



UNLOCKING THE LOCKDOWN

THE GENDERED EFFECTS OF COVID-19 ON ACHIEVING THE SDGs IN ASIA AND THE PACIFIC



COVID-19 is putting the achievement of the 2030 Agenda at stake in Asia and the Pacific region, especially for women and girls



COVID-19 is hitting women's income from savings, investments and properties hardest

61% OF WOMEN saw decreases
58% OF MEN

More women saw decreases in remittances received, a particularly relevant source of income for the poor¹

66% OF WOMEN
61% OF MEN



Food security is at stake and subsistence farmers food production is dropping²

58% OF WOMEN reported drops
52% OF MEN

Income from farming and fishing is also shrinking

66% OF WOMEN noted drops
57% OF MEN



The pandemic is triggering a mental health crisis, especially for women

66% OF WOMEN saw their mental health affected
58% OF MEN

Women are finding more barriers to see a doctor

60% OF WOMEN experienced longer wait times
56% OF MEN



87% OF PARENTS and care givers dealt with school closures, prompting them to spend more time teaching children

59% OF WOMEN spend more time
53% OF MEN



The lockdowns showed that unpaid domestic work is an essential service, with women shouldering the most

63% OF WOMEN saw increases in their time spent
59% OF MEN

27% OF WOMEN saw time increases in at least three unpaid domestic work activities
14% OF MEN



Since the spread of COVID-19 children are helping more at home

67% OF PARENTS noted their daughters help more
57% OF PARENTS noted their sons help more



COVID-19 compromised the water sources of **23% OF PEOPLE**



27% OF WOMEN now spend more time collecting firewood and fetching water
25% OF MEN



The pandemic is pushing people out of paid work and shrinking earnings and wages

63% OF PEOPLE saw income losses from paid work

50% OF WOMEN in formal employment work less hours
35% OF MEN



With mobility restrictions and social distancing measures, many people are losing access to public transit

64% OF WOMEN lost access

65% OF MEN



Job loss, safety concerns and care responsibilities may be prompting internal migration

9% OF WOMEN

migrated within their countries due to COVID-19

12% OF MEN



Higher population densities in large cities make keeping healthy difficult since COVID-19

71% OF WOMEN

city dwellers saw health routines affected

46% OF MEN

city dwellers



69% OF WOMEN outside cities

68% OF MEN

outside cities



Women working in climate-sensitive sectors, such as tourism, are more vulnerable to the crisis

Women make up **54%** of the tourism workforce

In April, tourism dropped by

98% in Asia-Pacific³



Many women are in lockdown with their abusers and support services are unable to respond to their needs appropriately

12% OF CSOs

working on eliminating violence against women suspended services completely

71% OF CSOs

only operate partially



The private sector has an essential role to play for the achievement of the Sustainable Development Goals.



To measure the gendered consequences of COVID-19, UN Women partnered with state actors and 12 mobile network operators; an outstanding example of public-private partnership for the goals.



Note: Regional aggregates for Asia and the Pacific in this report refer to the following countries, unless stated otherwise: Afghanistan, Bangladesh, Cambodia, Indonesia, Maldives, Nepal, Pakistan, the Philippines, Samoa and Thailand.

1. UN Women (2017) "Women migrant workers and remittances". Available at <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2017/policy-brief-women-migrant-workers-and-financial-remittances-en.pdf?la=en&vs=5236>.
2. Estimates for Indonesia have been excluded from this aggregate as not enough responses from self-subsistence farmers were received at the time of publication.
3. Data from the World Tourism Organization, see <https://www.unwto.org/country-profile-inbound-tourism>. This aggregate refers to all of Asia-Pacific, not just the countries where UN Women conducted the COVID-19 Rapid Assessment Survey. The drop is in relation to the same month the previous year.



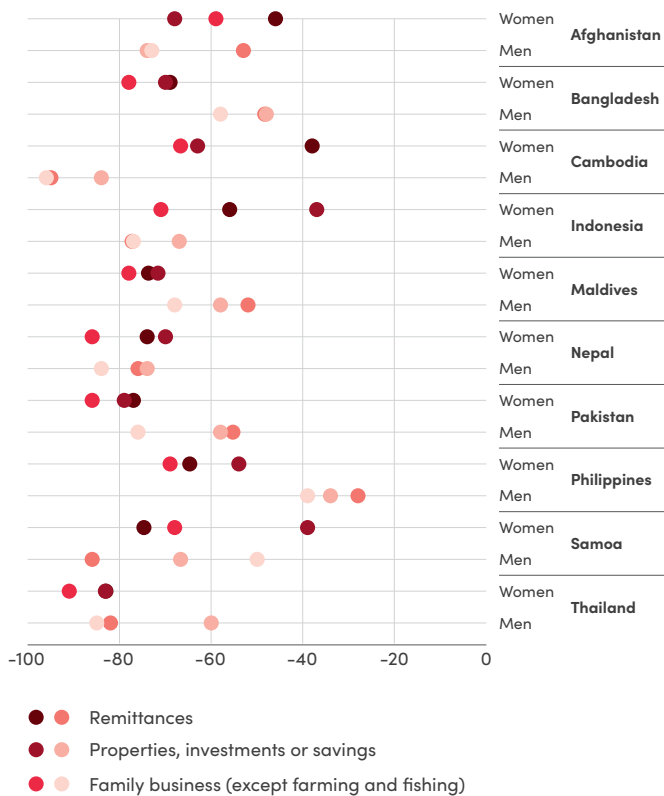
As a result of COVID-19, women’s economic resources are being hit hardest

COVID-19 is not only a global health crisis. It is also triggering a profound economic recession, which may overturn the gains on poverty reduction that the Asia-Pacific region worked so hard to achieve in the past decades. Data shows that both women and men are experiencing downward changes in the availability of economic resources, but not equally. Most sources of income have decreased for at least 50 per cent of the population. The gender gaps in income reductions are largest in family businesses, remittances, properties and savings, with women at a disadvantage.

Since the outbreak, some people are turning to civil society and government for financial support. More men are accessing these resources than women in most countries, although many people are also finding reductions on the amount of these resources they receive.

FIGURE 1

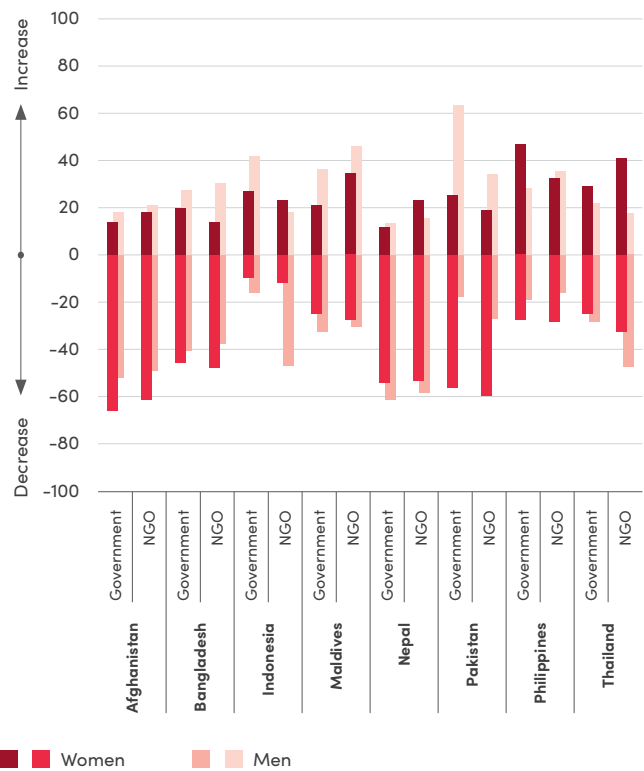
Proportion of people who saw decreases in resources since the spread of COVID-19, by sex and type of resources (percentage)



Source: UN Women (2020) Rapid Assessment Surveys on the Consequences of COVID-19 in Asia and the Pacific. Graphs refer to resource users only, not the overall population.

FIGURE 2

Proportion of people who saw changes in resources received from government and NGOs since the spread of COVID-19, by sex and type of resource (percentage)



Source: UN Women (2020) Rapid Assessment Surveys on the Consequences of COVID-19 in Asia and the Pacific. Graphs refer to resource users only, not the overall population.



The pandemic is putting food security at risk, as both purchasing and producing food have become harder

Food insecurity may be deepening as a result of COVID-19. Since the pandemic was declared, households noted decreases in food from subsistence farming. Men in South-East Asia and the Pacific noted larger drops than women, while women were more affected in several countries in Southern Asia. Furthermore, an estimated 66 per cent of women and 57 per cent of men in Asia and the Pacific noted decreases in income from farming and fishing, which may translate into food shortages in poorer households.

Barriers to accessing food, hygiene and medical products have grown as a result of movement restrictions and border closures. Overall, 55 per cent of women and 53 per cent of men faced related challenges during lockdowns. In Afghanistan, Bangladesh, Maldives, Nepal, Philippines and Thailand more women than men are finding it difficult to access necessary products.

FIGURE 3

Proportion of people who noted decreases in food from subsistence farming since the spread of COVID-19, by sex (percentage)

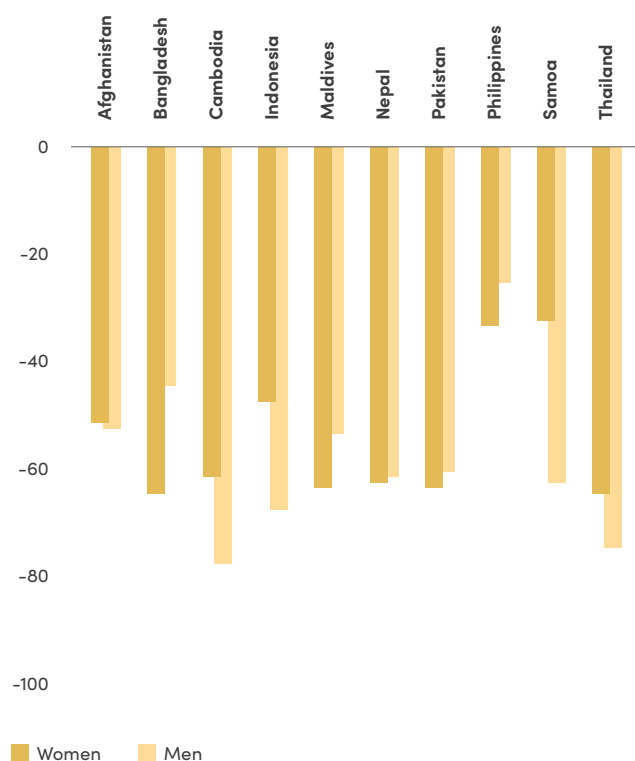
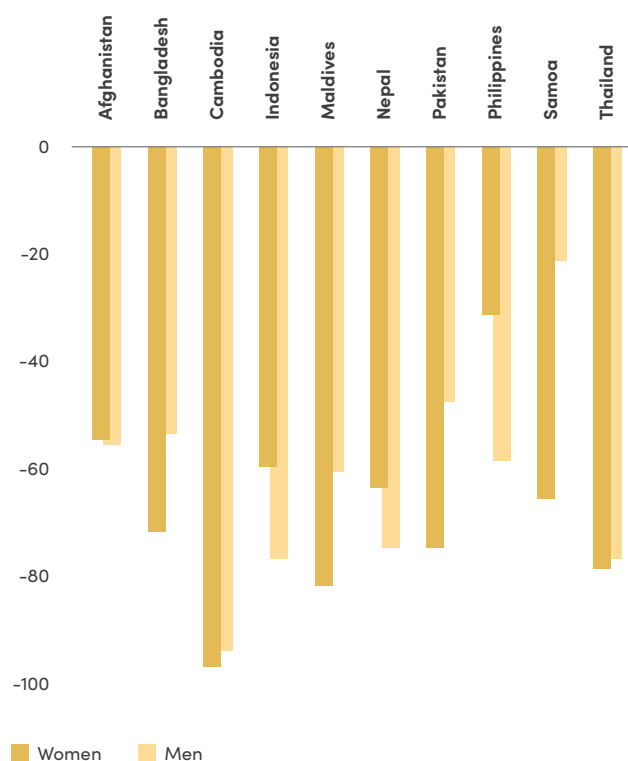


FIGURE 4

Proportion of people who noted decreases in income from farming and fishing since the spread of COVID-19, by sex (percentage)



Source: UN Women (2020) Rapid Assessment Surveys on the Consequences of COVID-19 in Asia and the Pacific. Graphs refer to resource producers only, not the overall population.



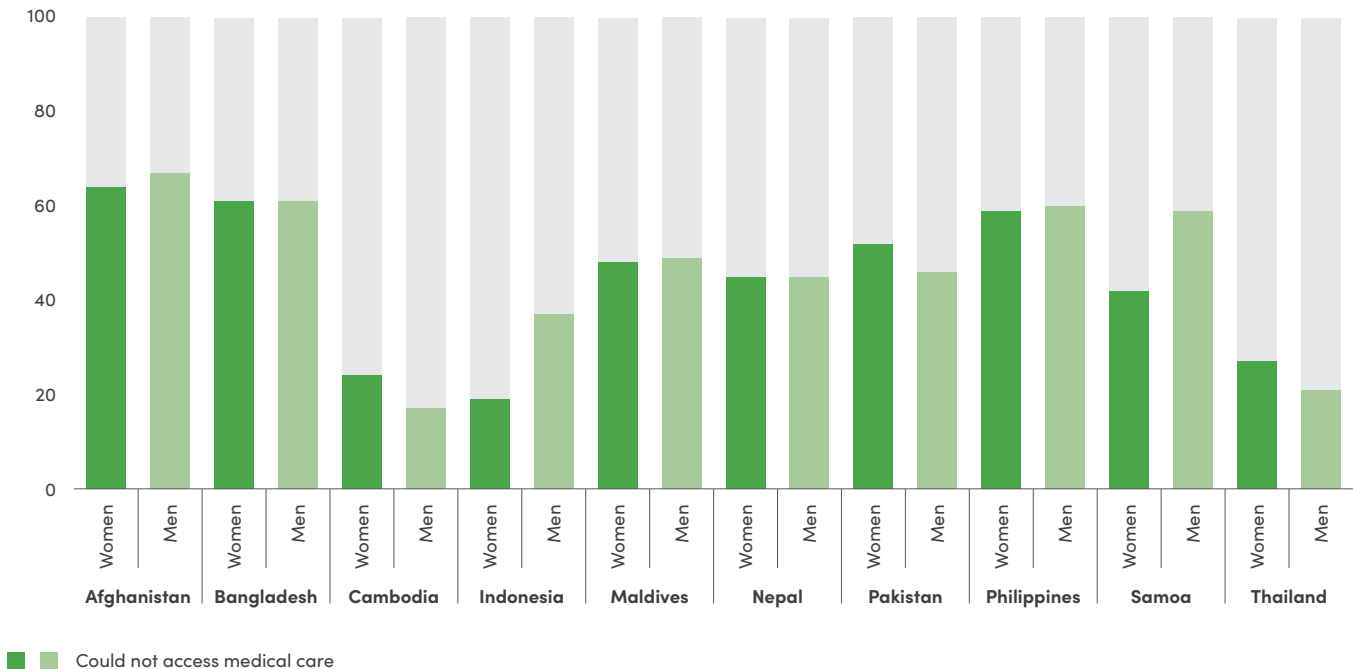
The crisis has disproportionately affected women’s mental and emotional health

Although existing health data shows that men are more likely to die from the COVID-19 virus⁴, the emotional impact of the pandemic is disproportionately falling on women’s shoulders in most countries.⁵ Increases in unpaid care and domestic work, job and income loss, and the effects of the lockdown on gender-based violence are among the factors that may be contributing to higher rates of stress and anxiety among women. Younger women and girls (age 10–24 years), in particular, have seen their mental health disproportionately affected.

Further, COVID-19 has overwhelmed health systems worldwide, making it harder for people to seek the medical care they need. In most countries, women are more likely than men to have experienced physical illness since the pandemic was declared, but in some places they are encountering either more or as many barriers as men to see a doctor. In addition, 60 per cent of women and 56 per cent of men have experienced longer wait times to see a doctor since the spread of the pandemic.

FIGURE 5

Proportion of people who could not access medical care when needed, by sex (percentage)



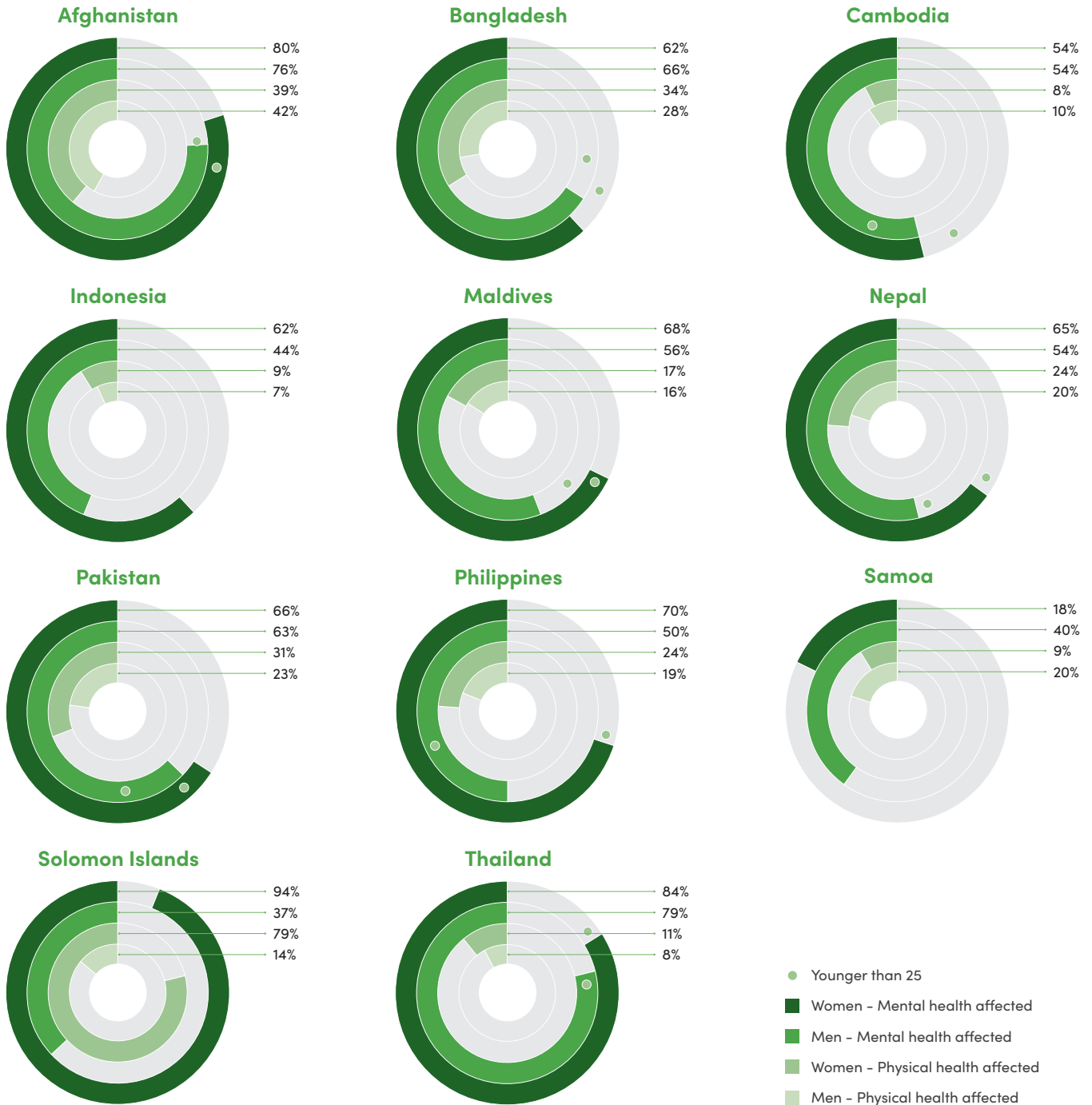
Source: UN Women (2020) Rapid Assessment Surveys on the Consequences of COVID-19 in Asia and the Pacific.

4. However, researchers warn that the data are incomplete, inconsistent across countries and should be treated with caution. See The Lancet (2020) “COVID-19: the gendered impacts of the outbreak”, 14 March. Available at <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2930526-2>.

5. For an up-to-date overview of confirmed cases and deaths from COVID-19 by sex, see <https://data.unwomen.org/resources/covid-19-and-gender-monitor>.

FIGURE 6

Proportion of people whose mental and physical health were affected since the spread of COVID-19, by sex (percentage)



Source: UN Women (2020) Rapid Assessment Surveys on the Consequences of COVID-19 in Asia and the Pacific.



School closures prompted parents to take on more teaching duties, including about ways to prevent infection

School closures are key preventive measures to curb the spread of COVID-19. Almost everyone surveyed noted that children’s school was cancelled or the school hours were reduced. To fill the gaps, parents have stepped up with teaching, instructing and training children. An estimated 59 per cent of women and 53 per cent of men reported spending more time on these tasks. In Afghanistan, Cambodia, Maldives and Pakistan, female single parents are feeling the burden the most. For many, these responsibilities have to be juggled with household chores and paid work. Along with supporting their children’s schooling, women also play an important role in the promotion of hygiene routines within the household. Their access to reliable sources of COVID-19 information is therefore essential. In many countries, however, more men found the information they received was clear and helpful to prepare for the pandemic.

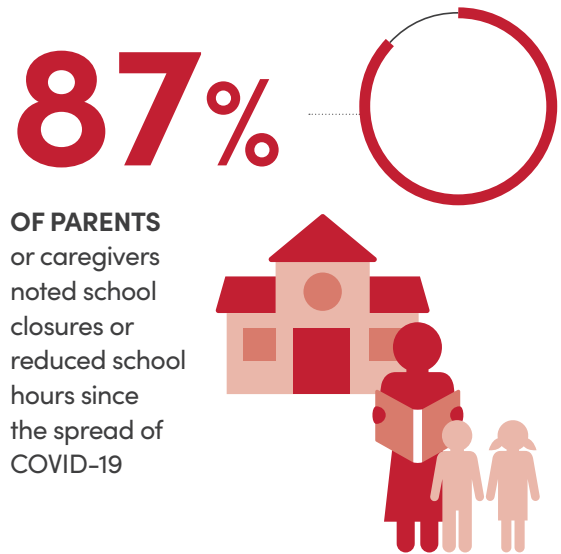
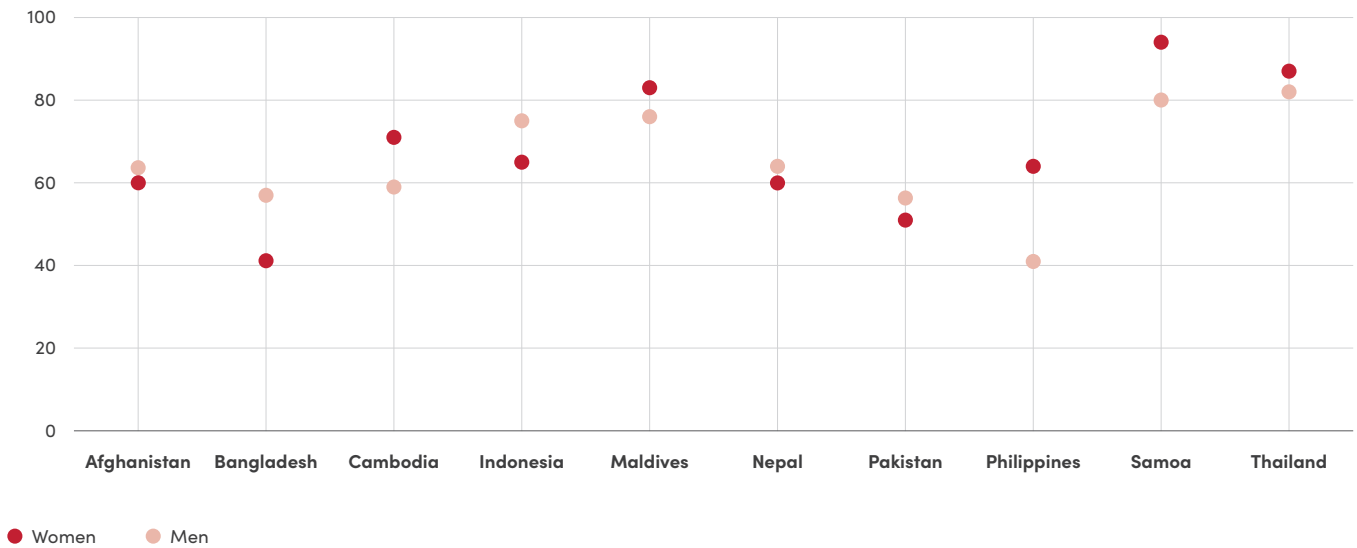


FIGURE 7

Proportion of people who found the information on COVID-19 clear and helpful to prepare for the pandemic, by sex (percentage)



Source: UN Women (2020) Rapid Assessment Surveys on the Consequences of COVID-19 in Asia and the Pacific.



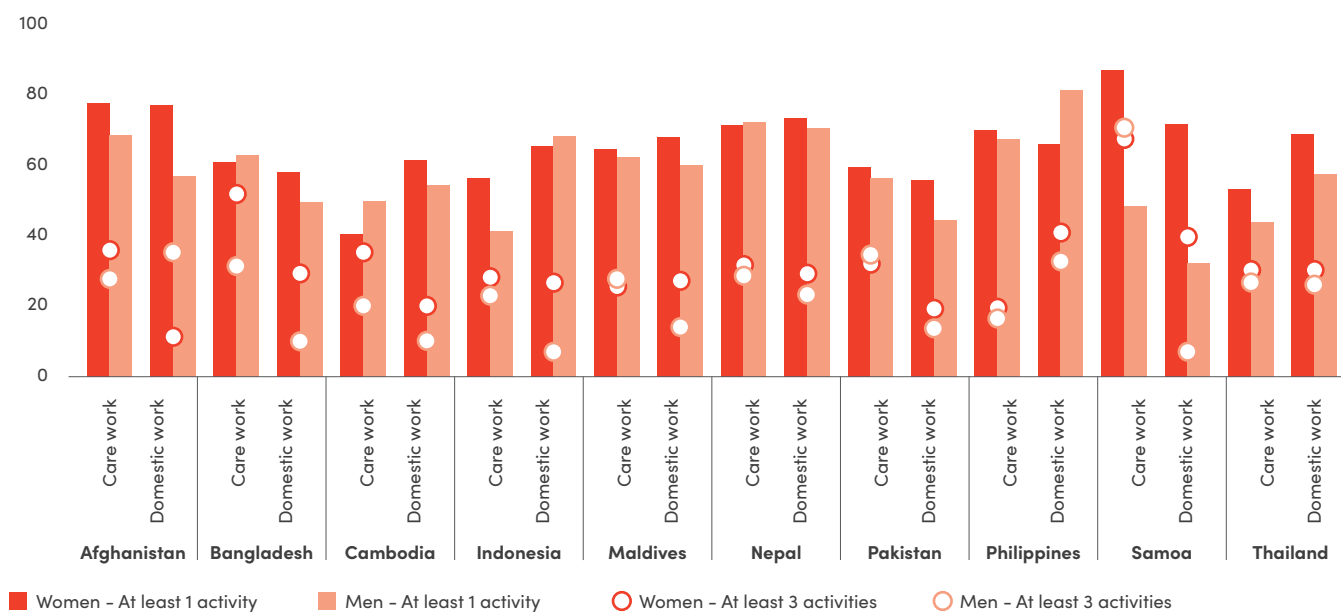
COVID-19 has increased the unpaid care and domestic workload, and women are bearing the heaviest burden

In contrast with previous humanitarian crises, COVID-19 underscores unpaid care as a key dimension of emergency response – it is an enabler of both well-being and income-generation, given the school closures, elder vulnerability and work-from-home arrangements. Lockdowns are also multiplying the domestic workload, another form of essential work, particularly since cleaning can prevent infection. As a result, many women and men worldwide have become teachers, nurses and cooks with a multiplied workload that cannot be outsourced without the risk of bringing infection into the home. Although both women and men are shouldering some of these time burdens, 63 per cent of women and 59 per cent of men have seen increases in unpaid domestic work, and 60 per cent of women and 54 per cent of men saw them in unpaid care work since the spread of COVID-19. This is on top of evidence showing that in the Asia-Pacific region, women were already spending four times as much time as men on unpaid care work prior to the crisis.⁶

Since the spread of COVID-19, 30 per cent of women and 20 per cent of men also experienced increases in the intensity of unpaid domestic and care work (as measured by performing at least three domestic or care work activities). Single women (identified as unmarried/widowed/divorced females) living in households with children, have noted the greatest increases.

FIGURE 8

Proportion of people whose time allocated to unpaid domestic and care work increased since the spread of COVID-19, by sex and intensity (percentage)



Source: UN Women (2020) Rapid Assessment Surveys on the Consequences of COVID-19 in Asia and the Pacific.

6. See International Labour Organization (2018) *Care work and care jobs for the future of decent work*. Available at https://www.ilo.org/asia/media-centre/news/WCMS_633284/lang--en/index.htm.

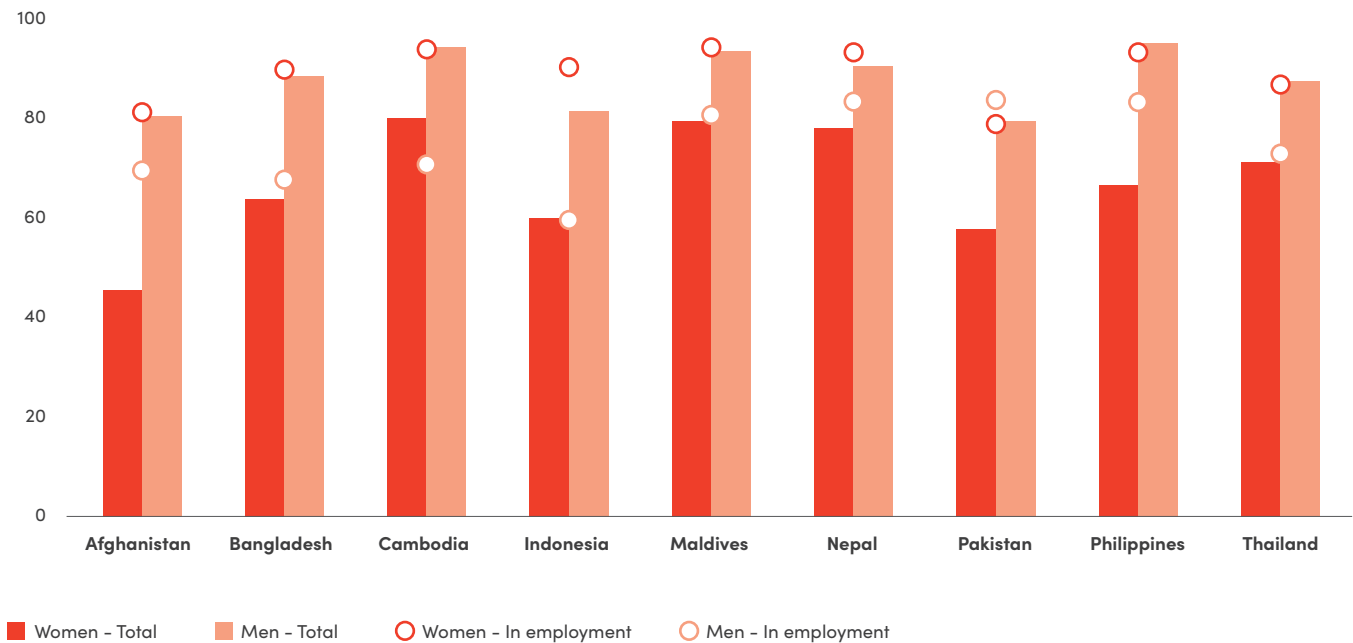
There are signs of hope, however, as the pandemic has prompted everyone to help more at home. More than half of women surveyed noted that their partners help more at home, while 35 to 80 per cent (depending on the country) also noted that their sons help more than before. Women and girls, however, are still providing the most help. In comparison to sons, daughters have particularly stepped up when their parent is employed (68 per cent of employed women and 71 per cent of employed men noted this).

Relying on help from household members, especially women, has been the main coping strategy for tackling the increased workloads. Domestic workers have also helped, but the spread of COVID-19 highlighted the vulnerable nature of the care economy: although 28 per cent of people asked domestic workers to work longer hours, 34 per cent let their domestic workers go and only 16 per cent hired a new worker.

Social norms shape the allocation of time and tasks along gender lines. Domestic work chores such as cleaning, cooking and serving meals appear to mostly be women’s responsibilities in all countries. Meanwhile, men are more likely to take on tasks like shopping for the household and making repairs, which are overall less time-consuming. Unpaid care work chores, however, are distributed a little more evenly, especially regarding adult care.

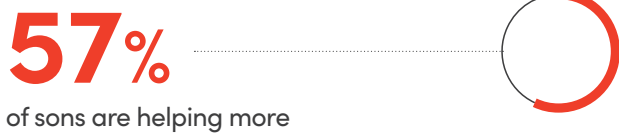
FIGURE 9

Proportion of people whose partner helps more with household chores and care work since the spread of COVID-19, by sex (percentage)



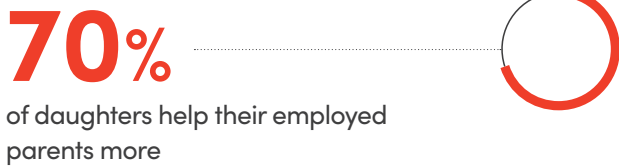
Source: UN Women (2020) Rapid Assessment Surveys on the Consequences of COVID-19 in Asia and the Pacific.

COVID-19 MULTIPLIED THE WORKLOAD AT HOME AND WOMEN ARE PAYING THE PRICE

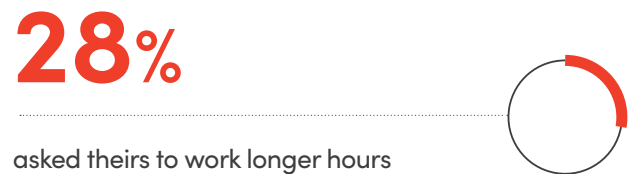
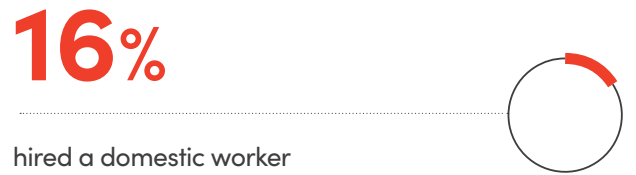


*Women and men were asked whether their partner helps more, so an assumption is made that their partner is of the opposite sex, even though this may not be the case.

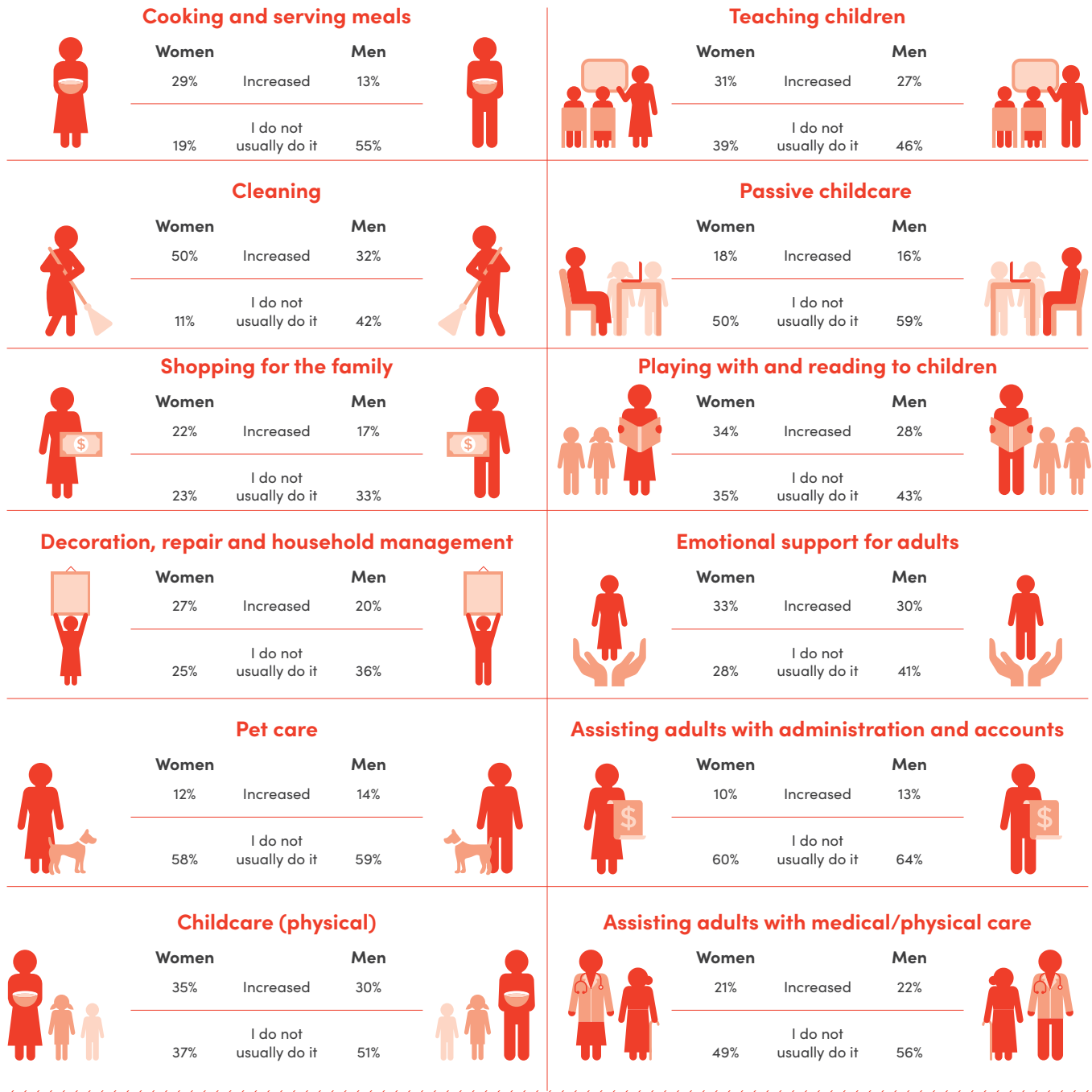
CHILDREN'S HELP AT HOME IS ENABLING PARENT'S PAID WORK



DOMESTIC WORKERS HAVE HELPED COPE, BUT MANY LOST THEIR JOBS SINCE THE SPREAD OF COVID-19



EVERYONE IS PITCHING IN AT HOME, BUT WOMEN STILL DO MUCH MORE





Compromised water sources and social distancing measures have lengthened women’s water and fuel collection times

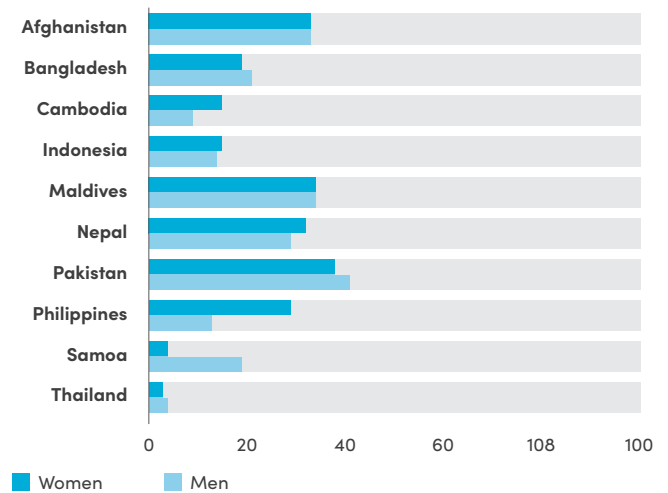
Washing and sanitizing hands is one of the most effective ways to slow down transmission of COVID-19. However, 34 per cent of people in Asia lack basic handwashing facilities at home and 7 per cent lack access to basic drinking water services. In the Pacific, this share goes up to 13 per cent.⁷

Recent health concerns and social distancing measures compromised the water sources of roughly 23 per cent of people across the region. Besides the medical risks associated with drinking water from a compromised source, the consequences of COVID-19 include lengthened water fetching times for both women and men.

In most countries, more women than men have seen increases in the time they spend on water and firewood collection since the pandemic was declared. This has both physical and mental health consequences, as longer collection times increase the risk of exposure to COVID-19 while reducing the time available for paid work, education or leisure.

FIGURE 10

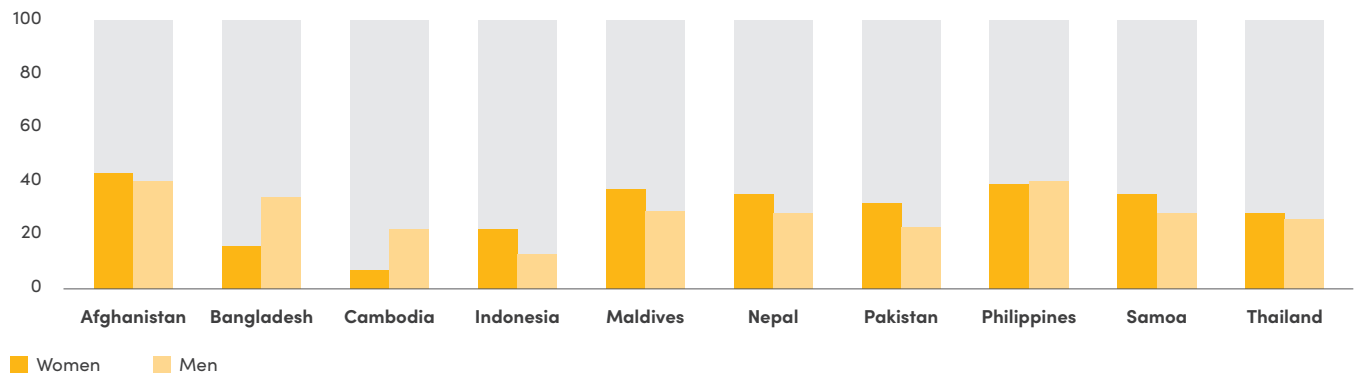
Proportion of people whose water source was compromised since the spread of COVID-19, by sex (percentage)



Source: UN Women (2020) Rapid Assessment Surveys on the Consequences of COVID-19 in Asia and the Pacific.

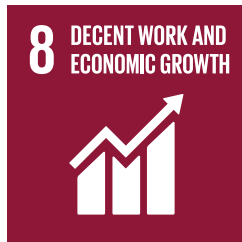
FIGURE 11

Proportion of people whose time spent collecting firewood and fetching water increased since the spread of COVID-19, by sex (percentage)



Source: UN Women (2020) Rapid Assessment Surveys on the Consequences of COVID-19 in Asia and the Pacific. Data refers to the proportion of people who fetch water and/or firewood, not the total population.

7. United Nations (2020) Global SDG Indicators Database. Available from <https://unstats.un.org/sdgs/indicators/database/>.



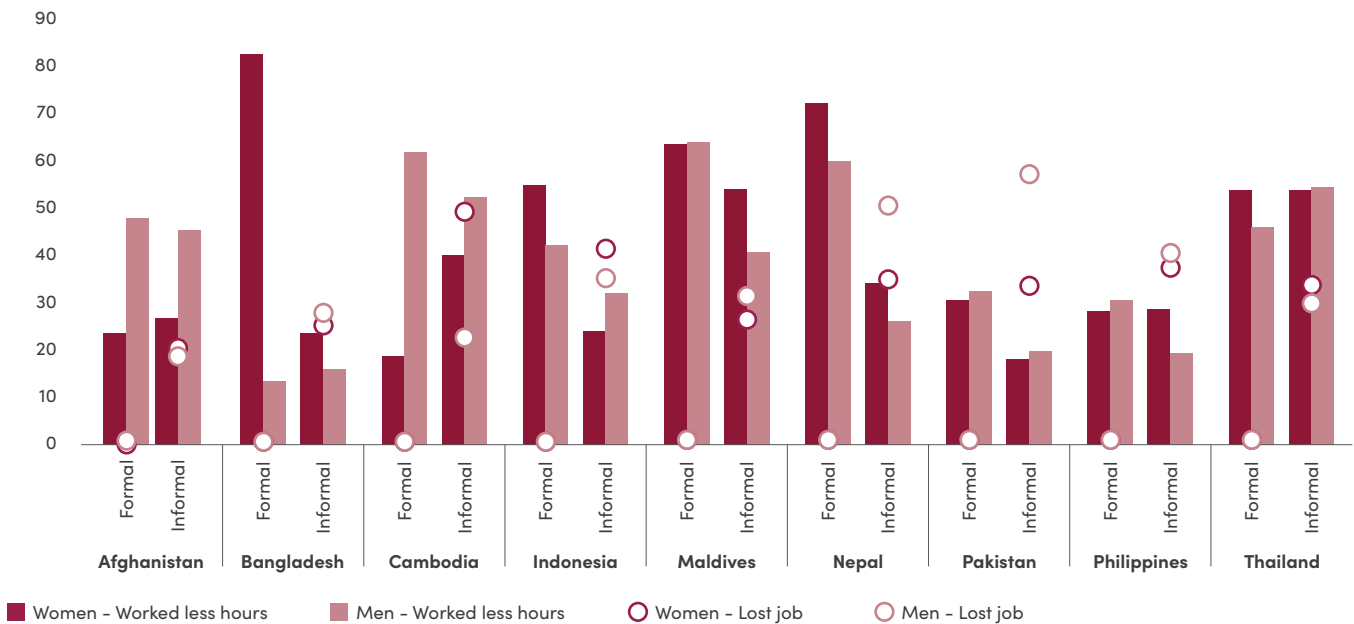
Women’s pay has fallen as formal workers see their hours reduced and informal workers lose their jobs

The COVID-19 pandemic is rapidly turning into a profound economic crisis, affecting people’s livelihoods and participation in the labour market. In the Asia-Pacific region, where most of the working population is engaged in informal employment, vulnerability is exacerbated by the lack of social protection. Among informal workers, more men than women have lost their jobs. An estimated 83 per cent of people who lost their jobs or did not work do not receive unemployment benefits or other forms of government support. In the case of women, this figure stands at 84 per cent.

Since the pandemic began, a larger share of women (50 per cent, compared to 35 per cent of men) in formal employment has seen their paid work hours reduced. Also, in most countries it is women overall who are noting the largest drops in income from paid jobs, regardless of whether they engage in formal or informal employment (65 per cent of women and 56 per cent of men noted such decrease). These job and income losses are occurring in labour markets already segregated along gender lines, where women usually earn less than their partners⁸. While only 19 per cent of employed men across the region earned less than their partners prior to the crisis, 53 per cent of employed women did, with the gaps expected to broaden as a result of the economic downturn.

FIGURE 12

Proportion of employed population who experienced decreases in working time or job losses since the spread of COVID-19, by sex (percentage)

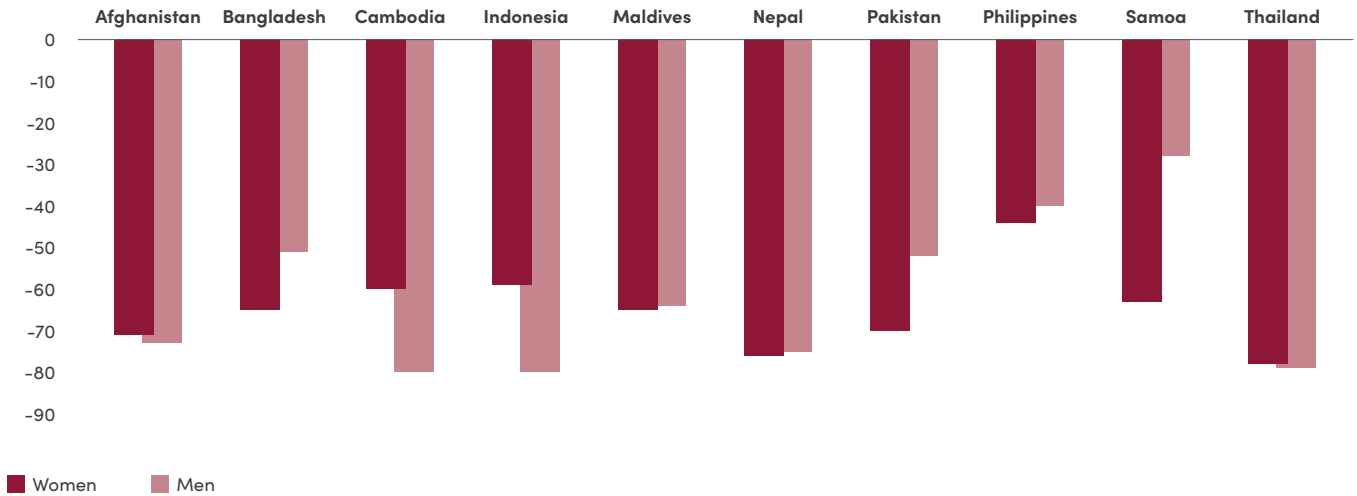


Source: UN Women (2020) Rapid Assessment Surveys on the Consequences of COVID-19 in Asia and the Pacific.

8. Women and men were asked about their earnings in relation to their partner, so an assumption is made that their partner is of the opposite sex, even though this may not be the case.

FIGURE 13

Proportion of people whose income from paid jobs decreased since the spread of COVID-19, by sex (percentage)



Source: UN Women (2020) Rapid Assessment Surveys on the Consequences of COVID-19 in Asia and the Pacific. Data refers only to people who typically earn money from paid jobs, not the total population.

COVID-19 TOOK INFORMAL WORKER'S JOBS, AND MOST LACK SOCIAL PROTECTION BENEFITS

84%

of women outside formal employment lack unemployment benefits or government financial support



83%

of men

GENDER GAPS IN EARNINGS MAY BROADEN WITH THE PANDEMIC'S IMPACT ON JOB LOSSES AND PAY CUTS

53%

of employed women earn less than their partner or have no earnings



19%

of employed men earn less than their partner or have no earnings



Social distancing measures reduced women’s access to public transit, but technology could help them cope with the challenges

FIGURE 14

Proportion of people who lost access to public transit since the spread of COVID-19, by sex (percentage)

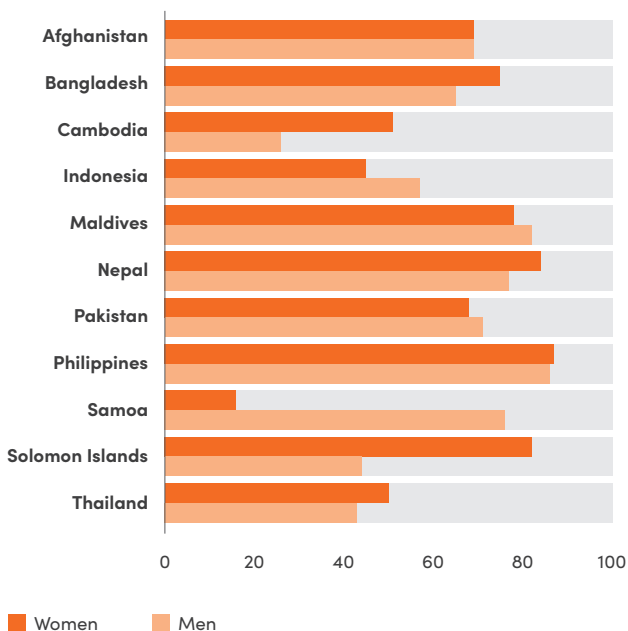
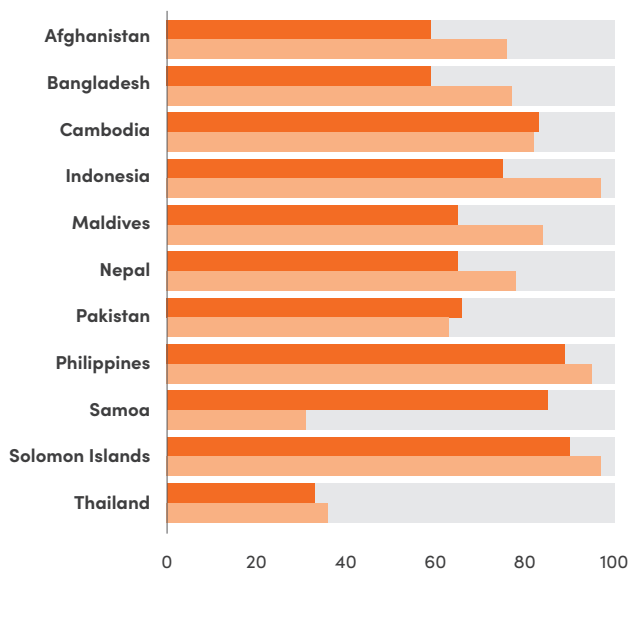


FIGURE 15

Proportion of people who are the registered owners of the mobile phone they use, by sex (percentage)



Source: UN Women (2020) Rapid Assessment Surveys on the Consequences of COVID-19 in Asia and the Pacific.

Technology and infrastructure are enablers of resilience to cope with shocks, as they facilitate access to information, employment, mobility and financing. With lockdowns and social distancing measures in place, public transit was interrupted in countries across the region, limiting many women’s mobility as they are less likely than men to own a vehicle.⁹ Roughly 65 per cent of people lost access to public transit, with more women than men noting losses in Bangladesh, Cambodia, Nepal, Philippines, Solomon Islands and Thailand. In addition, lockdown regulations in several countries explicitly restricted mobility, requiring permits to justify outings. In the Philippines, for instance, most grocery shopping permits were granted to men, leaving women at home and limiting their agency and access to goods.

In this context of confinement, access to technologies plays a crucial role in enabling remote access to goods and services and providing information to cope with physical and mental health concerns related to COVID-19. More information is needed to understand the gender differentials in access to technology. However, sex-disaggregated data on registered telephone users shows the digital divide among women and men has not closed in Asia-Pacific countries.

9. UN Women, United Nations Children Fund and United Nations Population Fund (2019) *Gender Counts - East and South East Asia*. Available at https://www.unicef.org/rosa/media/4226/file/Gender%20Counts_East_SouthEast_Asia.pdf.



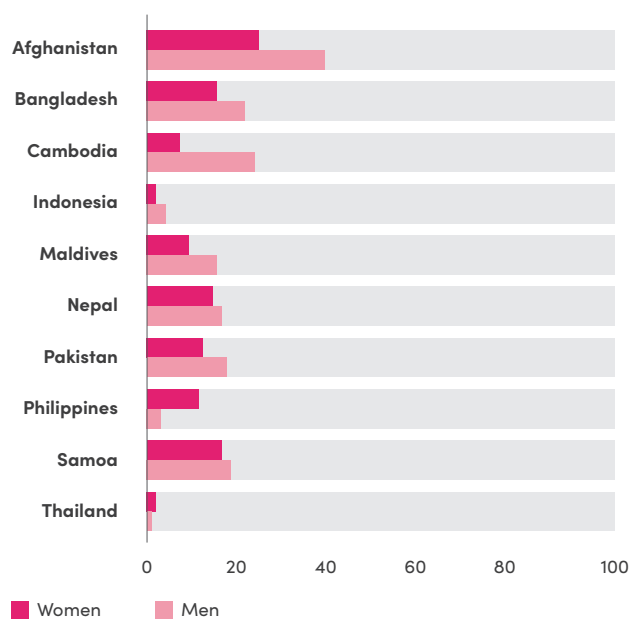
COVID-19 prompted new migration flows and highlighted the challenges that women migrants face

Migrant workers are among the most vulnerable to the consequences of the pandemic. In Thailand, the only country with a large enough number of migrants in the survey sample,¹⁰ migrants experienced longer wait times to see a doctor and more severe challenges to access hygiene, medical products and food since the spread of COVID-19. Women migrants are particularly disadvantaged regarding access to health care and medical supplies. In the case of mental health, almost all migrant workers have experienced higher levels of stress and anxiety than their non-migrant counterparts.

Increasing unemployment, home confinement and health safety concerns are also prompting new migration flows. Many are migrating domestically to return to their home provinces upon job losses, others are returning to their countries of origin, although this is less common. For instance, 4 per cent of women and 10 per cent of men migrated to the Maldives since the spread of the virus, and 5 per cent of women and 7 per cent of men migrated to Nepal, many of which were nationals returning home. In comparison, as many as 15 per cent of women and 21 per cent of men migrated internally in Bangladesh, with similar figures in countries such as Maldives, Nepal, Pakistan and Samoa. In Afghanistan, internal migration amounted to an astounding 24 per cent of women and 38 per cent of men since the spread of COVID-19.

FIGURE 16

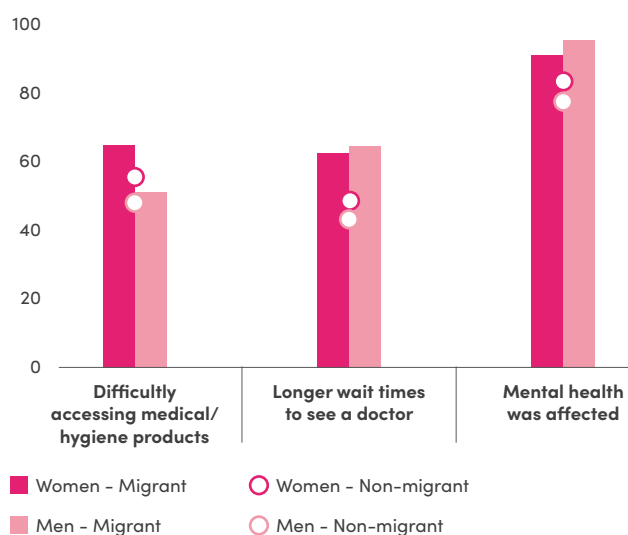
Proportion of people that migrated internally since the spread of COVID-19, by sex (percentage)



Source: UN Women (2020) Rapid Assessment Surveys on the Consequences of COVID-19 in Asia and the Pacific.

FIGURE 17

Proportion of people in Thailand whose mental health was affected, experienced difficulty accessing medical products, and faced longer times to see a doctor, by sex and migratory status (percentage)



Source: UN Women (2020) Rapid Assessment Surveys on the Consequences of COVID-19 in Asia and the Pacific.

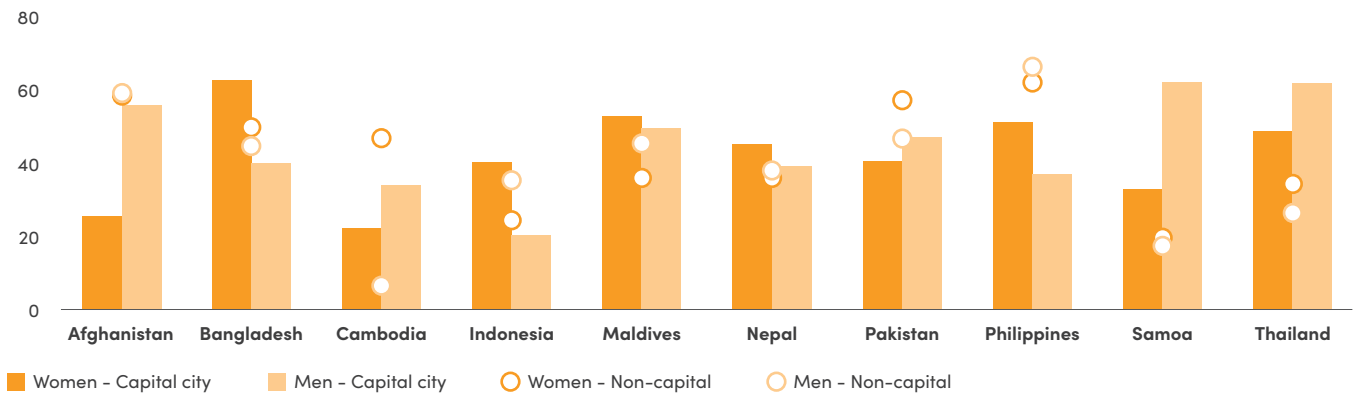
10. A total of 234 migrants were included in the Thailand sample, making up almost 5 per cent of the total sample.



Cities provide economic opportunities for women, but COVID-19 poses health hazards for urban residents

FIGURE 18

Proportion of people whose health routines were affected since the spread of COVID-19, by sex and location (percentage)

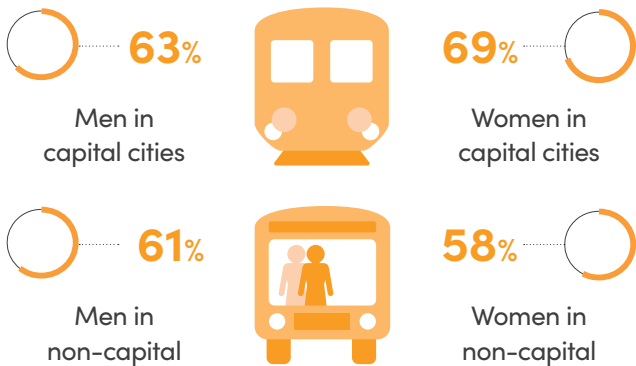


Source: UN Women (2020) Rapid Assessment Surveys on the Consequences of COVID-19 in Asia and the Pacific.

Note: IP addresses of respondents' internet connections were used to identify their location (e.g. capital city vs. non-capital city). In all countries, all metropolitan areas of capital cities were considered part of the capital city. In the case of Pakistan, where several other cities are larger than the capital, the "capital city" category includes Islamabad and larger cities. In Afghanistan, due to the widespread use of VPN, the location estimates should be interpreted with caution.



WOMEN IN LARGE CITIES WERE DISPROPORTIONATELY AFFECTED BY PUBLIC TRANSIT DISRUPTIONS



Cities offer economic opportunities to women and men. However, their higher population densities pose challenges during health emergencies, particularly for those dwelling in small living spaces and slum settings. Since the spread of COVID-19, residents of large cities are facing significant challenges to perform health routines, an important contributor to overall well-being, physical and emotional health. Women are particularly affected in Bangladesh, Indonesia, Maldives and Nepal. Without routines such as regular exercise and self-care, urban dweller's mental health is also taking a toll. Overall, women city residents are seeing their mental health disproportionately affected (70 per cent, compared to 52 per cent men city dwellers).

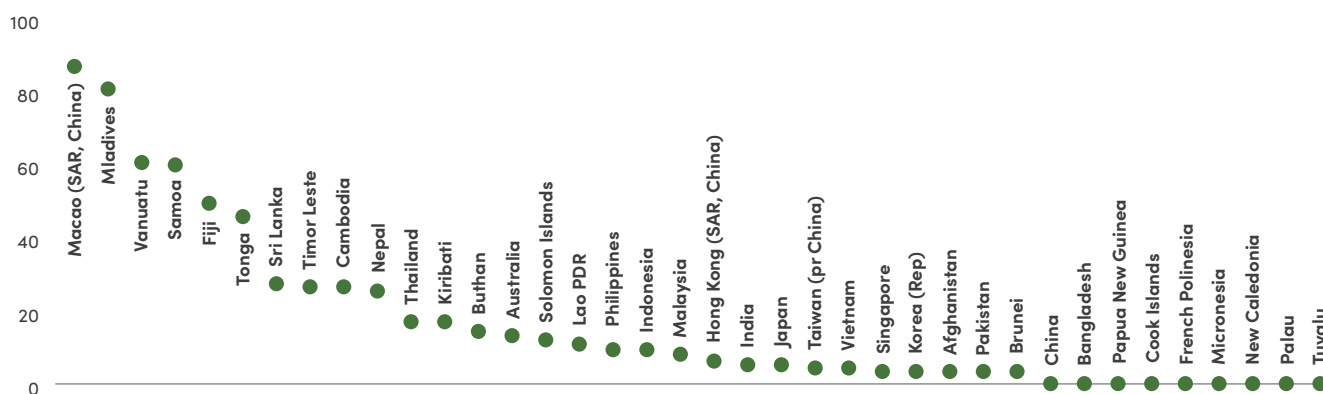
Large cities' transit systems, which typically enhance people's mobility and agency, have seen numerous disruptions as a result of COVID-19. Women are being affected disproportionately (69 per cent, compared to 63 per cent men).



Women are more vulnerable to shocks, especially those in climate-sensitive sectors such as tourism

FIGURE 19

Receipts from inbound tourism as a proportion of exports, 2018 (percentage)



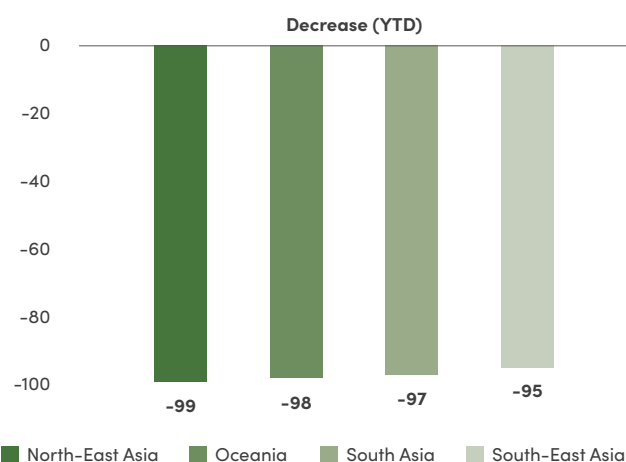
Source: World Tourism Organization. Available at <https://www.unwto.org/country-profile-inbound-tourism>.

Women are disproportionately affected by climate change as they depend heavily on natural resources due to their limited access to assets, financing and technologies. This increases their vulnerability to economic shocks, particularly if involved in climate-sensitive sectors such as tourism and agriculture.¹¹

COVID-19 related travel restrictions have substantially affected the tourism sector globally, where the 54 per cent of the workforce is made up of women (compared to 39 per cent of the total workforce).¹² In April 2020 tourism decreased by 98 per cent from the same month the previous year in the Asia-Pacific region. For many economies in the region, especially small island States that depend heavily on tourism, this is having a tremendous impact. Women are not only disproportionately affected, but also at a disadvantage regarding decision-making power for building-back-better. For recovery efforts to be responsive to women’s needs, they must deliver green jobs, including jobs in sustainable tourism.

FIGURE 20

Change in international tourism, compared to previous year (percentage)



Source: World Tourism Organization. Available at <https://www.unwto.org/country-profile-inbound-tourism>

Data refers to April 2020.

11. UN Women and UN Environment (2020) “Gender and climate change in the context of COVID-19”. Available at https://www.ctc-n.org/sites/d8uat.ctc-n.org/files/resources/empower%20on%20gender%20and%20climate%20in%20the%20covid-19%20context_final.pdf.

12. World Tourism Organization (2019) *Global report on women in tourism*, second edition. Available at <https://www.e-unwto.org/doi/book/10.18111/9789284420384>.



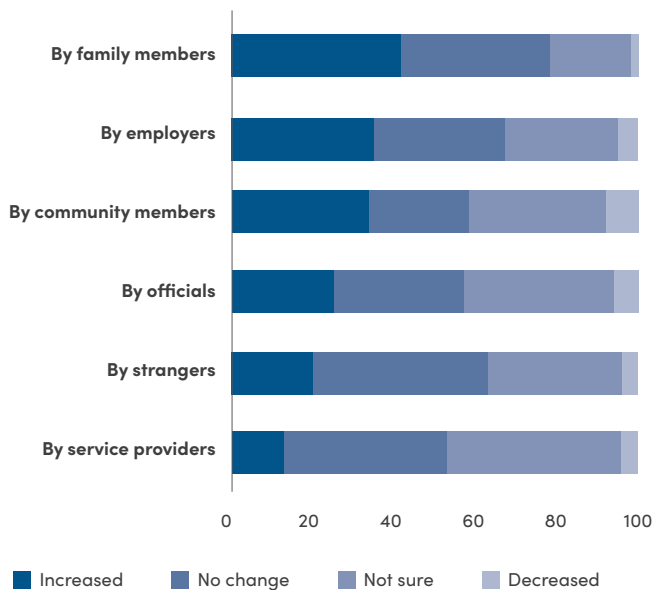
The lockdowns jeopardize women’s safety and institutional responses are inadequate

Homes are not safe places for the many women and girls who experience violence at the hands of their intimate partners or other family members. As a result of the lockdowns, many of them are confined with their abusers, with limited options for help-seeking in confidence. Civil society organizations (CSOs) who provide services to women victims of violence have seen increases in the number of victims reaching out for help. More than 40 per cent of those CSOs¹³ saw increases in cases of violence perpetrated by family members, with violence from employers and other community members being the second and third most common causes of increase.

Given the current social distancing measures, civil society service providers that support victims of violence are finding barriers to business continuity, as many have had to minimize staff presence and cannot fully support survivors due to funding shortages and closing of offices. Nevertheless, most of these organizations continue to operate, particularly to provide referral services, emergency aid and psycho-social services, as well as legal services.

FIGURE 21

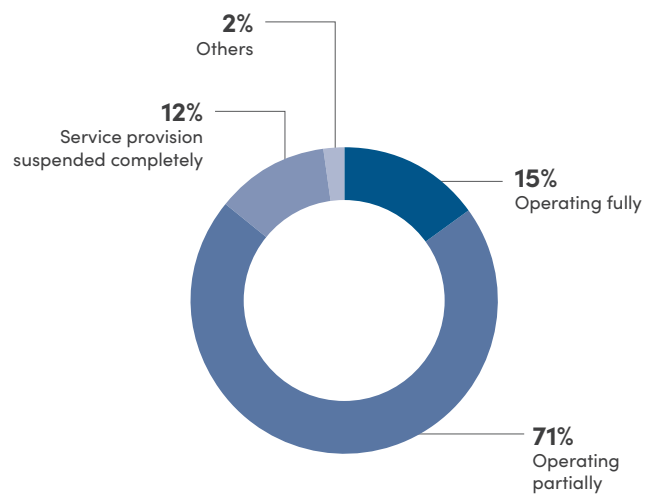
Proportion of organizations who observed changes in violence against women, by perpetrator (percentage)



Source: UN Women (2020) Rapid Assessment Survey on the impact of COVID-19 on women’s Civil Society Organizations. Available at https://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/06/cso%20survey%20brief_24%20june%202020.pdf?la=en&vs=2645.

FIGURE 22

Proportion of CSOs working on eliminating violence against women, by operational status since the spread of COVID-19 (percentage)



Source: UN Women (2020) Rapid Assessment: Impact of COVID-19 on women’s civil society organizations. Available at <https://asiapacific.unwomen.org/en/digital-library/publications/2020/06/rapid-assessment-impact-of-covid-19-on-womens-civil-society-organizations>.

13. A total of 100 CSOs working on violence against women responded to this survey. The aggregates are not representative of all service providers across the region but provide insights on general trends.



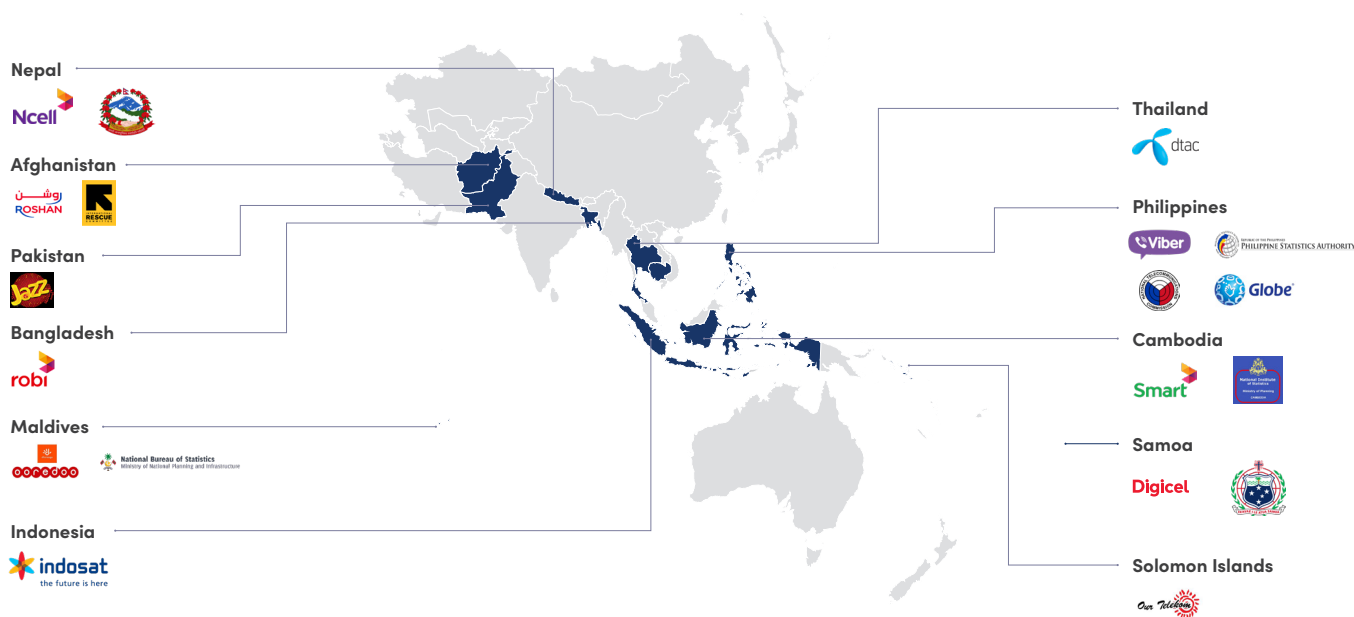
Gender data availability is increasing for SDG indicators, but with COVID-19 innovative approaches are needed

The availability of gender data to monitor progress towards the Sustainable Development Goals has been on the rise since the endorsement of the SDG monitoring framework. Still, less than 50 per cent of the gender indicators have sufficient data available for the Asia-Pacific region. In times of crisis, quality data is essential to inform evidence-based emergency responses that meet the needs of all population groups. However, measures to contain the pandemic have halted face-to-face data collection processes in many countries. Routine surveys and planned censuses had to be postponed in many cases, impacting the availability and timeliness of data at a time when information could be life-saving.

To fill some of these data gaps, UN Women partnered with mobile network operators and governments across the region to roll out Rapid and Assessment Surveys utilizing text messages. This approach enabled the swift generation of gender data and helped overcome barriers associated with social distancing requirements. The effort exemplifies the pivotal role that public-private partnerships can play in the achievement of the Sustainable Development Goals and the promotion of gender equality. By providing pro-bono support for data collection, private sector partners demonstrated that they can be key enablers of well-being and women’s empowerment, while facilitating the implementation of response activities with outstanding agility. Collaboration with public institutions, such as National Statistics Offices and Ministries of Women, was also critical as it ensured the quality of the data and its responsiveness to national needs.

FIGURE 23

Regional roll out of UN Women Rapid and Assessment Surveys in partnership with the private sector, national Governments and international organizations

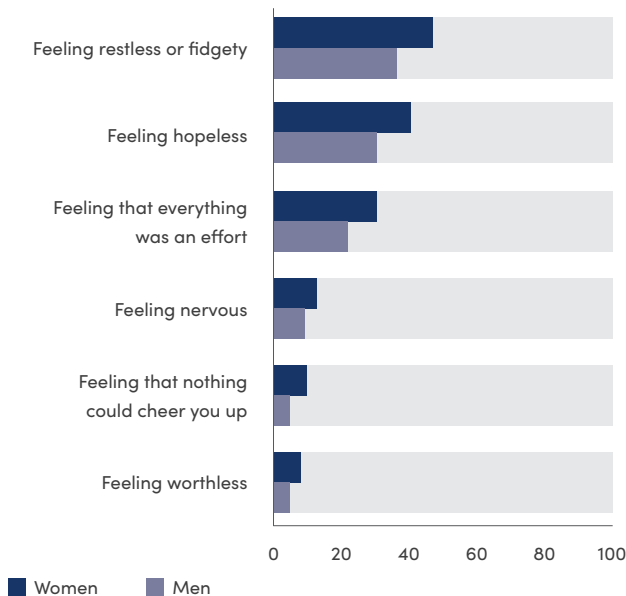


Telephone and Internet-based surveys have obvious limitations, as they do not reach those who lack access to these technologies. Given the current constraints on physical interaction, however, this solution enabled the generation of proxy estimates based on large samples of women and men. In select areas of Afghanistan, Samoa and Thailand where social distancing constraints could be mitigated, UN Women complemented telephone-based data collection with face-to-face enumeration, in partnership with other organizations such as the International Rescue Committee. This helped capture key insights about vulnerable groups, such as migrant populations and internally displaced persons; another example of how partnerships are essential to achieve the goals and the promise of leaving no one behind.

National statistical offices have also stepped up to generate official estimates to monitor the spread of COVID-19 and its consequences on women’s and men’s lives. In doing it, they have generated invaluable evidence for policymakers. The Australian Bureau of Statistics has led one of the region’s most comprehensive initiatives on this topic. It conducted a series of high frequency surveys on the Household Impacts of COVID-19, which have been rolled out periodically among a cohort of approximately 1,000 people and include individual-level and household-level questions to monitor the impact of COVID-19 in Australia over time.¹⁴ The findings showcase that gender differentials are at play. For instance, more women than men experienced worsened mental and emotional health, and women shouldered a larger share of the increased unpaid domestic and care workload. Further, women lost their jobs faster than men, particularly at the beginning of the crisis.

FIGURE 24

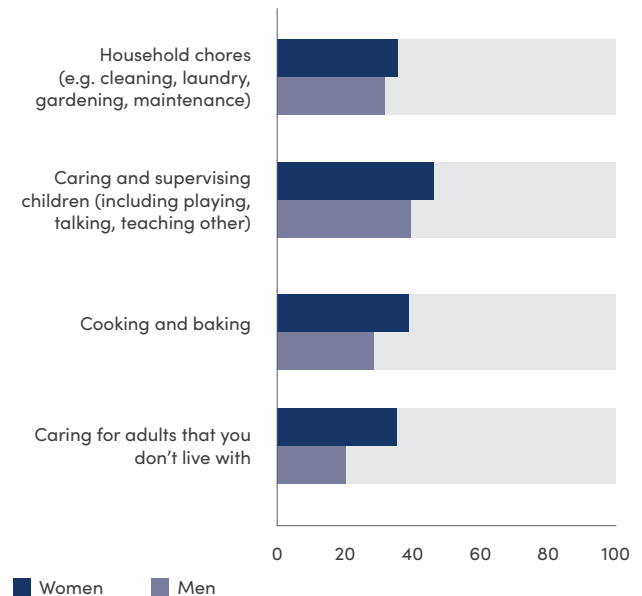
Proportion of people (18 and older) in Australia whose mental health was affected since the spread of COVID-19, by sex (percentage)



Source: Australian Bureau of Statistics, Household Impacts survey (RAPID) 2020- First 4 cycles. Available at: <https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4940.0Main+Features114-17%20Apr%202020?OpenDocument>

FIGURE 25

Proportion of people (18 and older) in Australia who noted increases on time spent on unpaid domestic and care work, by sex (percentage)

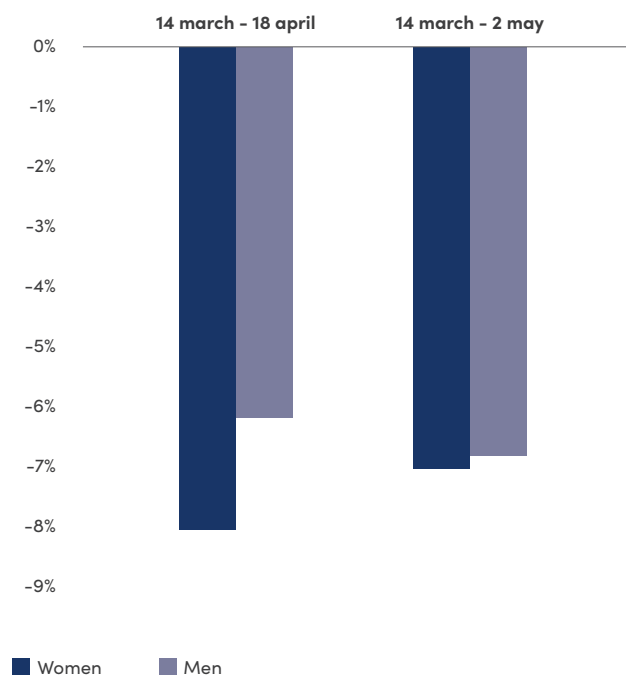


Source: Australian Bureau of Statistics, Household Impacts survey (RAPID) 2020- First 4 cycles. Available at: <https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4940.0Main+Features114-17%20Apr%202020?OpenDocument>

14. UN Women gratefully acknowledges important contributions to this publication made by Andrew Moore and the Gender Statistics team at the Australian Bureau of Statistics. For further details on the Survey on Household Impacts of COVID-19, see <https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4940.0Main+Features114-17%20Apr%202020?OpenDocument>.

FIGURE 26

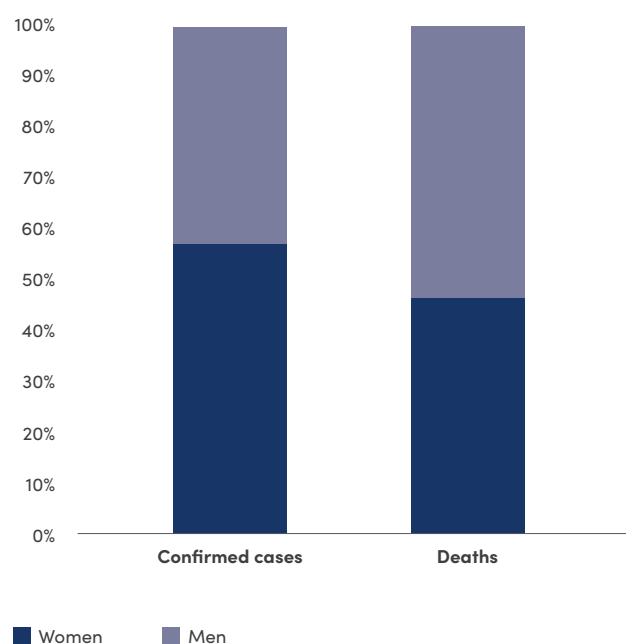
Changes in employee jobs over time in Australia, by sex (percentage)



Source: Australian Bureau of Statistics. Weekly Payroll Jobs and Wages in Australia, cat. no. 6160.0.55.001, weeks ending 18 April and 2 May 2020 <https://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/8BD9B2A4C769D698CA25856C00207A50?opendocument>

FIGURE 27

Proportion of COVID-19 confirmed cases and deaths in the Republic of Korea as of 30 June 2020, by sex (percentage)



Source: Korea Centers for Disease Control and Prevention (2020) "Updates on COVID-19 in Republic of Korea", 1 July. Available at http://ncov.mohw.go.kr/upload/viewer/skin/doc.html?fn=1593677299659_20200702170819.pdf&rs=/upload/viewer/result/202007/

Administrative data sources are also of key importance during a health pandemic. Monitoring infections as well as the number and causes of deaths has become essential to assess the severity and control the spread of COVID-19. Although most countries have recorded total numbers of fatalities quite consistently, further details, such as causes of death, sex and age of the victims, are not always recorded.

In this regard, the Republic of Korea has set an example for other countries by collecting and disseminating detailed information through its advanced civil registration and vital statistics system. Through this process, families of the deceased submit a notification form and death certificate to local administrations, which Statistics Korea (KOSTAT) uses to classify the cause of death. The death certificate aligns with the international standard for death certificates established by the World Health Organization and records additional information on items such as the occupation, educational attainment and marital status of the deceased. To increase accuracy, 22 additional administrative data sources are examined, including national health insurance data, cancer registries and autopsy records. All of this information is linked to social security numbers and individual resident registration numbers, which include data on sociodemographic characteristics such as sex and age. As a result, COVID-19 vital statistics in the Republic of Korea are among the most comprehensive in the world and have played an important role in monitoring the spread of the virus.¹⁵

15. UN Women gratefully acknowledges important contributions to this publication made by Youngshil Park and Seokmin Lee of Statistics Korea (KOSTAT).

TECHNICAL NOTE

The estimates showcased in this report, unless otherwise noted, were generated by UN Women from Rapid Gender Assessment Surveys on the Consequences of COVID-19 in Asia and the Pacific. In 11 countries in Asia and the Pacific,¹⁶ randomly selected cell phone users were contacted through an SMS with a link to a web-based survey. Data collection took place at different times between April and July 2020, in line with partner priorities and approval processes. This may influence responses based on the various degrees of intensity of COVID-19 spread and related lockdown measures in different countries.¹⁷ At the time of release of this report, data collection was still on-going for Afghanistan and Indonesia. Preliminary findings have been included throughout the report but estimates and sample sizes may change upon completion. In line with average response rates for similar SMS-delivered web-based surveys, sample sizes are as follows: Afghanistan (n=6,709), Bangladesh (n=2,345), Cambodia (n=1,164), Indonesia (n=691), Maldives (n=4,754), Nepal (n=8,198), Pakistan (n=2,668), Philippines (n=3,318), Samoa (n=612), Solomon Islands (n=145), and Thailand (n=5,031). In view of the sample and population sizes, most estimates are representative at confidence levels of 95 per cent, with margin of error of +/- 3, except for Cambodia, Samoa and Solomon Islands. Regional aggregates refer only to surveyed countries and thus are not representative of the whole region.¹⁸ World Population Prospects for the respective age groups in 2020 were used as population weights for the aggregates.¹⁹ Estimates from Solomon Islands were not included in the aggregates due to low response rate, and thus should be interpreted with caution.

The survey questionnaire comprised 16 questions, which to the extent possible align with international statistical standards and classifications. Results focus on relative changes since the COVID-19 crisis, thus these are not comparable to nor do they aim to replace statistics from specialized household surveys, as sampling frame and design, methods of data collection and instruments differ. A few questions identical to Demographic Health Surveys and Multiple Indicator Cluster Surveys were added to the questionnaire to provide opportunities for comparison of results, all caveats considered. Weights were applied to adjust the sample for sex, age and educational attainment differentials. Graphs where data is disaggregated at multiple levels include only countries with relatively large samples.

Rapid Gender Assessment Survey data was collected by UN Women in partnership with mobile network operators, national statistical offices, ministries of women and other partners (see Goal 17 for a full list). The authors, Sara Duerto-Valero and Cecilia Tinonin, would like to acknowledge all partners that made this data collection possible, as well as counterparts from the Australian Bureau of Statistics and Statistics Korea for providing additional data and analysis. The authors also wish to thank Papa Seck and Mohammad Naciri for their guidance and leadership, Jessamyn Encarnacion and Sarah Knibbs for their technical inputs, and all colleagues in UN Women's regional and country offices that contributed to this effort. Further, the authors wish to acknowledge the invaluable support received from Mika Mansukhani and Samrat Maskey, without whom the data collection would have been impossible.

16. UN Women's Regional Office for Asia and the Pacific conducted the survey in all the countries where national Governments were supportive and a partner (public or private) could be identified for survey roll-out.
17. In all countries people were encouraged to stay at home, with 2 of the countries also imposing penalties if leaving. In 4 countries, permits were required for outings, which could be granted to any one household member (3 countries) or just the household head (1 country). Curfews or partial curfews were imposed in 8 countries. In 9 countries, the Government provided financial aid to unemployed people and/or national citizens whose income fell below a threshold.
18. Countries surveyed represent roughly 21 per cent of the total population covered by UN Women's Regional Office for Asia and the Pacific (comprising the following SDG regional groupings: Eastern Asia, South-Eastern Asia, Southern Asia, Oceania, Australia and New Zealand).
19. United Nations Department of Economic and Social Affairs (2019) World Population Prospects. Available at <https://population.un.org/wpp/>.
20. See, for instance, the [International Classification of Activities for Time Use Statistics](#) (ICATUS, 2016) and the [International Labour Organization model questions on economic characteristics for population censuses \(version 1\)](#). At the time of survey roll-out, no official guideline was available on the subject.



UNLOCKING THE LOCKDOWN

THE GENDERED EFFECTS OF COVID-19 ON ACHIEVING THE SDGs IN ASIA AND THE PACIFIC



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