

June 1, 2020



A Tablet Didi of the Jharkhand State Livelihood Promotion Society poses with her tablet in Hutar, Jharkhand, India, on August 28, 2018.

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COVID-19, a novel infectious disease, was declared a pandemic by the World Health Organization in March 2020. Unlike the world's persistent, high-burden infectious diseases—such as tuberculosis and malaria—that are more prevalent among the most vulnerable in low- and middle-income countries, COVID-19 is unique because of (1) its wide geographic spread across a range of populations, (2) its partially asymptomatic transmission, (3) a disproportionate effect on older people and those with underlying morbidities, and (4) potentially, the level of intensive care required when geographic areas experience a large number of severe cases. Many countries and states have chosen to place entire populations under lockdown to reduce mortality and mitigate the potential burden on health systems. Lockdowns vary greatly in severity, with some countries instituting full lockdowns, mandating social distancing, and strengthening public health responses, and other countries implementing shelter-in-place policies.

This policy brief presents the implications of the pandemic and the lockdown for women's groups, with a focus on India, Nigeria, and Uganda.¹ These three countries have responded quite differently to the COVID-19 crisis. In India, a nationwide lockdown that began at the end of March 2020 initiated a crisis for migrant workers, daily wage workers, and small enterprises, which has been met with social protection and relief measures that vary widely by state. While the country is opening in phases after the end of "lockdown 4.0" on May 31st, with many decisions left to states and Union territories (Times of India, 2020), social distancing measures will likely continue in the long term, along with social protection benefits for the poorest. Nigeria initially enacted short-term, state-level lockdowns, with continued federal travel restrictions and social distancing measures. Since then, the government has gradually started reopening the economy, but imposed "precision" lockdown measures in areas that report rapid increases in COVID-19 cases, including a full lockdown in Kano in response to a large number of cases in the state (Reuters, 2020). Like India, Nigeria has a large workforce of daily wage workers and small-scale entrepreneurs who have been hit hardest by the lockdown measures (Busari & Salaudeen, 2020). Finally, Uganda's extended lockdown was one of the toughest in sub-Saharan Africa and has tested the resilience of millions of vulnerable "hand-to-mouth" workers" (Anguyo & Storer, 2020). However, the president recently announced the reopening of the economy with the exception of 40 border districts (Independent, 2020a). Schools were initially scheduled to start again on June 4 (Mwangi, 2020), but since then the State Minister for Primary Education has requested more time for the Education Ministry to

¹ "Women's groups" is an umbrella term commonly used to refer to different models of economic, health, and community groups with a primarily female membership. Groups vary widely in their design and implementation, as well as their purpose, governance, and financing. Objectives include promoting financial inclusion and women's economic empowerment, organizing workers in the informal sector, and improving health outcomes among group members and their communities.

develop guidelines for the reopening (The Independent, 2020b). Private transport, shops, hotels, and restaurants reopened on May 26 under the condition that visitors apply social distancing measures. However, the reopening is conditional upon the use of masks (The Independent, 2020a).

The COVID-19 crisis and the resulting lockdown pose unique challenges for women's groups, but previous evidence suggests that women's groups may provide members with the mechanisms to cope with crises. Lockdowns are particularly challenging for women's groups because almost all women's groups meet physically. Even after lockdowns, social distancing policies may limit the ability of women's group members to meet. At the same time, existing evidence suggests that the social, human, and financial capital generated through women's groups may enable women's group members to mitigate the consequences of negative economic and health shocks (e.g., Christian, Kandpal, Palaniswamy, & Rao, 2019; Atyang, 2016; Karlan et al., 2017). Furthermore, emerging evidence suggests that scaled-up self-help groups (SHGs) and savings groups have created governance structures that make these groups well positioned to contribute to the implementation of social safety nets (Desai & Joshi, 2013; Reddy & Manak, 2005; Kumar et al., 2019). Groups with wide population coverage also may be able to support public health prevention measures. Perhaps for these reasons, the Indian government and nongovernmental organizations with a focus on Africa (e.g., CARE, Women for Women International) are channeling funding and community response initiatives through self-help and savings groups to limit the negative economic consequences of the lockdown.

Although recent reports focus on the role of women's groups during the pandemic (Sanyal, 2020; World Bank, 2020), there is virtually no evidence on the impact of COVID-19 on the implementation and effectiveness of women's groups. Researchers have only recently started focusing on the gendered impacts of the pandemic, and policy briefs thus far have largely centered on the impact of interventions with women under usual circumstances, possibly because the emergency response has primarily targeted immediate public health and social protection responses.

This brief aims to examine how women's groups may be affected by—and may help mitigate the effects of—COVID-19 in India, Nigeria, and Uganda to identify potential opportunities and challenges, while keeping in mind contextual differences across and within countries. We conducted a rapid review of published evidence on groups' responses to shocks, including evidence from health shocks and natural disasters. Accordingly, we identified potential mechanisms through which women's groups may be affected by COVID-19. We then combined evidence about these mechanisms with descriptive statistics on female populations and women's groups in India, Nigeria, and Uganda. In addition, we summarized emerging, largely anecdotal evidence from news stories about the role of women's groups in mitigating the consequences of the pandemic.

We conclude the brief with some insights on contextual factors to consider and evidence gaps to address when designing women's group programming and research in the time of COVID-19. Based on these insights, we summarize a research agenda that we aim to implement as the Evidence Consortium on Women's Groups (ECWG). This research agenda will focus on how COVID-19 and the associated lockdowns may influence the functioning of women's groups.

How COVID-19 may change the implementation and effectiveness of women's groups

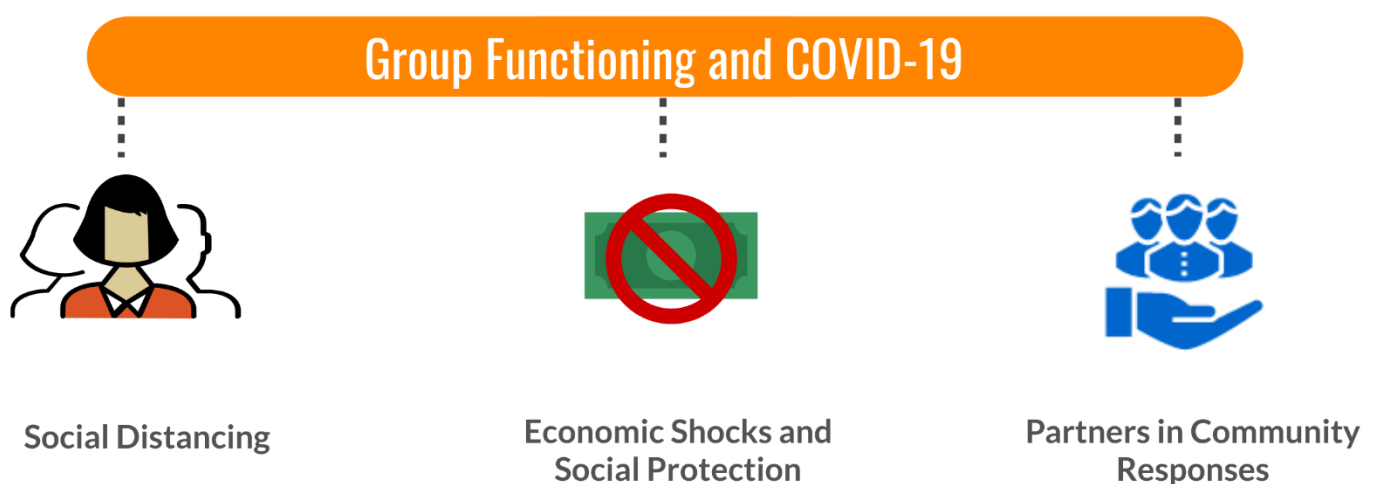
The ECWG has identified three ways in which the implementation and effectiveness of groups may be affected by COVID-19 and response measures.

- *Social distancing*: Social distancing may require groups to change their functioning—for example, by limiting physical meetings and possibly introducing virtual meetings and technology.
- *Economic shocks and social protection*: Economic shocks may reduce income and viable market linkages for groups linked to livelihood promotion, which may ultimately result in group dissolution due to a lack of capital or investments. On the other hand, groups may increase the resilience of their members through existing savings and group support that can serve as insurance and social protection.
- *Partners in community responses*: Coverage and existing governance structures of groups may incentivize governments and nongovernmental organizations to provide social safety nets and manufacture personal protection equipment through groups, which may increase income opportunities for women's group members. Groups also may use their social networks for effective health communication about COVID-19.

The likelihood and strength in which these three factors will affect groups will depend on several contextual characteristics, particularly the severity of the lockdown and local epidemics. For example, groups may still have opportunities to meet in contexts where lockdowns are relatively mild or not strictly enforced. Furthermore, the ability of groups to meet digitally will depend on women's access to mobile phones and digital literacy. Finally, governments are only likely to use women's groups to provide social safety nets or implement other interventions where they operate at a large scale.

Figure 1 summarizes the ways in which COVID-19 may affect groups' effectiveness and functioning as well as the contextual factors that create barriers and facilitators to groups.

Figure 1. How Group Functioning May Change in Response to COVID-19



Evidence on changes to implementation of women's groups: Applying lessons from past shocks and the current environment

Social distancing

Evidence from the 2014 Ebola outbreak in Sierra Leone indicates potentially devastating consequences for groups that cannot meet. During the Ebola epidemic, 95% of Village Savings and Loan Associations (VSLA) in Sierra Leone experienced high absenteeism during weekly meetings, which reduced groups' capacity to pool savings and distribute loans (Food and Agriculture Organization, 2014). Due to lack of contributions, VSLA activities were effectively suspended during the height of the epidemic. Programmatic data from Agricultural Cooperative Development International/Volunteers in Overseas Cooperative Assistance (ACDI/VOCA) suggest that women resumed savings group cycles upon receiving an infusion of liquidity in the form of an unconditional cash transfer (Mbevi, 2018). Descriptive data further suggest that, in the absence of cash infusions, women's borrowing from informal channels increased and their ability to pay off loans decreased. Closures of microfinance institutions further reduced opportunities for income supplementation (African Development Bank Group, 2014).

Under the current COVID-19 lockdown, women's groups in India, Nigeria, and Uganda no longer have physical meetings. CARE VSLA meetings in Uganda have been suspended, and groups linked with accounts are encouraged to use mobile money to access savings. All transactions are handled solely with the treasurer or secretary rather than the entire group, and updates of transactions are shared on WhatsApp (CARE, 2020). In Nigeria, where CARE started forming VSLAs last year, CARE is providing remote trainings to community leaders and program participants on COVID-19 prevention measures, disease symptoms, and how to access healthcare services (CARE, 2020). In India, the State Rural Livelihoods Missions (SRLMs) were advised that SHG members should follow social distancing while participating in community responses to COVID-19 through the production of masks and protective gears, and providing rationed and cooked food to vulnerable families (Government of India, 2020). Presently, SHGs do not engage in regular activities, such as savings, and loan disbursement or recovery (Sanyal, 2020).

Previous evidence from Chile suggests that there is some scope for replacing physical meetings with text messages, but the potential for such strategies highly depends on access to mobile phones, money, and digital literacy. A study on the Feedback Message Experiment from Chile found that holding people accountable through simple feedback text messages instead of physical meetings led to an increase in savings (Kast, Meier, & Pomeranz, 2018). Although digitizing group operations could be an optimal solution in contexts with high mobile ownership among women and access to and use of mobile money, a similar approach may not be effective in contexts where accessibility and use of mobile phones and money remain low.

Within-country differences in mobile phone ownership are generally larger than differences in mobile phone ownership across countries, indicating major geographic differences in the potential for digital group meetings. The Demographic and Health Survey (DHS) indicates that approximately 45% of women in India and Uganda, and 55% in Nigeria reported having their own mobile phone (Figure 2). Within-country differences further suggest that poorer regions in India, Nigeria, and Uganda show lower ownership of mobile phones. Less than 40% of Indian women in Uttar Pradesh, Jharkhand, and Madhya Pradesh; less than 25% of women in northern Uganda (Acholi, Lango, and Karamoja regions); and less than 40% of women in the northeast and northwest zones of Nigeria own mobile phones. Even with access to a mobile phone, women in India and Nigeria may not be able to effectively transact digitally. For example, according to the 2015–16 National Family Health

Survey, of the 41% of women in Bihar who have their own mobile phone, only 42% can read a text message (International Institute for Population Sciences & ICF, 2017).

Findex data further suggest that relatively low proportions of women (less than 20%) in Nigeria and India reported using a mobile phone or the internet to conduct financial transactions or had a mobile money account, compared with more than 50% of women in Uganda (Figure 3). Women in savings clubs are more likely to own a mobile phone and use mobile banking in all three countries compared with nonmembers (Figure 3). However, these data should be interpreted with caution, as Findex data only provide limited information on membership in savings groups (De Hoop et al., 2019). Furthermore, data on mobile phone ownership are not based on questions about the respondent’s own mobile phone.

Figure 2. Mobile Phone Ownership Among Women (Demographic and Health Surveys [DHS])

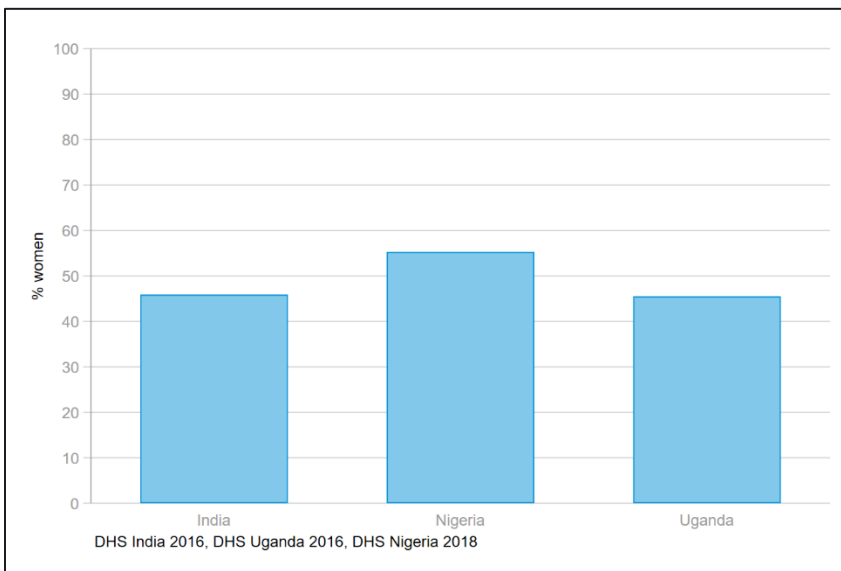


Figure 3. Mobile Phone Ownership Among Women (Findex)



Women's groups, particularly microfinance and livelihood groups, can strengthen members' resilience to economic shocks through consumption smoothing, improved access to assets, and facilitating social protection benefits.

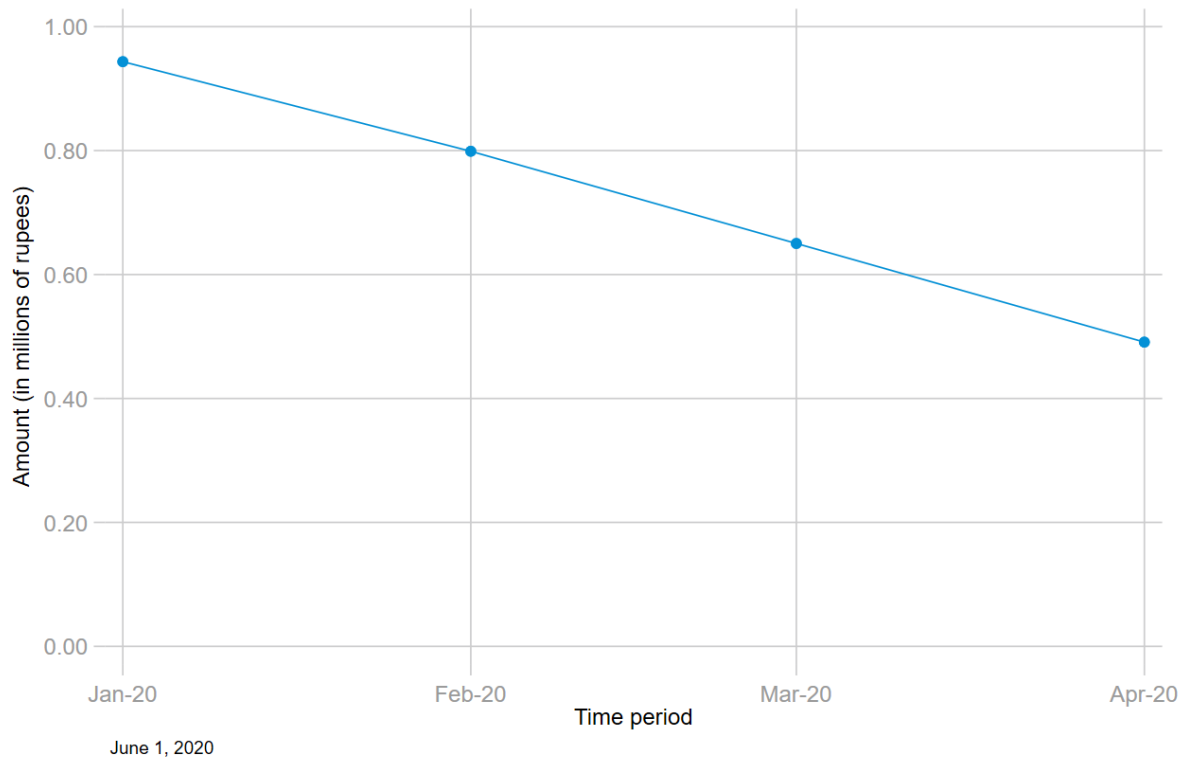
Evidence suggests that women's groups can provide a safety net for members whose income streams have suffered a significant reduction due to natural disasters. For example, quasi-experimental evidence from Odisha, India, showed that SHG participants were better able to smooth nonfood consumption after Cyclone Phailin in Odisha (Christian et al., 2019). BRAC Uganda survey data show that in the event of a serious illness of a household member, households largely rely on savings and borrowing to cope, which underscores the importance of access to savings and loan mechanisms during an epidemic (Poghosyan, 2011). Additional evidence from Uganda also suggests that groups facilitate social capital development through collective action and collaboration, which in turn enables households to draw on that capital to weather crises (Atyang, 2016). The evidence is somewhat mixed, however. A randomized controlled trial in Ghana, Malawi, and Uganda shows that VSLAs led to an increase in income in villages that suffered from drought, but the same study did not find evidence for an increase in income for households with a self-reported bad harvest (Karlan et al., 2017).

Similarly, there is some suggestive evidence that VSLAs may build resilience to economic and climate shocks in sub-Saharan African contexts. Surveys of families in Malawi who faced the 2015 floods showed that participants in the Enhancing Community Resilience Project (ECRP) were able to save more assets and were better able to limit damage to their houses than nonparticipants. Program participants considered the VSLA component of the program instrumental for building resilience (LTS International, 2015). In 2013–14, Malawi also faced a variety of economic shocks that raised the poverty rates in affected districts by nearly 12%, but ECRP beneficiaries saw no rise in their poverty rates (CARE, 2020).

Although most studies suggest that members of SHGs or savings groups can tap into savings or access credit during crises, COVID-19 and the associated halt in economic activities may have longer term implications on group members' economic outcomes. For example, in India, data on SHG savings suggest that although members may be able to rely on previous savings in the short term, the accumulation of new savings is likely to be disrupted. In the current year, reported savings mobilized by SHGs under the National Rural Livelihood Mission (NRLM) are already showing an indication for a decline in savings per block (see Figure 4). As of June 1, 2020, 4,181 blocks across the country reported mobilizing a total of Rs. (Indian rupee) 3.95 billion in January 2020 (or Rs. 0.94 million per block), while 3,794 blocks reported mobilizing a total of Rs. 2.47 billion (or Rs. 0.65 million per block) in March 2020, and 3,047 blocks reported mobilizing a total of Rs. 1.50 billion (or Rs. 0.32 million per block) in April 2020.²

² Based on NRLM MIS data (2020) accessed on June 01, 2020. Not all blocks in all states report these data every month. We estimated savings mobilized per block by dividing the total savings amount by the number of blocks with monthly progress data approved by the NRLM.

Figure 4. Amount of Self-Help Groups Savings Mobilized Per Block

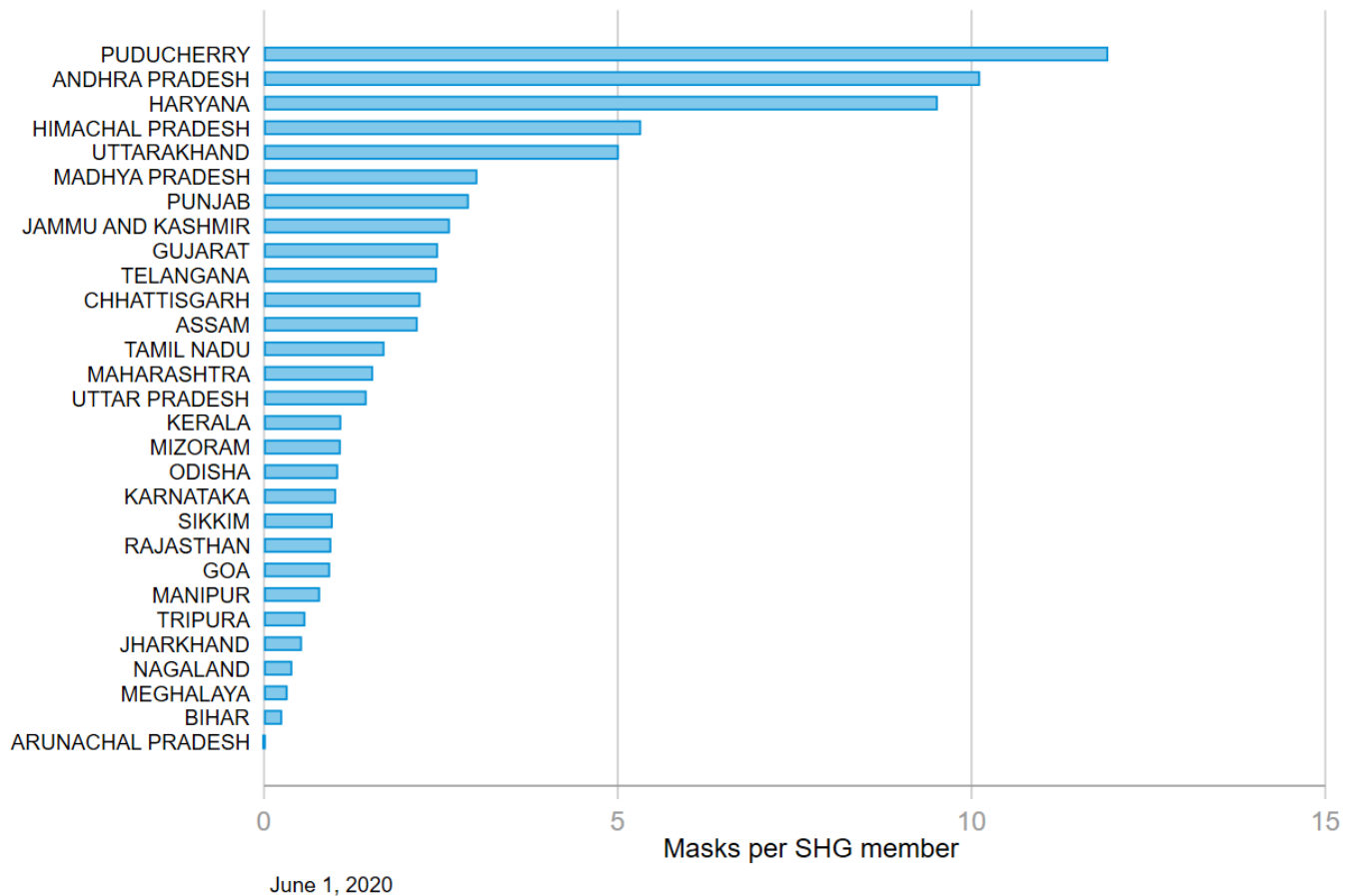


Partners in COVID-19 community responses

The Indian government has worked with SHGs in several states to deliver community-based responses to the pandemic and lockdowns. For example, approximately 12,000 community kitchens were set up in states where SHGs have a strong connection with the local government, including in Bihar, Jharkhand, Kerala, Madhya Pradesh, Odisha, and Tripura. SHGs also are providing other essentials through doorstep delivery, such as dry ration and food delivery by Mission Shakti SHGs in Odisha (Government of India, 2020).

Groups also have been mobilizing to produce personal protective equipment (PPE), such as masks, to make up for the shortages and secure livelihoods for members. SHG members organized under the NRLM have produced millions of masks and PPE, as well as liters of hand sanitizer (GOI, 2020). Figure 5 indicates the number of masks produced per SHG member as of May 31, 2020. While SHGs in Puducherry and Andhra Pradesh produced more than 10 masks per SHG member, other states showed a considerably lower production. The differences between states are a function of the number of SHG members mobilized for the production and the productivity per SHG member. Differences in mask production appear very different when examining the productivity per SHG member mobilized for the production with Kerala producing more than 1,500 masks per mobilized SHG member; Gujarat, Puducherry, Bihar, and Uttarakhand producing more than 1,000 masks per mobilized SHG member; and other states having considerably lower productivity per mobilized member. The large state-level variation may be caused by relative SHG strength and coverage, government capacity, readiness to work through SHGs, number of SHG members, number of reported COVID-19 infections, and stringency of lockdowns, among other reasons.

Figure 5. Production of Masks by Self-Help Groups (SHGs) Across States



VSLAs also may contribute to limiting the negative effects of the crisis. For example, CARE is providing remote training to groups on COVID-19 prevention, symptoms, and access to health care (CARE, 2020). Experience from the Ebola epidemic also indicates that women’s groups may have a role to play in mitigating the health consequences of the epidemic. In Liberia, during the Ebola outbreak, women’s groups took the lead on spreading awareness in their communities, caring for community members in quarantine, and purchasing and donating disinfectants (Simpson, 2016). In Senegal, Savings for Change savings groups served as community platforms to deliver Ebola awareness messages and Water, Sanitation, and Hygiene (WASH) training during the 2014 outbreak (Ndome & Vamboi, 2016), following the moderate success of this mode of delivery for malaria education in Mali (Bureau of Applied Research in Anthropology & Innovations for Poverty Action, 2013).

Similarly, anecdotal evidence from India suggests that SHGs are using their network over WhatsApp groups (World Bank, 2020) to disseminate awareness messages about handwashing and social distancing among hard-to-reach populations (World Bank, 2020). The complete picture on the effects of such efforts, however, will take time to emerge—as discussed ahead in the ECWG’s COVID-related research agenda.

Takeaways

Based on our initial assessment of existing studies on past crises and current responses of women's groups to COVID-19 and the resulting lockdown, we offer the following considerations for policymakers who consider working with women's groups to deliver social protection and aid in economic recovery:

- **Mobile phone ownership and digital literacy are important factors to consider in building a digital women's group response to the crisis.** Communities are likely to practice social distancing for an unforeseeable amount of time, which may have severe implications for groups that meet frequently to carry out most group functions. Technology may help keep groups functional. However, many group functions cannot be delivered electronically, particularly in contexts where mobile phone ownership and digital literacy are low. Digital meetings also are likely less effective than physical meetings in the generation of social capital, including group solidarity and psychological empowerment (Sanyal, 2020).
- **It is crucial to situate any response around the diverse types of women's groups and differing responses in each context.** There is wide variation in implementation of women's group programs and countrywide COVID-19-related policies, as well as within countries. Although women's groups can contribute to resilience in times of crises by accessing savings and credit, the likelihood of group members depleting their savings increases with the length of the lockdown. The income of informal workers and farmers may reduce as a result of spillover effects caused by the lockdown, limiting the ability of women's group members to save and earn income. In some contexts, governments are already working to address this directly through economic security measures; for example, through increasing the ceiling for collateral-free loans for SHGs in India. However, such measures are not yet in place in contexts where women's groups operate at a smaller scale and are primarily implemented by nongovernmental entities (for example, in Nigeria and Uganda).
- **There is potential for collaboration between women's groups and government as well as nongovernmental and private entities in the response to COVID-19.** In many countries, women's groups actively engage in delivering a community response to the pandemic and related policy shocks. Women's groups can strengthen their responses by collaborating with local governments and private actors. The collaboration between SHGs, gram panchayats (village councils), and state governments in Kerala has likely contributed to mitigating the short-term negative consequences of the crisis (Shaji, 2020). In addition, engaging women in production activities at a time when other market chains are being disrupted may lead to an opportunity for skill promotion and formation of women's enterprises.

Research agenda focused on India, Nigeria, and Uganda

We present a research agenda that can contribute to building the evidence base on involving women's groups in the response to COVID-19. More information on country context, government response, and the strength of women's groups is essential to recommend specific actions. We identified the following research questions to guide ECWG's research agenda around COVID-19 and women's groups:

1. What can we learn from past evidence about how women's groups recover from crises? How does this evidence vary across contexts?
2. How are different women's group programs responding to the COVID-19 crisis? What are the facilitators and barriers to implementing group functions currently?
3. Does participation in women's group programs mitigate the negative effects of COVID-19 and related policy and economic shocks?

The ECWG team has identified three research streams to study the impact of COVID-19 on women's groups in India, Nigeria, and Uganda. The research will include both immediate studies to generate timely actionable evidence, as well as research to be carried out over the next 2–3 years, allowing for a longer time period to examine the effect of government measures and greater availability of data over time. Large spillover and general equilibrium effects are likely to continue to play out in the foreseeable future.

1. Groups and economic and health shocks: Evidence review

Over the next 6 months, we will conduct an evidence review on how women's groups have functioned under prior economic and health shocks. Pandemic-infused shocks may prevent group meetings or trigger illness-related vulnerability, while negative economic shocks may reduce income, expenditures, and asset ownership of women and other household members. Evidence also suggests that groups may be well positioned to respond to negative economic shocks, through savings that can act as insurance and a governance structure that facilitates government transfers through scaled-up self-help and savings groups.

The evidence synthesis will include both quantitative and qualitative research. We will include evidence on how groups responded to previous catastrophic events, such as epidemics, floods, cyclones, and other emergencies, as well as the ability of groups to mitigate the consequences of such catastrophic events. We also will include studies that link group functioning to policy responses after catastrophic events. For example, we will include evidence on the use of digital resources of groups and the ability of groups to function through digital meetings after lockdowns.

The proposed evidence synthesis will consolidate the existing evidence on the ability of women's groups to cope with negative health and economic shocks in order to inform our understanding of how groups may respond to the economic and health consequences of COVID-19. The analysis will, to the extent possible, examine differences in group types, scale, and geographic differences.

2. Group functioning

The second stream of our research will document the effects of COVID-19 on group implementation and functioning in different contexts. COVID-19 could have strong effects on the way that groups function—both as a result of direct effects of the pandemic and because of the effects of negative economic shocks caused by policy responses to the pandemic. We will work with existing data and in-country partners who are collecting primary data. Potential activities include collecting longitudinal data to study changes over time in (1) the number of new groups formed, (2) the number of cumulative groups existing under a program (to indicate survival of older groups), (3) the number of new women mobilized into groups, (4) the frequency of group meetings, (5) country and program-specific indicators on program progress.

We will download data on biweekly status from NRLM's management information systems, which will provide time-varying measures on mobilization of households into SHGs, number of SHGs promoted, and disbursement of community investment funds to SHGs. We will explore differences in group survival and functioning indicators across regions, exploiting variation in stringency of lockdown measures across states. We also will explore potential data sources in Nigeria and Uganda, including the Findex data and Living Standards Measurement Study (LSMS) in Nigeria and Uganda, which record longitudinal data at the household level, and include questions on group participation and frequency of group meetings.

We also aim to conduct key informant interviews to understand how group functioning has changed; for example, after groups move toward digitally based platforms. We will focus the qualitative research on specific NRLM-covered states in India, savings and livelihoods groups in Uganda, and the Nigeria for Women Project (NFWP) in Nigeria, and partner with local organizations for the data collection, analysis,

and reporting. To the extent possible, we will conduct follow-up interviews with key informants over the course of several months, to generate evidence on changing on-the ground implementation practices as the situation around the pandemic and related measures changes over time.

3. **Long-term resilience**

The third stream of our research will identify potential outcomes and mediating factors to study how implementation changes may influence women's and household-level outcomes based on an analysis of findings on group functioning in research stream 2. This work will ultimately help us understand how groups could accentuate or mitigate the effects of the pandemic and related government measures and policies across contexts. We hope to work with Bill & Melinda Gates Foundation evaluation partners to synchronize the addition of indicators on these mediating factors and potential outcomes into existing and upcoming evaluations of women's groups. Using such data will help the ECWG to conduct robust longitudinal research on the medium- and longer- term effects of COVID-19 on the functioning of women's groups and their effects on women's outcomes.

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