh

[For country-wise comparison please visit this dashboard](#)

# Case study: Governments, FSPs, and development organizations have recognized opportunities and intervened to push the digital agenda

## The Government of Kenya's initiatives to push digital payments in the country



- Central Bank of Kenya (CBK) took several steps to encourage digital payments instead of cash to control the spread of the virus. It released directives with instructions to waive charges on mobile money transactions up to KES 1,000. CBK also mandated Payment Service Providers (PSPs) and commercial banks to not levy charges for transfer of funds between mobile money wallets and bank accounts.
- The measures were effective, as a significant increase was observed in the use of mobile money channels. This increase was both in terms of volume and value—although mostly for small amounts. More than 1.6 million additional customers use mobile money channels at the time of writing.
- 38% of respondents (July, 2020) from Kenya reported that their use of digital payments has increased
- In March, IPSL announced that all [PesaLink](#) transactions would be made free till 30<sup>th</sup> June.

## In Bangladesh, the government, MFS providers and development organizations have been transferring cash benefits to citizens digitally.



- In line with the directive from the central bank (Bangladesh Bank), [1.9 million](#) new MFS accounts have been opened for RMG factory workers for wage transfer (April 2020).
- [BRAC](#) made a digital cash grant transfer worth 3.2 million USD to 170,000 families and in the process opened MFS accounts for those clients who did not have one. The process expanded to a digital shift of all of BRAC's operations, such as MFI and insurance benefits, among others. The wave of digital cash transfer went beyond BRAC and paved the path for opening new digital accounts across the country. In April and May, BRAC had opened more than 7 million wallets.
- The Government of Bangladesh provided [cash support](#) worth BDT 2,500 to 3.5 million poor families in their MFS accounts.

# As a new cohort of digital users emerge, policymakers and regulators need to strategize on how to utilize the surge in digital use, handhold the new users, and ensure customer protection

The opportunity comes with challenges; we need to be prepared.

- ▶ New digital users, especially women, need handholding on how to use platforms like digital payment, telemedicine, etc.
  - CICO agents or MFI staff who have good rapport in the community can be used as a cadre to handhold people from LMI segments, especially ones with limited or no literacy and numeracy. (Read: [BRAC's cash transfers](#))
- ▶ These new digital users will be quite susceptible to [fraud](#). Strict guidelines, awareness campaigns, and targeted communications through face-to-face, SMS, and recorded messages on these aspects are needed to ensure customer protection.
  - There is a need to build digital capability with a focus on key messages on avoiding fraud; the key messaging would be around best practices, such as keeping the PIN secret, changing PINs regularly, and detecting fraudulent text messages or calls.
- ▶ Regulatory changes can utilize the environment of digital adoption.
  - Interventions like reduced transaction charges, incentives for digital transactions, increasing daily limits of transactions, among others, from regulators and financial service providers can help to push the agenda of DFS.
  - Regulators can also help by setting up a specific task force for this purpose to identify more P2G and G2P opportunities and support financial institutions with digital interventions like [eKYC](#), among other functions.
  - The recently introduced [doorstep banking](#) in India aims to provide customer service at the doorstep through doorstep banking agents and through the universal touchpoints of call center, web portal, or mobile app



## The gendered nature of COVID-19

“

The pandemic is deepening pre-existing inequalities, exposing vulnerabilities in social, political and economic systems which are in turn amplifying the impacts of the pandemic. Across the globe, women earn less, save less, hold less secure jobs, are more likely to be employed in the informal sector. They have less access to social protections and are the most single-parent households. Their capacity to absorb economic shocks is therefore less than that of men.

UN Policy Brief, April 2020

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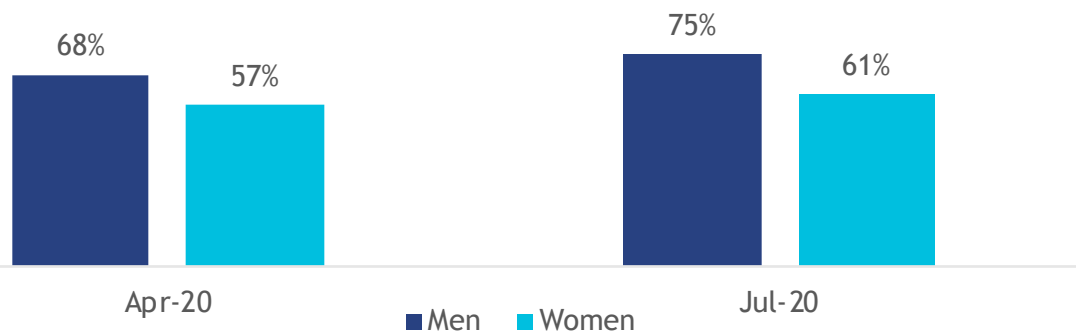
# Women are behind men in both economic response and digital adoption

Women are more pessimistic than men in believing that there is any chance of recovery.

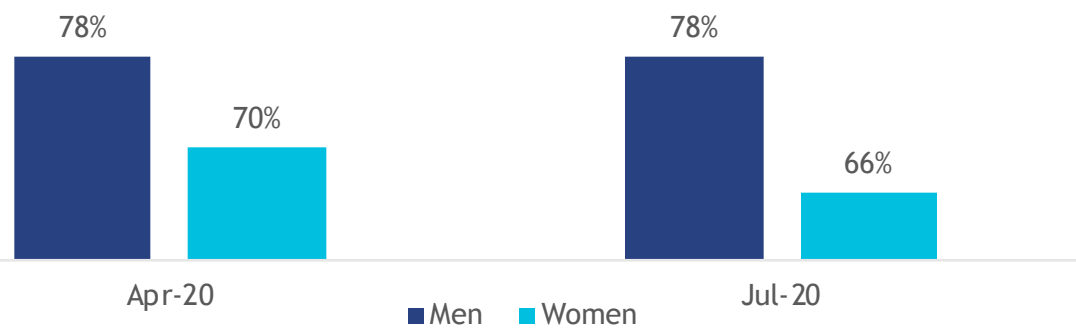
- The gender gap in “respondents who report a decrease in income” has increased from 9% in April to 11% in July\*. More women reported decreased income than men.
- Many industries in the formal economy that are affected directly by quarantines and lockdowns—travel, tourism, restaurants, food production—have considerably high participation from the female labor force. (source: [UN Women](#))
- Women are more likely to be engaged in informal work than men; in developing countries, such informal work constitutes more than two-third of women’s employment. This often leaves them out of formal social protection measures that target workers in the formal sector.

- There is a 10% gender gap in respondents who reported that their use of digital payments app has increased (men=34%, women=24%, July 2020)
- More men (15%) have reported increased use of debit cards (which is mostly self-managed) than women (12%); more women (16%) have reported increased use of DFS agent points (which is often assisted) than men (12%). (July 2020)
- The gender difference in access to smartphones can be a probable cause for the gender difference in digital behavior as most of the digital services that we tracked in our study are app-based.

Is this statement true: “My time on the phone has increased” (N: April=440, July=719)



What type of phone do you have? (response: smartphone) (N: April=457, July=719)



\*April: N=457, July: N=719

# The pandemic resulted in less access to healthcare by women, increased burden of unpaid domestic work, and increased instances of domestic violence

Compared to before COVID-19, domestic work has increased for women the most (observed in April as well as July, 2020)

- Women typically shoulder a greater burden of care. On average, women did three times as much unpaid care-based work as men at home even before COVID-19 (Source: [World Bank](#)).
- Our study found that 39% of women in April and 34% women in July reported that the domestic work has increased the most for women, compared to before COVID-19.
- We find that cleaning, followed by helping children in studies are the major attributors to the increase in domestic work.



## Health

- Marie Stopes International estimates that the pandemic prevented 9.5 million women and girls from using their services, such as contraception and safe abortion globally.
- An inquiry\* into the healthcare seeking behavior of LMIs in Indonesia found that more women (9%) compared to men (1%) reported that as a result of the pandemic, they could not access healthcare as needed due to a lack of good doctors or other good healthcare providers. There is a 16% points gender gap in respondents who reported not facing any challenge in accessing healthcare during COVID-19.



## Domestic violence

- Since containment measures were imposed in countries, the incidence of domestic violence has increased worldwide as many women are trapped at their homes with their abuser.
- An inquiry\*\* on the impact of COVID-19 on women's collectives members in India reveals that 13% members have experienced domestic violence themselves or in their neighborhood during the lockdowns, while 8% said that the incidence of domestic violence has increased during the time.

\*\* MSC study; July 2020; N= 1921

\*MSC study; July 2020; N: men=138, women=103

# Dedicated efforts from policymakers are needed to tackle the disproportionately negative impact that women face from the pandemic

A holistic, gender-transformative approach to achieve women's financial, economic, and digital empowerment is key.

## Provide financial help to women to manage the economic crisis brought by COVID-19

- Women-focused cash transfer programs are meant to help women manage the economic crisis to become financially included and in turn be economically empowered. Adopting the D3 approach (Digitize, Direct, Design) can be the first step to achieve this and help women become financially stable at the time of the pandemic. Properly designed cash transfer programs can help create Financial Services Spaces (FSS) for women that in turn lead to true financial inclusion of women.

## It is time to bridge the digital gender gap to avoid permanent damage.

- Policymakers should collect and use gender-disaggregated data (GDD) for decision-making. This data shall be used to define strategies and policies to include women in the digital ecosystem of the country.
- Handholding through trusted frontline staff (CICO agents, MFI loan officers, members of women's collectives) is required to increase digital capability and provide guidance on customer protection.
- These frontline staff have to be sensitized properly on the nuances of gender to ensure that they can handle the challenges that women face with appropriate care and become a reliable and effective helping hand for women.

## Gender-centric policies are imperative to tackle the unprecedented challenges to women's empowerment

- A recent UN study indicates that most countries have been failing women and girls with their COVID-19 response as they lack dedicated policies.
- National Gender Policies (NGPs) are needed to frame gender-centric financial and social policies and programs to help women recover from the effects of COVID-19.
- National Financial Inclusion Strategies (NFIS) must also incorporate gender sensitivity and have a dedicated section on it—and not limit themselves to gender cross-cutting.
- Policymakers should spell out their plans for SDGs and implement a clear roadmap to reduce the gender gap in digital use beyond cash transfers for women.
- Regulators should be aware of the digital divide while designing policies. A comprehensive gender-centric policy framework like this can be adopted to achieve all-round economic and financial inclusion of women.





## Annexes

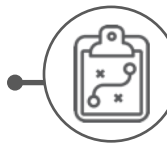
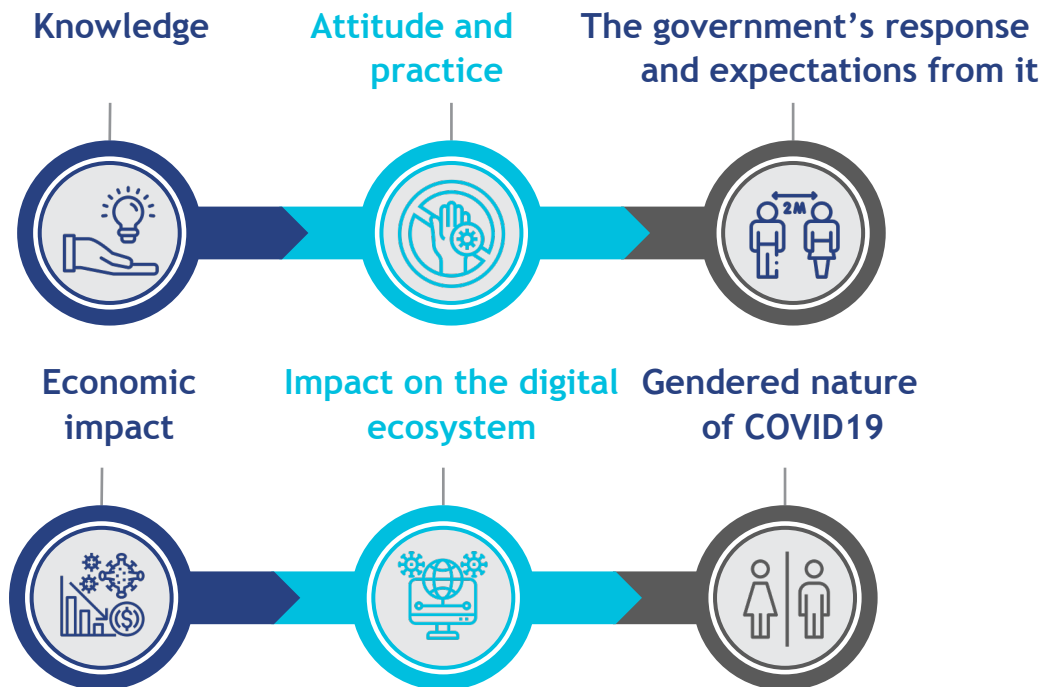
# Annex 1: Study design



## The objective of the research

The objective of the research was to assess the following:

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



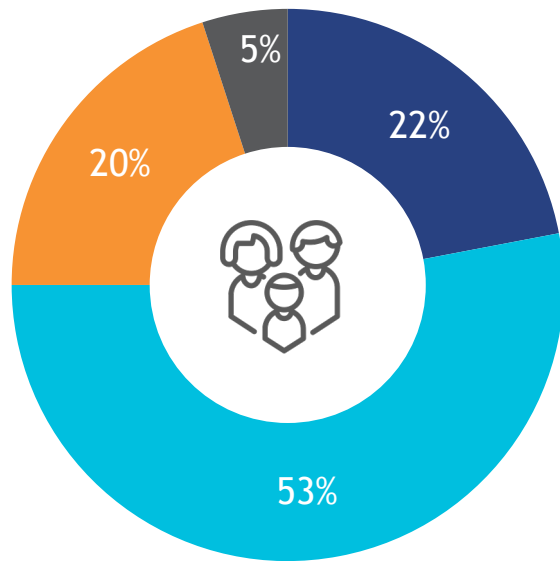
## Study design

- **Countries:** Round 1 covered India, Bangladesh, Indonesia, Kenya, and Uganda. Round 2 covered India, Bangladesh, Indonesia, and Kenya.
- **Location divide:** Rural, urban, and peri-urban areas
- **Sample size:**
  - Round 1: Total=604, India=144, Bangladesh=80, Indonesia=80, Kenya=153, Uganda=147
  - Round 2: Total=719, India=219, Bangladesh=97, Indonesia=241, Kenya=162
  - For all comparative analysis in this report, we used the aggregate data of all countries of round 1 except Uganda. Hence, the sample size used for round 1 is 457.
- **Method:** Telephonic survey (in both the rounds)
- 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.

## Annex 2: Sample distribution

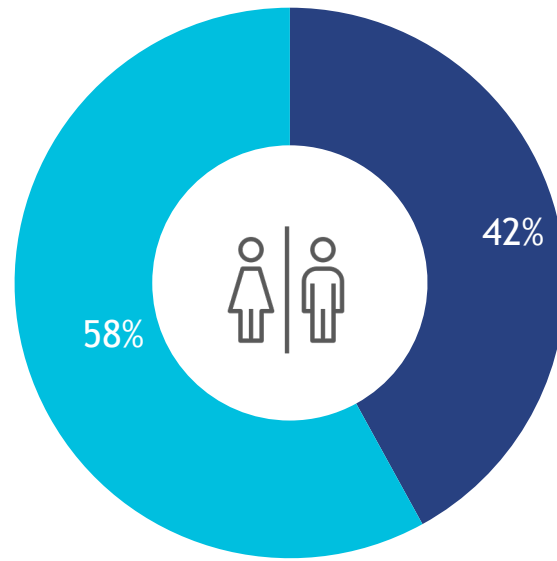
The sample of round 2 is mostly young to middle-aged. We had more women than men among respondents. Location wise, the sample is slightly skewed toward urban areas. The sample of round 1 was slightly skewed toward rural areas (46%) and had more representation from men (52%).

Age (in years) (N=719)



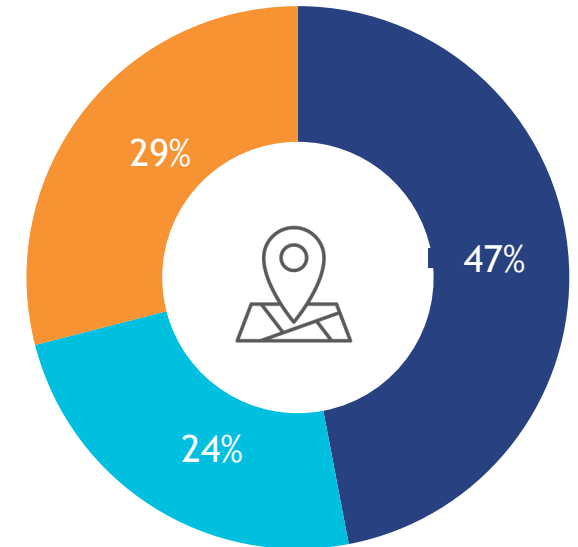
■ 16-25 ■ 26-40 ■ 41-60 ■ 60+

Gender (N=719)



■ Male ■ Female

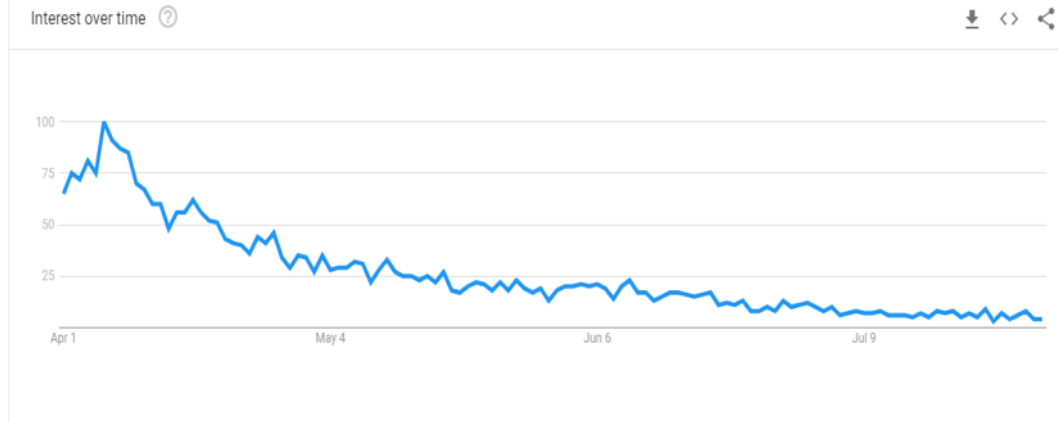
Location (N=719)



■ Urban ■ Peri-urban ■ Rural

# Annex 3: Google search trend analysis (interest over time) in search interest related to “Corona Virus”: April 2020 to July 2020

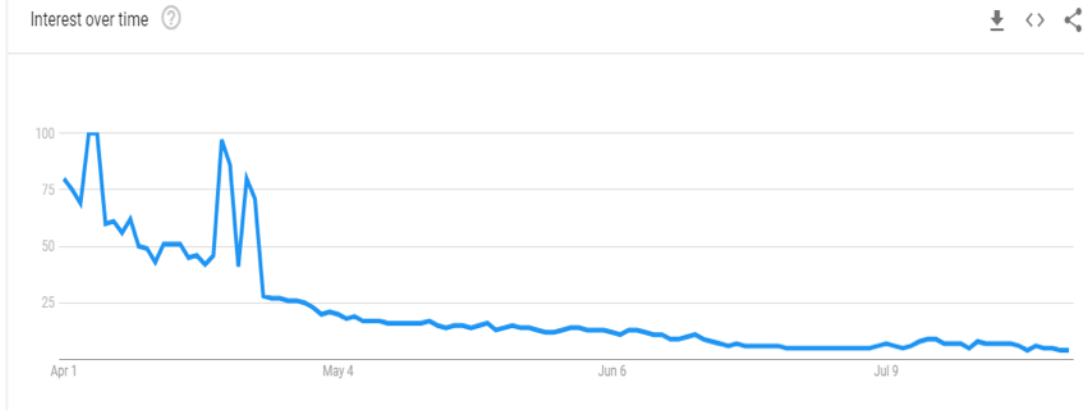
## Bangladesh



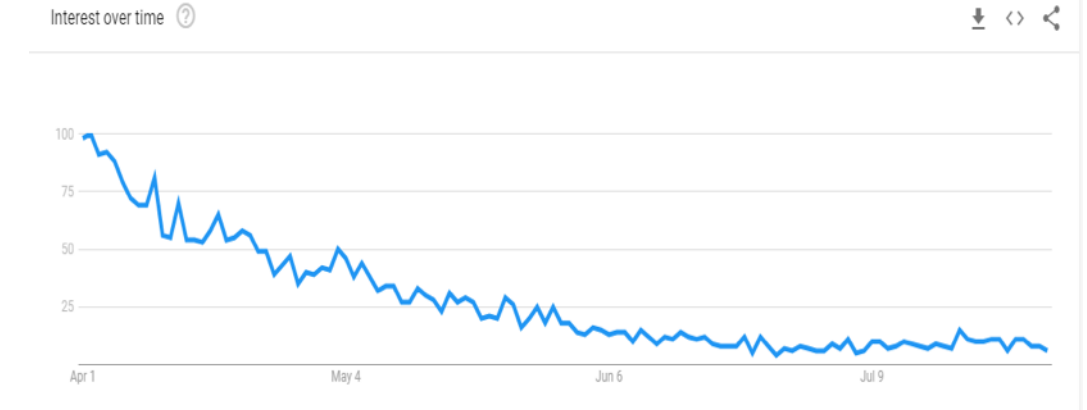
## India



## Indonesia

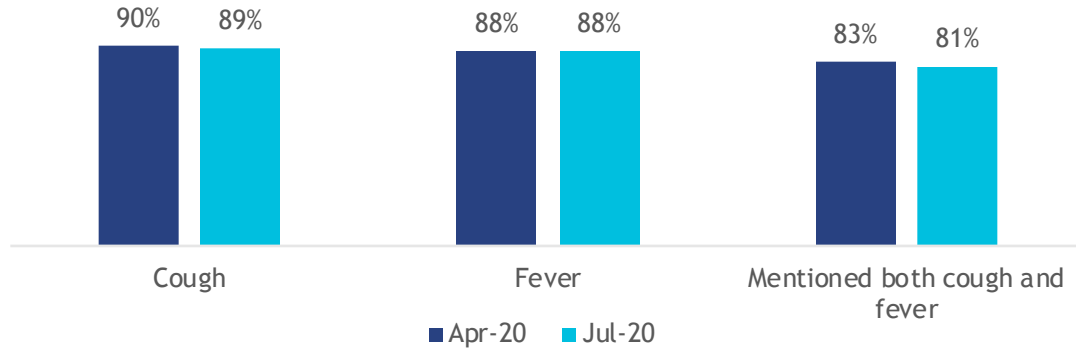


## Kenya



# Annex 4: Knowledge and practices related to COVID-19

Most common symptoms of COVID-19  
(N: April=457, July=719) \*

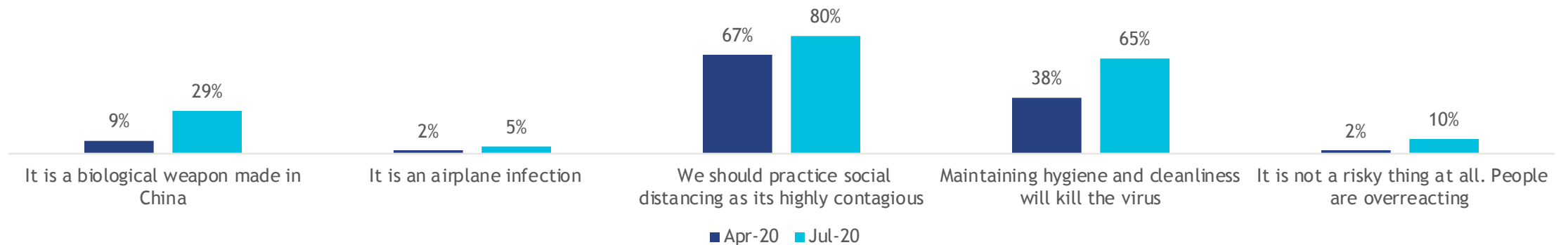


In the data collected in July, 2020, 58% mentioned breathlessness (it was 48% in April 2020), 44% mentioned sore throat, 35% mentioned headache (it was 30% in April 2020) and 14% mentioned loss of ability to smell as symptoms of COVID-19.

How are you socially distancing yourself? (July 2020; N=719)



What people believe about COVID-19 (N: April=457, July=719) \*



\*Multiple responses recorded

# Annex 5: Timeline of how the COVID-19 pandemic evolved globally

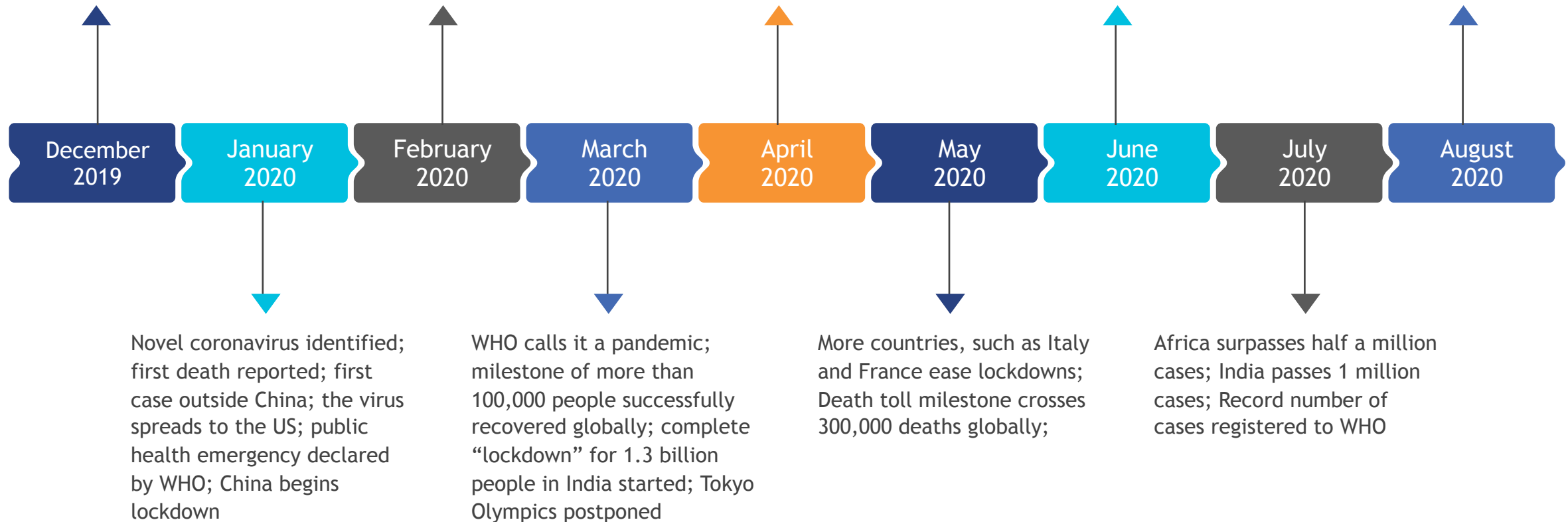
The first patient develops symptoms of the disease in Wuhan; China alerts WHO about several pneumonic cases

The first death occurs outside China; The disease is officially named COVID-19; first death in Europe; first case in Sub Saharan Africa; first death in the US

Some countries, such as Germany and Denmark ease lockdowns; Oxford vaccine trial begins; 20.5 million in the US register for unemployment benefits

Global COVID-19 cases reached the milestone of 9 million; more countries begin to reopen; Saudi Arabia places restriction on Hajj; India reports record spike

Russia becomes the first country to approve a COVID-19 vaccine “Sputnik V”. Oxford vaccine begins its phase 3 trial.



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clients

**>850**  
publications

Assisted development of digital G2P services used by **875 million+** people

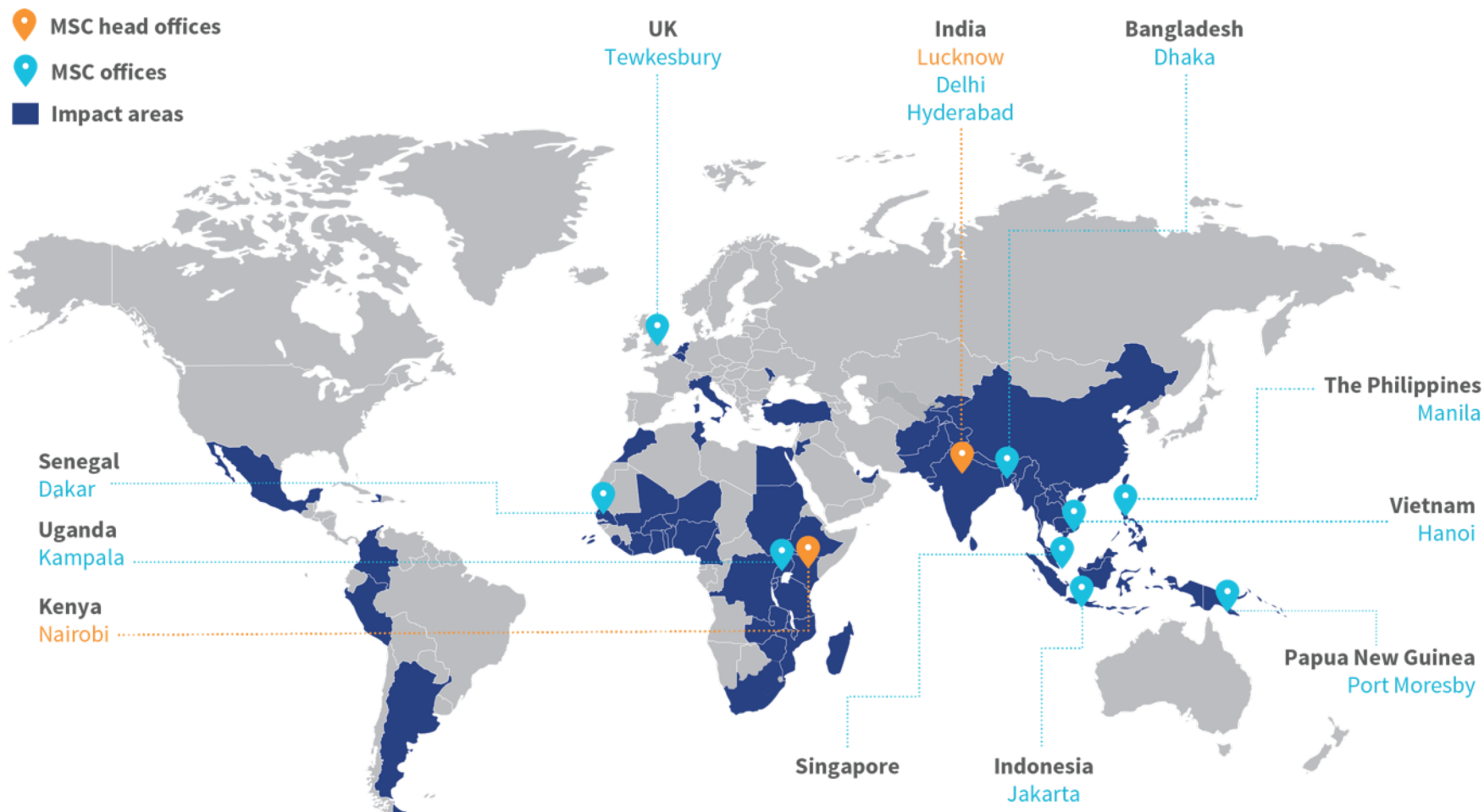
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**Trained 9,000+** leading FI specialists globally

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