

The Impact of COVID-19 on Rural Women and Energy Enterprises



A rapid socioeconomic assessment
in 3 countries by the EmPower project



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Summary

The COVID-19 global health crisis continues to impact countries around the world in ways never imagined. The global infection rate continues to soar and the economic recession is expected to be worse than originally thought. Research from the first and second quarters of 2020 also point to a disproportionate impact of the COVID-19 pandemic on women. Under *EmPower: Women for Climate Resilient Societies*, the joint project by UN Women and UN Environment Programme implemented in Asia-Pacific, a rapid socio-economic assessment undertaken in Bangladesh, Cambodia and Viet Nam suggests that the lives and livelihoods of the women in this project have indeed been significantly impacted by the pandemic.

This assessment was conducted through a perceptions-based questionnaire predominately via phone interviews by implementing partners of the EmPower project; IDCOL in Bangladesh, NCDD-s in Cambodia and CHIASE and GreenID in Viet Nam.

The findings from this assessment found that women's small businesses¹ in all three countries have seen a decrease in their daily income, a reduction in the demand for their goods and services and a lack of access to supplies for their business. On the contrary, a marginal few in Viet Nam and Bangladesh have seen an increase in their daily income. This included some women selling vegetables in Bhola and Sirajganj and women involved in the production of dried noodles in Viet Nam reported higher demand for their goods, likely due to people's preference for pantry and non-perishable items for stockpiling. A large majority of the women have not formally registered their business (85% in Cambodia, 90% in Viet Nam and 95% in Bangladesh) therefore any social protection or government funded economic support packages designed for small businesses is unlikely to reach them.

Another significant finding from the assessment was the increase in time spent on unpaid domestic and care work. This is consistent with the findings from the UN Women COVID-19 survey across Asia. Not surprisingly, there are gender inequalities in terms of who is helping out with unpaid care and domestic work: in Cambodia, 73% reported their husband or partner was helping with these tasks at home, in Viet Nam this is 50% with 22% saying their daughters are helping and 5% say their sons (as well as some having help from parents) and in Bangladesh, only 14% reported to have assistance from their husbands where as 43% have their mothers helping and 32% have their daughters help.

Overall, there seems to be little confidence in rural health services, even for basic medical equipment and supplies, which brings to light issues around the right to health and access to adequate health information. Between 58% and 78% of respondents reported they have access to a health clinic and a doctor in all three countries yet less than half, and up to 90% of respondents from Bangladesh, felt the health clinic was not equipped to deal with the COVID-19 outbreak. Few respondents felt health works had the appropriate personal protective equipment that is required.

Access to water for household consumption and use remains mostly stable for women in the three countries, however the increased demand for water for frequent handwashing as a prevention strategy for COVID-19 has been problematic for a few communities in both Cambodia and Bangladesh. In addition to water, there are important questions stemming from this assessment about the right to information on the COVID-19 pandemic. Women from ethnic minority communities in Viet Nam reported not receiving any notification of COVID-19 community information sessions by the local administration and in Bangladesh, more than 50% of respondents relied on their husbands entirely for news and information regarding the pandemic. These findings also raise questions about the role of government in delivering information to all people equally, particularly on important issues such as this global health crisis.

¹ In this study, women's small businesses refers to micro enterprises that are most often unregistered.



Introduction

The EmPower: Women for Climate-Resilient Societies project, jointly implemented by the United Nations Environment Programme (UNEP) and UN Women and kindly supported by the Swedish Development Cooperation Agency, puts gender equality at the heart of climate action. Through UNEP, the project focuses on harnessing renewable energy to build resilient livelihoods for women in rural Bangladesh, Cambodia and Viet Nam. The project also works on transforming policies and institutions, amplifying evidence and voices and fostering regional commitment in this regard. With these extraordinary circumstances, the project conducted a rapid assessment looking to understand the impacts of the COVID-19 pandemic on the livelihoods and well-being of rural women (farmers and entrepreneurs reliant on natural resources).

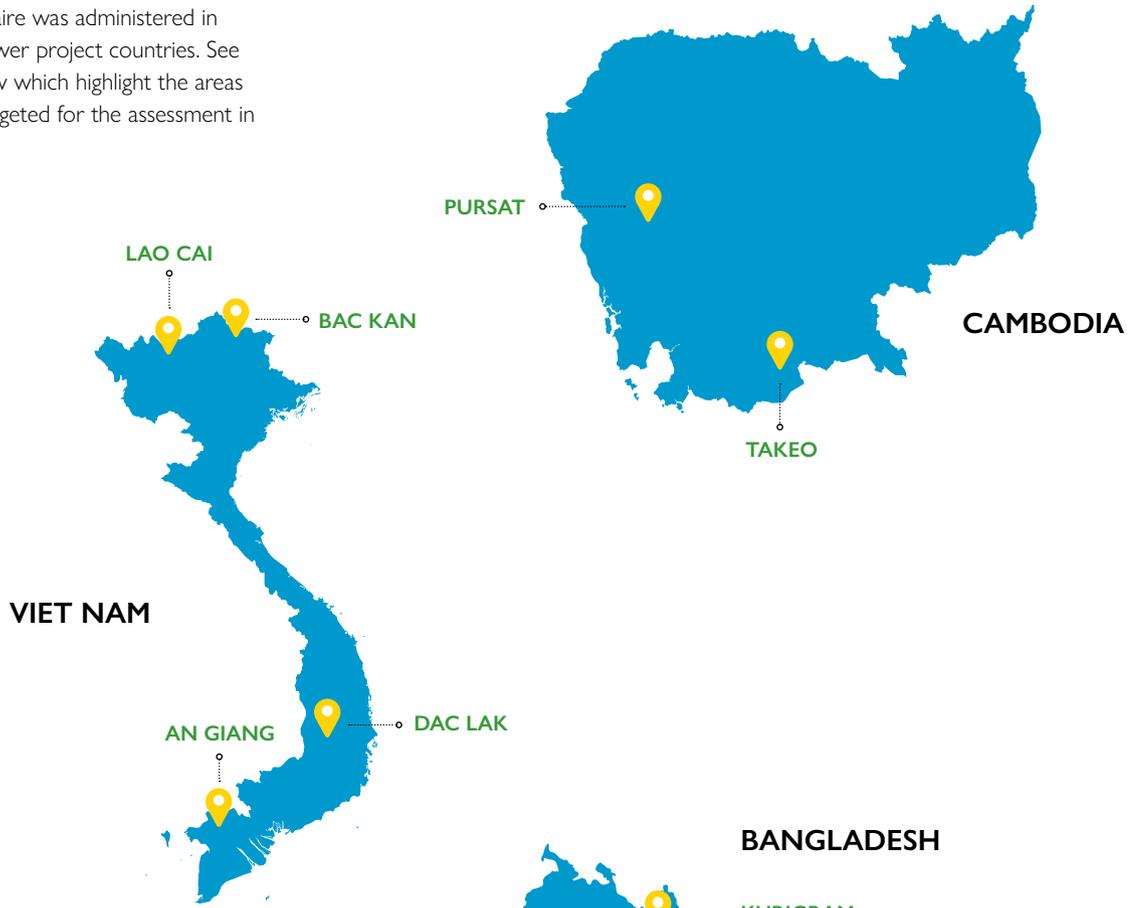
This study feeds directly into UNEP's COVID-19 strategic response- Block 1 (A transformational change for nature and people) and Block 2 (Building back better: Greening fiscal stimulus packages and accelerating sustainable consumption and production). More specifically- the findings and recommendations speak to Block 2B, addressing inequalities with a focus on marginalized and vulnerable groups, in this case being rural women in natural resource sectors and Block 3B and 3C, connecting with broader commitments to climate change and mobilizing support for green jobs. The results of this assessment are informing the UN Country Teams response and recovery as part of the national socio-economic assessments.

Methodology

The purpose of the assessment was to understand the ground realities for women in EmPower project communities since the COVID-19 outbreak. The information and conclusions based on this assessment are not representative for the entire country, nor are they representative for all women living in the same provinces as the respondents. There are, however, ways in which the findings from this assessment can be extrapolated to similar respondents in other areas affected by climate change, where micro or small to medium businesses are also being affected by the pandemic. The assessment was a combination of a qualitative questionnaire with rural women in selected districts in three countries and discussions with stakeholders including government partners and renewable energy service providers.

Data Collection

The questionnaire was administered in all three EmPower project countries. See the maps below which highlight the areas which were targeted for the assessment in each country.



Questionnaire

The questionnaire for this assessment was designed by the EmPower project team at UNEP. Some questions from the UN Women COVID-19 survey were adapted for this assessment. The questions are qualitative in nature and are perceptions-based to gather the perceptions of the women who participate in the EmPower project. The questionnaire was shared with national implementing partners in all three countries for comment and feedback prior to finalizing. The questionnaire was administered in May 2020.





Photo: Abir Abdullah / Asian Development Bank

Purposive Sampling

In Cambodia, the implementing partner National Committee for Subnational Democratic Development (NCDD-s) carried out phone interviews with 26 female respondents from Pursat and Takeo provinces in mid-May. Respondents were randomly selected from the project lists collecting during prefeasibility studies and enumerators confirmed respondent's willingness to participate and take the time to complete the phone interview. Most interviews lasted 15-20 minutes. 100% of respondents were women.

In Viet Nam, national partners Chiase and GreenID carried out the phone interviews. In Bac Kan, interviews were conducted in person as a local staff member was present in the community. Respondents were randomly selected

based on EmPower project beneficiary lists from the prefeasibility studies and those willing to give their time for the interviews. Respondents were from Lao Cai, Back Kan, An Giang and Dak Lak, with a total of 60 respondents across all of Viet Nam. 100% of respondents were women.

In Bangladesh, the national implementing partner Infrastructure Development Company Limited (IDCOL) undertook the phone interviews. A total of 30 respondents for Bangladesh were from in Bhola, Manikgonj, Sirajgonj, Kurigram and Cox's Bazaar. Respondents were selected randomly from the potential project areas and confirmed their willingness to participate in the assessment. 100% of respondents were women.

Data Analysis and Validation

The data was analyzed internally by UNEP using Microsoft Excel. Closed questions were analyzed quantitatively, counting and averaging and then cross correlating with other responses where necessary. Open ended question were coded by the lead project team member, and categories were established in order to establish patterns or trends. The assessment findings were then verified with national implementing partners in all three counties, via virtual validation meetings with interviewers and through email, to ensure accurate analysis and interpretation of findings. Additional qualitative data was also gathered through the validation process from the phone enumerators and project teams which added richness to the data analysis.



Results

This section provides a summary of the results from the questionnaire in three EmPower project countries, Cambodia, Viet Nam and Bangladesh.



Cambodia

Respondents for the questionnaire are based in Takeo and Pursat provinces. The age of respondents varied from 20 years old to over 60 years old. Approximately 62% were between 41-60 years old.

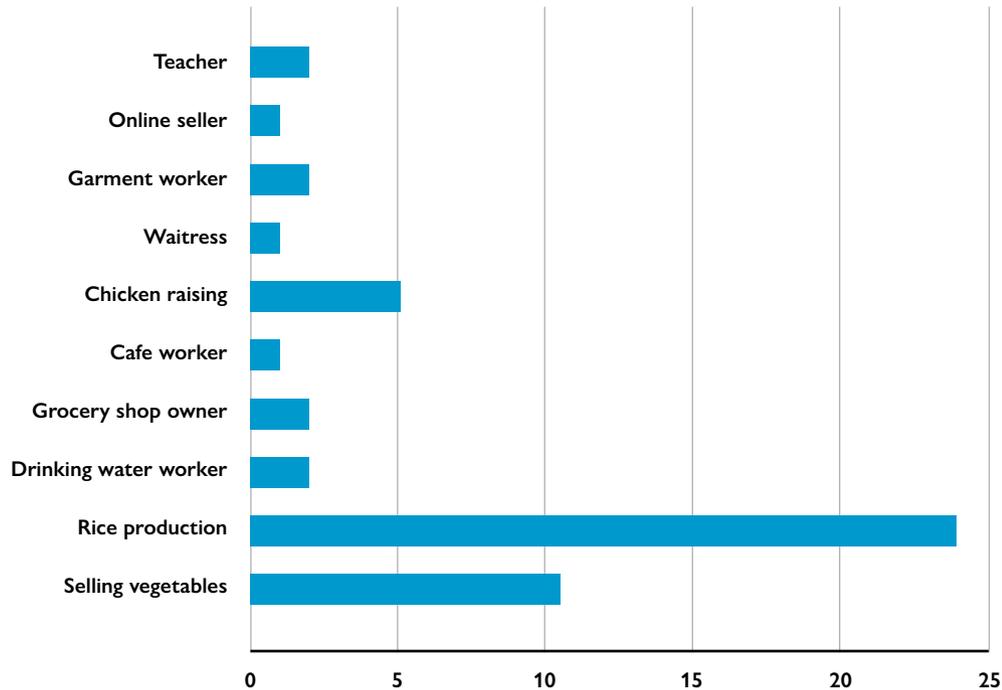


Chart 1: Types of income, Cambodia

Employment (paid and unpaid)

The assessment found that all respondents rely on more than one income source; most respondents have two types of paid income sources and one respondent reported to have three. The types of income generating activities are shown in Chart 1.

A large majority of respondents are reliant on agriculture, such as rice production and home gardens/selling vegetables to make their daily income. 85% of respondents have not registered their business if they have one.

The average daily income from all sources is US\$8.80. This figure is based on the currency exchange rate as at mid-May 2020, and since this time, the Cambodia Riel has devalued further and as such, this average daily income is likely lower. All of the respondents noted that their income has been negatively impacted since the COVID-19 outbreak, and 69% are the primary earners in their household; either their income exceeds their partners' or they are the sole earner in the household. Lower income, unemployment followed by less demand for their goods and services and rising prices of basic goods were the most reported perceived impacts of COVID-19 on future income earning opportunities.



Drinking water worker, Chicken raising, Farming, 31 years old. PorPi Village Sresdok Commune Kandeang District Pursat Province

She noted that the climate has changed so much and while rice farming and animal raising have low yields, with cheaper selling prices, demand for goods are on the rise. With the lack of jobs in the garment and construction sector, poverty is expected to rise and she and her family foresee greater struggles as a result of COVID-19.

The box above is a reflection from the conversation one enumerator in Cambodia had with a respondent in Pursat.



As expected, the time spent on unpaid care and domestic work has increased since the COVID-19 outbreak due to more people in the home more often. Before COVID-19, 50% of respondents spent less than 3 hours/day on unpaid care and domestic work, with 35% spending between 3-4 hours/day. This includes caring for elderly and children as well as household work. Since the outbreak, this has increased and 50% of the respondents now spend between 4-5 hours/day on unpaid work, with 31% spending more than 6 hours every day on unpaid care and domestic work. 85% of respondents reported that other household members are assisting with the household work, and in 73% of the cases, this is the husband or partner who is assisting and in 18% of the cases this is their daughter.

	Prior to COVID-19	After COVID-19
1-2 hours per day	8%	0%
2-3 hours per day	42%	8%
3-4 hours per day	35%	12%
4-5 hours per day	15%	50%
More than 6 hours per day	0%	31%

Table 1: Time spent on unpaid domestic and care work prior to and after COVID-19, Cambodia

Health and wellbeing

Access to water for household consumption and use remains stable for most respondents in Cambodia; all respondents reported they do not rely on central water collection stations. They either have their own water tanks or pumps from a local water source. However, 27% of respondents, all from Takeo, have insufficient water to practice frequent hand washing as a strategy to prevent COVID-19.

58% of respondents noted they have access to a health clinic and a doctor; 15% said they do not and 27% reported they did not know if they have access to a health clinic or doctor. 46% of respondents felt the health clinic is equipped to deal with the COVID-19 outbreak, while another 46% did not know and 8% felt the health clinic was not adequately equipped. 50% of respondents stated health workers have access to personal protective equipment, and 48% felt they did not know. 42% of respondents reported that the health clinic has a vaccine refrigerator (all from Takeo province), while 4% said no and 54% said they did not know (mostly from Pursat province). It is important to note here, that rural women and men are less likely to frequent health clinics or medical posts in general and these findings reflect the rural context in Cambodia. Unless they feel their condition is critical, they tend to avoid seeking help and this practice may result in the lack of knowledge or information in terms of how equipped health clinics are and how able they are to respond to the crisis.²

All respondents felt that their lives have become worse since the COVID-19 outbreak.

Social protection: external support

Most respondents get information about COVID-19 from television (88%), and all respondents noted that there have been community information sessions on COVID-19 by the local administration.

77% of respondents reported that community members have received food handouts from the government, while 23% (all from Takeo province) noted their communities are not receiving any support, except one respondent from Takeo who noted the distribution of hand soap. EmPower project beneficiaries are not the most vulnerable within the specific communities and hence may not have been eligible or received government handouts.³ 81% of respondents noted community members are expecting subsidies on electricity rates from the government. 58% of respondents noted the community has not received support from any other places such as NGOs and 42% said they do not know. It is important to note these perceptions are of community members in general, and likely, the majority of the respondents themselves do not qualify (as the poorest) to receive such handouts. 96% of respondents stated they are not aware of any financial incentives or loan concessions being taken up by community members.

Additional compounding concerns from respondents in light of the COVID-19 outbreak include water scarcity (which outweighed all other concerns and was reported as climate change, drought and lack of irrigation for agricultural crops), lower incomes and higher expenses including prices of basic goods. School closures and factory closures were also raised as a compounding concern.

² Comment from the Data Verification Meeting: UNEP and NCDD-s, 4 June 2020

³ Comment from the Data Verification Meeting: UNEP and NCDD-s, 4 June 2020.



Photo: Lai Dien Dam / UN Women Viet Nam

Viet Nam

Located in the four project sites, 60 respondents completed phone interviews. Respondents are based in Lao Cai and Bac Kan in the north and An Giang and Dak Lak in central Viet Nam. The age of respondents ranged from below 20 (2%) to over 60 (5%) with 40% in the 31-40 years old category and 30% in the 41-50 years old category.



Photo: Pathumporn Thongking / UN Women

Employment (paid and unpaid)

The assessment found the average daily income was US\$7.00, with a minimum reported daily wage of US\$2.15 for those operating their own poultry raising business or respondents working as agricultural day labourers in An Giang province. The maximum daily income (US\$25.75) was reported by a storeowner in An Giang. 85% of respondents reported their income has been affected since the COVID-19 outbreak and of these, 87% reported less income since COVID-19. Conversely, 7% reported an increase in the demand for their products; those businesses are involved in production and selling of dried noodles in Bach Thong District.



Poultry farmer, female, 45 years old from Phu Thinh 2 village, Phu Nhuan commune, Bao Thang district, Lao Cai province. The main source of income for her family is poultry farming and cinnamon planting.

She shared that significant drops in the price of chicken were a major source of concern during this COVID-19 lockdown. Before the lockdown, the price of the chicken was 65,000 VND/ kg while during the lockdown, this dropped to 45,000-50,000 VND/kg. It continues to be very difficult to sell chicken given the closure of markets. She had approximately a hundred chickens who have also been severely affected.

The box above is a reflection from the conversation one enumerator in Viet Nam had with a respondent in Lao Cai province.

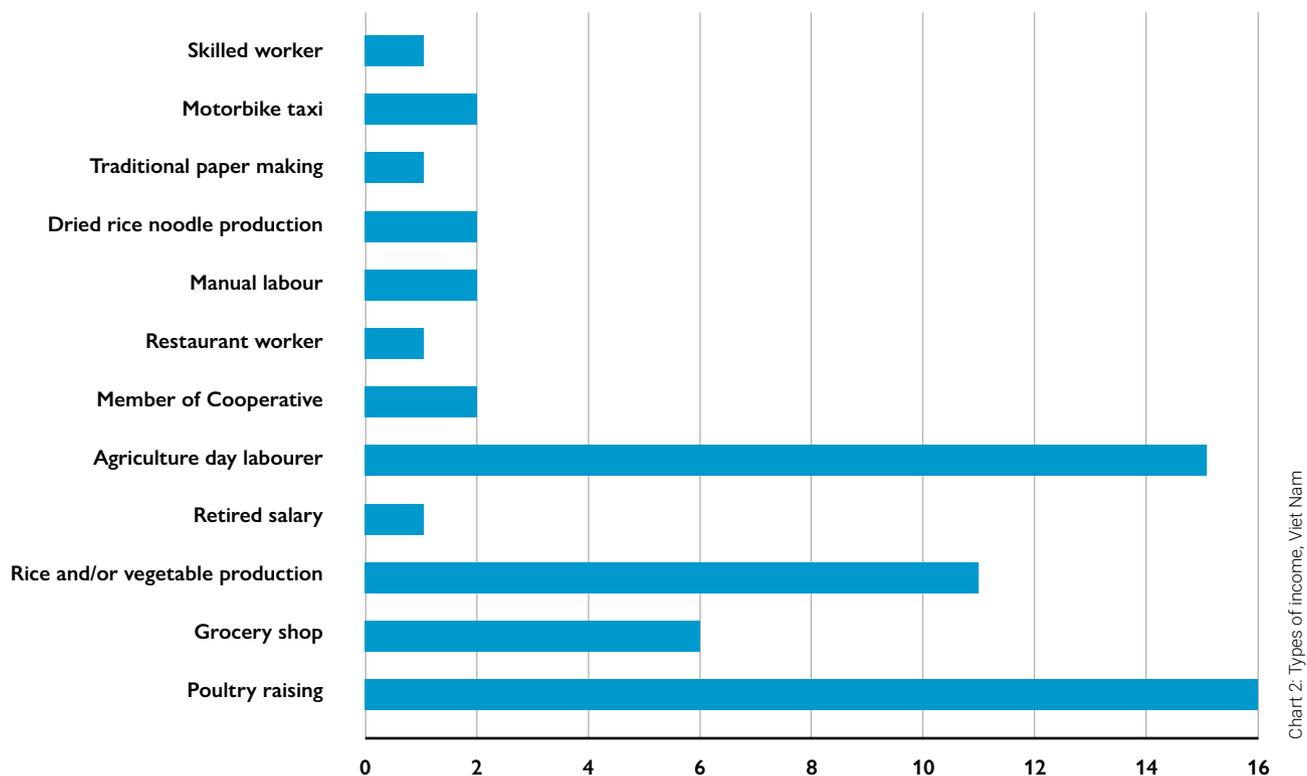


Chart 2: Types of income, Viet Nam

Chart 2 presents the types of income reported by the respondents. The majority of workers in Viet Nam either have their own poultry raising business, work in rice and vegetable production (which is mostly fruit such as mango and rambutan in the Mekong regions) or agricultural day labourers hired on an as-needed daily basis to work on agricultural farms.

Approximately 43% of respondents are the primary earners in their household; their income either exceeds that of their partner's or their partner has no income. Only 10% of respondent's businesses are formally registered, these include store owners and motorbike taxis from An Giang and Dak Lak.

When discussing the perceived future impact of COVID-19 on their income earning opportunities, respondents worry about the limited demand for their services and products as well as rising unemployment. On the contrary, 18% of respondents believed there would be no impact from COVID-19 on their future income earning opportunities; many of these are from the Bach Thong district in Bac Kan. This finding could be due to a lack of deep understanding about the COVID-19 pandemic and its far reaching and long-term economic impacts⁴. This inference also correlates with the lower rates of community-level information dissemination on COVID-19 in Bac Kan (see the next section).

Since the COVID-19 outbreak, respondents noted that time spent on unpaid care and domestic work has increased significantly and for many this has nearly doubled with 73% of respondents spending 3 or more hours on unpaid care work. For 38% of respondents, this extends to 6 or more hours a day. 63% reported to have assistance with the unpaid work, and of these, about 50% said their husband's or partners were helping, 22% said their daughter's and 5% said their sons. Even though a majority have one or more family members lending a hand, this is still a demand on women's time and resources.

⁴ Comment from Data Verification Meeting, UNEP and CHIASE, 4 June 2020

	Prior to COVID-19	After COVID-19
1-2 hours per day	25%	8%
2-3 hours per day	38%	18%
3-4 hours per day	20%	18%
4-5 hours per day	8%	17%
More than 6 hours per day	8%	38%

Table 2: Time spent on unpaid domestic and care work prior to and after COVID-19, Viet Nam

Overall, free time for leisure and personal needs and priorities has increased with 40% of women now having more than 3 free hours a day. This is a significant jump from 3% who reported having so many free hours before the pandemic.

Health and wellbeing

In Viet Nam, 25% of respondents rely on central water collection stations and only 7% reported facing any issues in access to water for household consumption and use. Central water collection in Viet Nam is not necessarily provided by the government, and may include traditionally built community water collection methods, particularly in mountainous areas. When asked specifically about sufficient water for frequent hand washing as a preventative strategy against COVID-19, 95% of respondents said they have enough water. The most remote communities and are the ones reporting occasional water shortages with water running out as they are at the end of the line/system.

78% of all respondents report to have access to a health clinic and doctor. 70% reported they feel the health clinic is equipped to deal with COVID-19 while 27% said they did not know and 3% said that did not think the clinic was not equipped. Only 43% felt the clinic was equipped with other basic facilities. In terms of appropriate personal protective equipment, 67% felt health workers do have access to the correct equipment, while 30% reported they did not know. 30% stated that the health clinic has a vaccine refrigerator while 62% said they did not know.

53% of respondents felt their lives had become much worse on a sliding scale since the COVID-19 outbreak while 33% said their lives were worse, 14% said their lives are unchanged.

Social protection: external support

42% of respondents get information about COVID-19 from television, and 37% get their information from a friend or neighbor. 77% of respondents noted that there have been community information sessions on COVID-19 by the local administration. Those who have not received information about COVID-19 through community information sessions were based in Nang Chung village, Son Ha commune, Bao Thang district (100% of respondents), Phu Thinh 2 village, Phu Nhuan commune, Bao Thang district (83% of respondents) and Peng 2 village, Hop Thanh commune, Lao Cai (50% of respondents).



In Viet Nam, all respondents reported that community members have received handouts from the government; 51% (all from Lao Cai and Bac Kan) received cash handouts and rice distribution while 49% (all from An Giang and Dak Lak) of respondents have received food distribution. Two respondents from An Giang also reported to have received face masks. This government support/handout is in line with what communities were expecting in each region respectively. It is important to note here, that EmPower project beneficiaries are unlikely to have received any of this external support in Lao Cai and Bac Kan, as they are not the most vulnerable and poorest members of their communities.⁵ In An Giang and Dak Lak, some of the project beneficiaries themselves received external support.⁶

18% of respondents said the community is receiving external support from other actors, 40% said they were not and 42% said they did not know. For those receiving additional support, this support was reported to be coming from either a charity group, a company or the police. From the verification meeting, it appears

that the original source of the external support is possibly unknown to the interviewees, as in some cases, donors and charities have funneled support through the local administration for distribution and its not been made clear to the beneficiaries who provided such support.⁷ Only 13% of respondents reported that they are aware of community members taking up financial incentives and/or loan concessions available in light of COVID-19. 58% reported they did not know.

Additional compounding concerns from respondents in light of the COVID-19 outbreak are represented in chart 4. Rising unemployment was the biggest concern and reduced income was also noteworthy. According to news reports in Viet Nam, the national bank was set to reduce interest rates to help ease financial pressure however at the time of the assessment, this had not yet happened and hence this was raised by some respondents as a compounding concern.⁸ Interestingly, a proportion of respondents (23%) noted they are not facing any other compounding concerns at this time while 8% of respondents said they did not know.

⁵ Comment from Data Verification Meeting, UNEP and CHIASE, 4 June 2020.

⁶ Comment from Data Verification Meeting, UNEP and GreenID, 11 June 2020.

⁷ Comment from Data Verification Meeting, UNEP and GreenID, 11 June 2020.

⁸ Comment from Data Verification Meeting, UNEP and CHIASE, 4 June 2020.



Photo: Abir Abdullah / Asian Development Bank

Bangladesh

The 30 respondents from Bangladesh were located in Bhola, Manikgonj, Sirajganj, Kurigram and Cox's Bazaar. The overall average age of respondents in Bangladesh is lower than Viet Nam and Cambodia. 50% of respondents from Bangladesh are between 20-30 years old, 37% are 31-40 years old with no one above 51 years old in this sample.

Employment (paid and unpaid)

The assessment found the average daily income of respondents is US\$1.25 with the lowest daily income of \$0 and a highest income of \$7.70 which is a woman working as a tailor. 10% of respondents noted they earn less than 100 Bangladeshi Taka per day, equivalent of US\$1.20.⁹ Importantly, 40% of all respondents stated they have no earnings themselves. They rely on a family income provided by their husbands. The types of income for those currently earning are presented in Chart 3.

⁹This 10% have not been included in the average daily income calculation as no explicit figure was given.

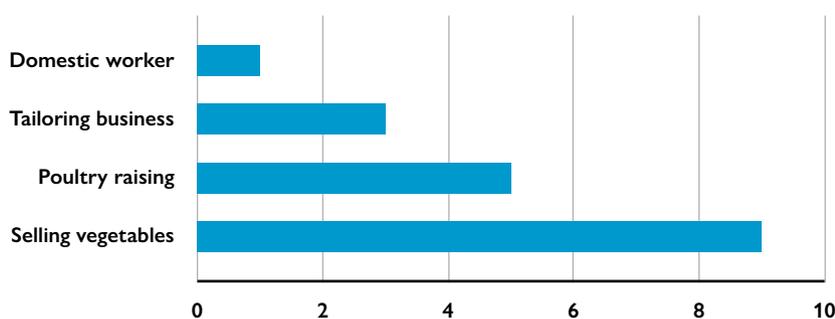


Chart 3: Types of income, Bangladesh

100% of respondents who earn an income said their daily income has been affected by COVID-19. The majority of those earn less than their husbands; 33% earn about the same as their husband and 3% or one respondent noted their partner has no earnings and they are the main earner of the household working as a domestic worker in someone else's home.

Of those with an income, 33% reported less income since the COVID-19 outbreak, 39% reported less availability of supplies for their business and 11% reported less demand for their products. 17% of respondents reported more demand for their products since the COVID-19 outbreak, and these respondents were involved in poultry raising in Bhola and selling vegetables Sirajgong. Of those with a daily income, only 1 respondent (6%) has a formally registered tailoring shop.

Respondents reflected on the impact of COVID-19 on their future income earning opportunities. The vast majority have reported no impact as they currently have no income and potentially cannot anticipate the impact on any future income generating opportunities in which they may pursue. Many of the other reflections on the perceived impact of COVID-19 on income opportunities relate to the family/their husband's business and include a potential loss of capital, the risk of going out of business and damaged goods.

In terms of unpaid domestic and care work, all respondents reported to be spending more time on these activities since COVID-19. Table 3 below shows the shift in hours spent on unpaid work as a percentage of all respondents prior to and since the COVID-19 outbreak. Gender inequalities in terms of the share of unpaid work persist in Bangladesh. While 93% of respondents report they have help with the unpaid domestic and care work, 43% of respondents stated their mothers assist them, 32% daughters and 14% have assistance from their husbands. Only 7% reported their sons are helping with this household work.

	Prior to COVID-19	After COVID-19
1-2 hours per day	3%	0%
2-3 hours per day	20%	0%
3-4 hours per day	60%	30%
4-5 hours per day	17%	37%
More than 6 hours per day	0%	33%

Table 3: Time spent on unpaid domestic and care work prior to and after Vodi-19, Bangladesh

In terms of free time and similar to the results for Cambodia and Viet Nam, respondents reported a sharp increase in the amount of free time they had likely due to the lockdowns and the inability to pursue income generating activities. Prior to COVID-19, no one reported to have more than 4 hours free time per day; this has jumped to 43% of all respondents.

Health and wellbeing

Only 27% of respondents reported to be reliant on central water collection stations for water consumption and use at the household level; they are collecting water from government implemented arsenic/salt-free safe deep tube well.¹⁰ Generally, 1 tube well supplies 20 to 30 households. When asked if they are facing any challenges with water collection for household consumption and use during this time, 10% (3 respondents) reported they usually bring water from someone else's house which in this time is very difficult to do. When asked if respondents have sufficient water for the additional measures to prevent COVID-19, 93% reported they do.

63% of respondents stated they have access to a health clinic and a doctor in the community, 33% said no while 1 respondents said she did not know. From their perspective, an overwhelming 90% of respondents reported they feel the

health clinic is not equipped to deal with the COVID-19 outbreak while 10% said they did not know. When asked if they feel health workers have access to appropriate personal protective equipment, 50% felt the workers do not and 50% reported they do not know. 37% of respondents believe the health clinic has a vaccine refrigerator while 47% said no and 17% reported they did not know. Only 17% of respondents believe the health clinic has other basic facilities available; 40% said no and 43% said they did not know if the clinic had other basic facilities.

On a sliding scale, 50% of respondents in Bangladesh felt their lives had become much worse since the COVID-19 outbreak while 50% said their lives were worse.

¹⁰ Comment from Data Verification Process, UNEP and IDCOL, 1 July 2020



Social protection: external support

53% of respondents get their information about COVID-19 from their husbands or partners while 30% receive this information from the television. Radio, Facebook or social media and friend or neighbour were the other methods people (1 respondent for each respectively) are receiving information while 7% of respondents reported they do not receive news about COVID-19. Only 43% of respondents reported community information sessions about COVID-19 by the local administration have taken place. 20% said there has not been any community information sessions while 37% said they did not know.

47% of respondents reported that they themselves have received food distribution handouts from the government. 53% reported there has been no government support or handouts in their community. When asked what kind of support the community is expecting, 73% reported

cash handouts and 27% said food distribution. One respondent from Kurigram reported they have received support from an NGO in terms of free health checkups and medicine.¹¹

When asked about any financial incentives or loan concession being made available to community members, 67% reported this has not happened while 33% reported they did not know.

A large number of respondents reported the disruption to normal life and the lockdown were the biggest compounding concerns since the COVID-19 outbreak. 33% reported financial problems were a large compounding concern, and in this context this referred to different challenges including insolvency and more broadly respondents are scared to lose the ability to serve their basic needs.¹² 'Family problems' was raised by 33% of respondents as well, and these were explained further to mean instances of domestic violence and property related clashes due to income loss.¹³

¹¹ Comment from Data Verification Process, UNEP and IDCOL, 1 July 2020

¹² Comment from Data Verification Process, UNEP and IDCOL, 1 July 2020

¹³ Comment from Data Verification Process, UNEP and IDCOL, 1 July 2020



The way forward

The findings from this rapid assessment suggest that the impacts of COVID-19 on the project communities in which EmPower works are significant and potentially severe, as the global pandemic continues to worsen.

While in some countries, the situation may stabilize in terms of number of COVID-19 cases and removal of lockdowns and restrictions, the global pandemic continues to unfold. Second and third outbreaks mean continued uncertainties for women and their livelihoods.

Some key next steps include:

- **Livelihood support is crucial:** With up to 40% of survey respondents in Bangladesh reporting they have no income of their own, and about 70% of respondents in Cambodia reporting they are the primary earners for their household, the need to build resilient livelihoods that can withstand the health crisis and economically empower rural women is reaffirmed. Given the new context, market linkages and robust supply chain networks as well as digitalization to revive women's small business is needed. Understanding how renewable energy can be leveraged to meet the current challenges faced by women's small business is critical. There is also a need to create more resilient livelihood options, particularly as factories have closed or workers' hours are reduced.
- **Time:** The gender inequalities and social norms that continue to promote women's reproductive role are not surprisingly being exacerbated during the COVID-19 outbreak. Continuing to work to transform social and gender norms and engaging men and boys in parallel with work on livelihood support is crucial to unlocking women's full potential.
- **Health and well-being:** Access to information, water and health services are crucial at this time. This assessment identified potential gaps on all three fronts. Work in this area needs to include support to government to promote the realisation of these basic human rights and integrate the gendered differences in access particularly in sub national planning processes and plans.
- **Social Protection:** Findings suggest ethnic minority communities in Viet Nam and women in remote Bangladesh continue to remain on the periphery. Continued effort is needed to bring these issues of marginalisation to the forefront, particularly at the regional level, and to strongly advocate for the principle of 'Leave No One Behind'.

As challenges related to COVID-19 become more complex, the challenges for rural, vulnerable and marginalized communities are unique. More in-depth research is needed to monitor the unfolding situation on the ground in EmPower communities which are rural and highly impacted by climate change. This should include a detailed assessment that goes beyond perceptions and correlates sex disaggregated data and information from government stakeholders on specific issues such livelihood-related challenges, access to information, gender inequalities in COVID-19 response, access to water and social protection.

Finally, now more than ever, the path to building better from the socio-economic fallout of COVID-19 relies on building for climate resilience and through inclusive development. The EmPower project and its partners are committed to achieving the originally intended outcomes of the project, while also being agile and adjusting to the post COVID-19 realities for the women and men of the project and our national partners.



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