

# Impacts of the COVID-19 pandemic and unpaid care work on informal workers' livelihoods

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**Abstract.** *The COVID-19 pandemic triggered a health, economic and care crisis affecting all workers, including those in the informal economy. This article uses data from the first round of a mixed-methods longitudinal study conducted in June/July 2020 by Women in Informal Employment: Globalizing and Organizing in partnership with informal workers' organizations in 12 cities. It assesses the impacts of the multidimensional crisis on care responsibilities and the resulting effects on livelihoods and food security. A gendered analysis of paid work and unpaid care work sheds light on the unique features of the impacts of the current "pandemic recession" on the world's informal labour force.*

**Keywords:** *unpaid care work, gender, informal economy, livelihoods, COVID-19, care economy.*

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## 1. Introduction

Over 60 per cent (or 2 billion) of all workers globally are informally employed and this includes about 90 per cent of all employment in developing countries (ILO 2018a). The ILO projected that 1.6 billion of these workers would be among the most severely affected by the economic and health crisis generated by the COVID-19 pandemic (ILO 2020a). By definition (see ILO 2018a), informal employment is any work which is not covered by de jure or de facto legal or social protection. Informal workers therefore have no safety net if they are unable

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\* Women in Informal Employment: Globalizing and Organizing (WIEGO), emails: anacarolina.ogando@wiego.org (corresponding author) and rachel.moussie@wiego.org. \*\* Rhodes University, South Africa, and WIEGO, email: m.rogan@ru.ac.za. This article is based on the first round of the WIEGO-led "COVID-19 and the Informal Economy Study". The authors would like to acknowledge the local partners in each study city – the local organizations of informal workers and the local research teams – as well as the informal workers who took part in the study. All of them participated willingly and fully despite the significant public health concerns and economic hardships they were experiencing. The authors would also like to acknowledge the generous support from Canada's International Development Research Centre (IDRC).

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to work and often rely on their daily earnings to support themselves and their households. Further projections suggested that, as a result of the pandemic, the number of working poor would increase globally by between 20.1 million and 35 million people during the course of 2020 (ILO 2020b). In low-income countries, poverty levels among informal workers were projected to increase from 18 to 74 per cent (ILO 2020a).

In addition to the drastic impact of the crisis on informal workers, a particular feature of the current crisis is that, unlike the series of recessions and economic downturns since the Great Depression, which have had a greater impact on men's employment, the COVID-19 crisis – a “pandemic recession” – has resulted in a so-called “shecession” (Alon et al. 2020; Collins et al. 2021). Part of the explanation for the gendered impacts of the COVID-19 crisis is that women tend to be concentrated in the services sectors, and particularly in retail and hospitality, which have been affected more severely than others (Alon et al. 2020). For example, 42 per cent of women in the informal economy are employed in sectors that have been identified as “high risk” during the current crisis, compared with 32 per cent of men in informal employment (ILO 2020a). However, the gendered structure of the labour market may explain as little as a quarter of the gender differences in employment losses during the COVID-19 crisis (Madgavkar et al. 2020). The other main factor, discussed below, is the large and rapid increase in the burden of unpaid care work on women. While women's share of unpaid care work is consistently higher than men's in most contexts – accounting for as much as 75–90 per cent in some developing regions – the COVID-19 crisis has exacerbated the unequal distribution of unpaid care work even further (Madgavkar et al. 2020; UN Women 2020a).

The COVID-19 pandemic might best be described as a multidimensional crisis characterized by interrelated economic, health and care crises. Not only are informal workers more likely to lose their incomes than workers in formal employment, but they may also be at higher risk of contracting COVID-19 owing to occupational health and safety risks at work, and to having less access to basic infrastructure both at home and at the workplace. With the closure of schools, day-care centres, public transportation and many formal businesses, women in informal employment have had to balance the sudden increase in unpaid care responsibilities with the need to earn enough money to feed themselves and their families. This article aims to examine the contours of this multidimensional crisis experienced by women in informal employment during the initial phase of the COVID-19 pandemic, between March and July 2020. The data we analyse are based on telephone surveys and qualitative interviews with informal workers from 12 cities in ten countries, carried out as part of a study led by the research and advocacy network Women in Informal Employment: Globalizing and Organizing (WIEGO). We examine the intersection of the care and economic crises among this sample of workers and identify some of the key features of the care crisis at the base of the economic pyramid. We focus on four types of informal work that are prevalent in cities across the global South: waste picking, domestic work, street vending and home-based work.

The remainder of this article is structured as follows. The next section begins with a brief overview of the gendered nature of unpaid care work, more broadly,

before turning to a review of the literature on unpaid care work in periods of crisis. The third section outlines the study methodology and describes the study team's approach to sampling and interviewing informal workers during the first wave of the global COVID-19 pandemic. In the fourth section the results are presented in four parts. First, we outline the size and shape of the increase in care responsibilities across our sample. Next, we analyse the association between increased care burdens and reduced work and earnings during the first six months of the crisis. We then turn to an overview of the asset-depleting strategies that are used by workers who reported an increase in care responsibilities. Lastly, we consider the link between an increased care burden and food insecurity by measuring levels of reported hunger by sex and by the distribution of increases in care work. The fifth section discusses the implications of the interrelated crises experienced by women, in particular, at the base of the economic pyramid and the sixth section concludes by calling for a paradigm shift in the design of policies, infrastructure and services.

## 2. Literature review

### 2.1. Unpaid care work and livelihoods

In all countries, women do more unpaid care work than men (ILO 2018b). Even as women's labour force participation increases globally, there have been no significant shifts in the unequal responsibility for unpaid care work (Kabeer 2007; Charmes 2019; ILO 2018b). Much of this care work is non-monetized and happens within households and between community members. It is referred to in the literature as unpaid care work and includes cooking, cleaning and caring for children, people living with disabilities, the ill and the elderly, and other adults in a household, as well as unpaid community work (UNIFEM 2000; Esquivel 2014). Unpaid care work can be further broken down into direct care that involves a personal and emotional engagement, such as caring for one's child, and indirect care that refers to all activities required to sustain direct care, including cooking and cleaning (Folbre 2006; Esquivel 2014). Though most countries do not count or value the contribution of unpaid care work, it makes all other forms of paid and unpaid work possible (Razavi 2007; Fraser 2014a).

### 2.2. Unpaid care work, informal work and crises

Feminist research emphasizes the interlinkages between social, economic, health and ecological crises in reproducing and deepening the multiple inequalities that women face (Fraser 2014b; Ghosh 2013; Castañeda and Gammage 2011). The COVID-19 pandemic has revealed similar interlinkages to those found in past financial and health crises, though these are intensified owing to the more pronounced loss of income for women informal workers. At the outset of the crisis in South Africa, for example, women informal workers were more likely to lose income than men in the informal economy, and both women and men in formal employment (Rogan and Skinner 2020). The loss in earnings was most severe for women in vulnerable informal work, suggesting a high risk of extreme poverty, hunger and food insecurity in their households (Rogan and Skinner 2020).

As early as January and February 2020, when China and other Asian countries closed their borders, street vendors and market traders could no longer replenish their stocks or buy raw materials, production orders for home-based workers stopped, and the price of the recyclables on which waste pickers depend plummeted (WIEGO 2020a). The lockdown measures taken across the world in March and April 2020 prevented most informal workers from leaving their homes to engage in paid work. Data from the global WIEGO-led study show that among the four sectors, home-based workers (who are predominantly women), somewhat ironically, were the least able to work and the slowest to recover as a result of a lack of jobs or work orders from employers and their contractors, and fluctuations in demand, supply, prices, and other factors in the supply chain (Chen et al. 2022).

In response to lower or no earnings, women often act as shock absorbers for their households and communities (Elson 1995; van Staveren 2002; Espey, Harper and Jones 2010). The loss of income in households is partially offset by drawing on women's unpaid care work to replace goods and services that were previously purchased (Ghosh 2013). A qualitative review of the 2008 financial crisis across 17 middle- and low-income countries indicated that women spent more time searching for bargains, collecting firewood and water, and recycling clothes in order to stretch household budgets (Heltberg et al. 2013). This increase in unpaid work and indirect care work may save resources but it constrains the time available for paid work and direct care work.

Data from 38 countries confirm the increase in unpaid care work for women during the pandemic and the fact that more women than men have left the workforce (UN Women 2020a). In South Africa, data show that both women and men have increased the time spent on childcare, though women continue to report more time spent on childcare than men – this is referred to as a “childcare shock” (Casale and Shepherd 2020, 17). The limited research that focuses on women informal workers shows how they absorb the costs of care provision by increasing their unpaid care work and reducing the time spent on paid or unpaid work (Moussié and Alfors 2018; Horwood et al. 2020). In focus group discussions with women informal workers prior to the pandemic, childcare responsibilities were reported to affect their income security in the following ways: (i) women seek work that is more flexible but more insecure and less well-paid; (ii) childcare changes work schedules in a way that negatively impacts on incomes; (iii) when women care for children and work simultaneously, they are distracted and productivity decreases; and (iv) savings are depleted when women cannot work on account of childcare responsibilities (Alfors 2016).

Asset-depleting strategies such as the sale of assets and taking out new loans can bring in much needed income during crises. In the wake of the 2008 financial crisis, informal workers reported that access to low-interest loans allowed them to maintain basic living standards by paying for rent, utilities, food and children's education. They also used the loans to purchase raw materials, stock, and tools and equipment for their businesses (Horn 2009). Small low-interest loans can help to fill immediate gaps in care provision, but the effects of debt repayments on unpaid care work are unclear. The microfinance literature is mixed as to the impacts on women's paid work (see Kabeer 2005) and less

is known of the effects on women's unpaid care work. However, there is some evidence that debt repayments can increase the pressure to limit household expenses and thereby add to women's unpaid care work over the medium- to long-term (Floro and Dymiski 2000). Economic crises may dampen the demand for goods and services produced by micro-financed enterprises, while increases in unpaid care work among women beneficiaries act as a supply constraint, hampering these enterprises' growth (Vasudevan and Raghavendran 2019).

The essentialization of unpaid care work as women's responsibility means it is often not made explicit as a coping strategy within households during times of crisis (Heltberg et al. 2013). Yet there is evidence of the negative impacts on women and girls as caregivers, and on children and other dependents as care receivers. Overstretching the time spent by women and girls on unpaid care work leads to poorer health, nutrition and learning outcomes for children, decreases in school attendance among girls, inadequate care for the sick, and the emotional and physical exhaustion of primary caregivers (Hossain and McGregor 2011; Rai, Hoskyns and Thomas 2014; Elson 2012; Espey, Harper and Jones 2010). During the Zika outbreak in 2015, loss of employment and unequal care responsibilities also led to marital tensions, gender violence and, in some cases, abandonment by partners (Freitas et al. 2020), further exacerbating the vulnerability experienced by many women. Research identifies similar increases in gender-based violence in households following the food, fuel and financial crisis of 2008 (Heltberg, Hossain and Reva 2012). In turn, gender-based violence impedes women informal workers' access to paid work (Pillinger 2017; WIEGO 2020b).

It is well established in the literature on unpaid care work that gender-responsive social protection measures and quality social services can reduce unpaid care work in households, which disproportionately falls to women, by redistributing it to the State and other providers (UNIFEM 2000; Razavi 2007). This can free up time for women to engage in paid work and to guarantee them some income security throughout their lives. School closures and saturated healthcare services during the pandemic led to women informal workers having limited access to existing services, and expanding these services in a health emergency proved challenging. Data from South Africa show that workers with more stable incomes during the lockdown period were more likely to be able to pay and send their children to a childcare provider – once such services reopened – than those with unstable incomes during the same period (Wills, Kotze and Kika-Mistry 2020). Low-cost unregistered private childcare services, catering to low-paid women workers and their children, struggled to survive the lockdown period in South Africa, and many have not reopened because they have been unable to meet the new COVID-19 health and safety guidelines (Bridge et al. 2020).

A review of social protection measures, including cash and in-kind transfers and social insurance benefits implemented in response to the pandemic, shows little focus on women's economic security – only 13 per cent of the social protection and labour market measures targeted women, and only 11 per cent addressed unpaid care demands (UNDP and UN Women 2021). In this article, we add to the literature on unpaid care work during crises by highlighting how lockdown measures, school closures, greater hygiene and sanitation precautions,

and limited social protection coverage all contributed to an unprecedented intensification of the care crisis and to massive decreases in income among informal workers. This points to the possible policy responses that governments can undertake to address this multidimensional crisis for women informal workers.

### 3. Methodology

In June/July 2020, WIEGO undertook the first round of a mixed-method longitudinal study of urban informal workers in 12 cities<sup>1</sup> across ten countries. The survey component comprised interviews with 2,292 respondents (73 per cent women and 27 per cent men) through a telephone interview platform. This baseline round of research captured information on working conditions (including earnings) prior to the onset of the crisis (January and February 2020) and measured the impact of lockdowns and the pandemic itself during the height of the crisis (April–June/July 2020). The interviews included a core module for all workers and a set of sector-specific questions. The data were captured using an online survey form to ensure consistency across study sites and to facilitate conversion to a statistical analysis package. All interviews were conducted in the respective local language and responses were coded and translated into English.

Respondents were sampled through networks of membership-based organizations (MBOs) of informal workers in each city. The study was conducted in partnership with these organizations and with the local researchers with whom they (or WIEGO) had worked before. Respondents were sampled using a purposive quota approach in which the sample in each city was designed to reflect the key characteristics (such as type of work, sex, place of work and type of product made or sold) of each organization's membership. The design of the sample means that it is not intended to be representative of informal workers in each of the cities. There are likely to be a number of systematic differences between workers who belong to MBOs and informal workers who are not members of such organizations. Moreover, the inclusion of two sectors – home-based and domestic workers – that are comprised almost entirely of women (see table 1) means that the sample does not reflect the real gender distribution within the informal economies of the selected cities. In other words, the study is likely to have over-sampled women informal workers in some cities. More broadly, however, as it takes a non-probability-based sampling approach, the survey should not be considered as representative of any sub-group or location. Rather, the sample is intended to reflect the broad characteristics of each group of workers within the MBO. In other words, given the design of the sample, the study results are intended to be broadly indicative of the way in which the impacts of the pandemic differ by, *inter alia*, the nature of government restrictions, sector of work, severity of the pandemic and sex.

In each city (see table 1), researchers sampled informal workers predominantly from the four sectors of interest.<sup>2</sup> As illustrated in the table, there are three city samples (Ahmedabad, Dar es Salaam and Tiruppur) and two sector

<sup>1</sup> Accra, Ghana; Ahmedabad, India; Bangkok, Thailand; Dakar, Senegal; Dar es Salaam, United Republic of Tanzania; Delhi, India; Durban, South Africa; Lima, Peru; Mexico City, Mexico; New York City, United States; Pleven, Bulgaria; and Tiruppur, India.

<sup>2</sup> Domestic workers, home-based workers, street vendors and waste pickers.

**Table 1. Number of respondents in each city sample, by sector (percentages in parentheses)**

	Street vendors	Market traders	Waste pickers	Domestic workers	Home-based workers
Accra	50 (68)	49 (92)	49 (34)	0	0
Ahmedabad	78 (100)	0	57 (100)	61 (100)	53 (100)
Bangkok	51 (62)	0	0	51 (100)	49 (80)
Dakar	0	0	77 (61)	0	0
Dar es Salaam	0	0	0	283 (100)	0
Delhi	72 (36)	0	63 (22)	67 (100)	68 (100)
Durban	61 (63)	58 (69)	66 (42)	0	0
Lima	59 (62)	0	52 (40)	55 (96)	0
Mexico City	46 (51)	0	29 (46)	44 (100)	0
New York City	62 (53)	0	56 (54)	0	0
Pleven	50 (38)	0	0	52 (92)	73 (77)
Tiruppur	0	0	0	0	60 (93)
<b>Total (n)</b>	<b>529</b>	<b>107</b>	<b>449</b>	<b>613</b>	<b>303</b>

Note: The percentage in parentheses in each cell denotes the share of women in the sub-sample.

sub-samples (domestic workers and home-based workers) that are predominantly made up of women. Where comparisons have been made by sex, the analysis was run separately to exclude the sectors that are comprised exclusively of women to ensure that the results are consistent. Thus, while the results in this article are based on the full sample presented in table 1, they are not driven by the selection of worker group samples that do not include men and are broadly in line with emerging research on the gendered nature of the impact of the pandemic on employment. Nonetheless, the results should be seen as being illustrative only of the ways in which women in informal employment may be impacted by, *inter alia*, the ongoing multidimensional crisis and the unequal burden of care that has been exacerbated by the pandemic.

The qualitative data, which include 52 semi-structured interviews with informal worker leaders, most of whom were also surveyed, explore workers' experiences of increased care work and the interconnected impacts on their livelihoods. Furthermore, the interviews provide insights into how care responsibilities are associated with broader informal workers' concerns regarding increased emotional burden resulting from care work, food insecurity and increased debt,

all of which point to constraints on the recovery of their livelihoods. Interviews were analysed and categorized according to references to indirect and direct care responsibilities, homeschooling, care impacts on work and earnings, food insecurity, and coping strategies at the individual and household levels.

## 4. Data from a 12-city study of informal workers

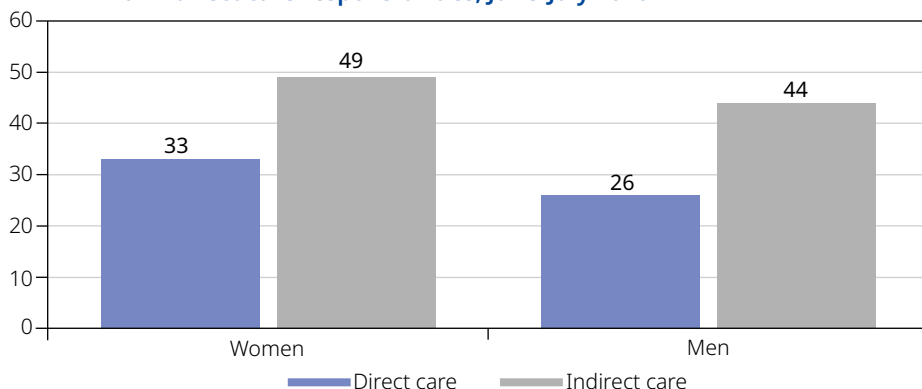
### 4.1. The unequal distribution of increased unpaid care work

Across the 12 cities, and as documented in numerous studies on the gendered impacts of the COVID-19 crisis (see Casale and Posel 2020; UN Women 2020a), women reported greater increases in household responsibilities as a result of the pandemic, relative to men (figure 1). About a third of the women and a quarter of the men in the study sample reported an increase in direct care responsibilities in the form of care for children, the elderly or household members who were sick. Even larger percentages of women (roughly 50 per cent) and men (about 44 per cent) reported an increase in indirect care activities such as cooking and cleaning.

While these gendered differences in increased care responsibilities are perhaps not as large as may have been expected a priori, they are in line with existing research on the COVID-19 care crisis and are likely to be explained by higher levels of care responsibilities borne by women prior to the crisis. In other words, women are likely to have reported greater increases in care responsibilities than men on top of an already unequal distribution of these responsibilities.

Interviews with informal worker leaders shed light on the ways in which men and women experienced increases in care activities. In the case of households with children and/or elderly persons, women often referred to the fact that care responsibilities had become more “strenuous”, adding to the mounting pressures experienced as a result of a loss of income and earnings. Women workers shared details about how the time spent at home during lockdown was largely dedicated to care responsibilities. A market trader leader in Accra noted

**Figure 1. Percentage of women and men who reported an increase in direct or indirect care responsibilities, June/July 2020**



Source: Authors' calculations based on WIEGO data.



how “the house chores took most of [her] time”, while a home-based worker in Pleven, Bulgaria, stressed that more household members at home led to more tasks: “Now you need four hours to complete the tasks instead of two hours.” In Accra, Lima and Mexico City, worker leaders reported on the struggles of single mothers with smaller networks of family members to rely on for care support.

Worker leaders also mentioned that with more people at home not only did care work increase but so did the level of household tension. In Ahmedabad a woman waste picker leader recounted how women were facing constant pressures from family members: “During the lockdown, when everyone was at home, there were constant altercations in the house and [women] have to pay heed to repeated demands for food.” Along these lines, a home-based worker in Pleven explained: “My greatest concern was to protect my family’s mental health. The coronavirus affected our family dynamic.” Several women leaders noted that part of the care burden was very much a result of the emotional labour that went into ensuring the well-being of family members and the household as a whole, consequently adding to their anxiety and exhaustion. As a domestic worker from Mexico City reported: “The double, triple workloads lead to a physical burden, a stronger physical burden, and [a] mental, psychological one.” It is worth noting that several of the men interviewed agreed that most household members had been affected by increased care activities. However, men frequently acknowledged that women were shouldering a larger part of this work.

The patterns in the increase in both direct and indirect care work are remarkably similar among street vendors, waste pickers and home-based workers, where between 40 and 50 per cent of women reported an increase in direct care, while just over 60 per cent of women reported an increase in indirect care (results not shown here). Domestic workers reported substantially smaller increases in both types of care work, although this is likely to be explained by the fact that some of the domestic workers who were interviewed for the study live in cities where COVID-19 restrictions were relatively light (for example, Dar es Salaam). The largest gender difference appears to be among street vendors, where nearly 80 per cent of women and about 50 per cent of men reported an increase in any type of care work during the crisis. Among waste pickers surveyed in nine cities (Accra, Ahmedabad, Bangkok, Dakar, Delhi, Durban, Mexico City, New York City and Lima) about 70 per cent of women and 60 per cent of men reported an increase in care work.

Interviews with workers who continued to work in public spaces during lockdown reveal how indirect care responsibilities may have increased owing to workers’ adherence to strict hygiene protocols upon returning home as a means of protecting family members, specifically children and the elderly. This was particularly the case for street vendors and waste pickers, who expressed the most fear of spreading the virus in their households. A street vendor in Bangkok recounted his daily routine to disinfect his clothes, banknotes and coins in order to protect his young children, while a waste picker from Mexico City mentioned fears related to having to work and live with many family members in cramped living arrangements. He stated: “We worked fewer hours and took turns to care for our grandmother and mother”; however, there was a “risk of contagion” especially in terms of not being able “to physically distance from each other” in

a small apartment. Both street vendors and waste pickers referred to the fear of becoming ill, but for many of these workers, work was the only way to “bring a plate of food home”, as a street vendor from New York City observed.

In contexts where lockdown measures were strict, there was more pressure on direct care needs within households. In the initial lockdown period of the pandemic, many of the direct care needs were linked to the closure of school and day-care centres, placing demands on both men and women workers to support online homeschooling and the care of younger children. Women workers frequently discussed the challenges related to online schooling, including how it cut into their work hours. A home-based worker from Ahmedabad described her day as “taking care of children, as well as making them attend online classes and helping them do their homework”. Not having internet access, smartphones, a computer or tablet exacerbated the difficulties posed by managing online homeschooling. The risk of infection and lockdown measures made it difficult to shift these direct care responsibilities to others outside the household.

To a lesser extent, concerns were also raised about possible increases in child labour by a woman home-based worker from Tiruppur. In Mexico City, a woman waste picker voiced concerns about the long-term psychological impacts on children living in households where domestic violence occurred. The qualitative data highlight how the increases in both indirect and direct care responsibilities undermine the capabilities of both the caregivers and care receivers, entailing potential long-term negative consequences.

## 4.2. The impact of an increase in unpaid care work on paid work

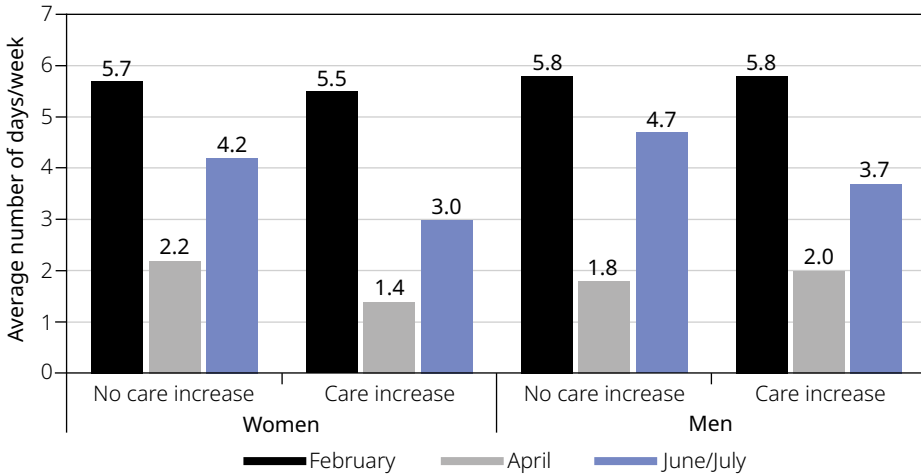
Figure 2 shows how increased care responsibilities are associated with the ability to engage in paid work during the crisis period. Prior to the crisis, there was very little difference in the number of days worked across the sample.<sup>3</sup> Both women and men across the 12 cities worked, on average, just under six days in a typical week. In April 2020, when most workers from the study were living in cities under lockdown, women who faced an increase in either direct or indirect care responsibilities reported a reduction in working days to an average of only 1.4 days a week (down from 5.5 days a week). However, among women who did not report an increase in unpaid care work, the average number of working days in April decreased to 2.2 days a week. In other words, women who reported an increase in unpaid care work reported working about 33 per cent fewer days in April than women with no increase in care responsibilities. Among men, working days decreased to about two days, irrespective of whether they experienced an increased care burden.

By June and July 2020, when restrictions had been lifted in most cities, women who reported increases in care work also seemed less likely to return to their pre-crisis working levels. Working days increased to just over four days a week

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<sup>3</sup> The number of days recorded in the survey refers to both full- and part-time work on those days (that is, they are not adjusted for reported hours worked). As such, the decimal places do not denote part-time work or reduced hours. Rather, the days reported in the graph represent the average number of days in which any work was undertaken by the different sub-groups of workers.

**Figure 2. Average number of days worked per week, by sex and increase in care responsibilities in February, April and June/July 2020**



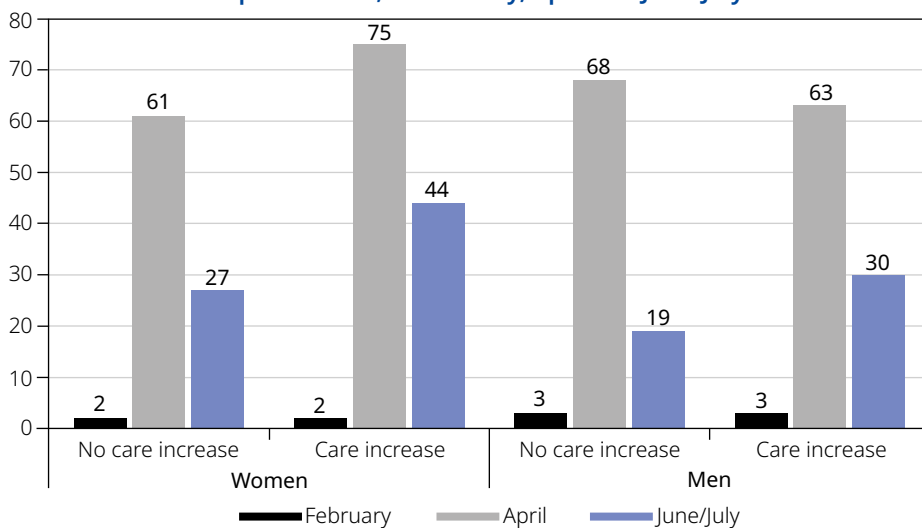
Source: Authors' calculations based on WIEGO data.

for women who experienced no change in their care burden but to only three days a week for those with greater care responsibilities. Men with increased care roles were also less likely to return to full-time work after the lockdown period. Those without care responsibilities reported working, on average, nearly five days a week in June/July, compared with less than four days a week for men who had increased care activities. Therefore, women who experienced an increase in their care burden reported a greater decrease in working days during the lockdown period and a weaker return to pre-COVID working days in the June/July period. Among men, an increase in care responsibilities was not associated with fewer working days in April but it did coincide with fewer working days after April, perhaps suggesting that a slower return to work coincided with an increase in care responsibilities.

Another way to consider the association between unpaid care work and the ability to undertake paid work is to identify the percentage of workers who reported working “zero days” in a particular period. Figure 3 suggests that, in the period immediately prior to the crisis, less than 3 per cent of both women and men reported not working at all in a typical week. Not surprisingly, in April 2020, most workers reported not working at all as cities implemented lockdown restrictions. However, for women, an increase in care responsibilities coincided with a far greater likelihood of not having worked at all (75 per cent) compared with women who did not report increases in care work (61 per cent). Among men there was a much smaller difference in the percentage who reported working in April across the two groups (care increase versus no care increase).

Among both women and men, however, increases in care work are associated with a substantially higher likelihood of not working after the lockdown (June/July 2020). In this period, 44 per cent of women and 30 per cent of men who increased their care responsibilities did not work at all. These findings suggest that, while the lockdown restrictions affected most workers, those who

**Figure 3. Percentage of workers who did not work at all, by sex and increase in care responsibilities, in February, April and June/July 2020**



Source: Authors' calculations based on 2020 WIEGO data.

reported increases in care work were less likely to be able to return to paid work in the months following the lifting of government restrictions.

While the quantitative data cannot determine the direction of causality between unpaid care work and paid work, the qualitative data suggest several direct impacts of care responsibilities on work. Several women leaders emphasized the dilemma they faced between accepting the risks associated with working during the pandemic and losing further earnings. The trade-offs most frequently mentioned include going to work for fewer hours and leaving children at home alone, taking children to work despite city restrictions and safety guidelines, or choosing not to work. This last option caused many women informal workers considerable anxiety, given the longer-term implications for recovering their earnings. A woman street vendor in Delhi explained: "If I don't earn under the current circumstances, how will I take care of the family and my small kids? We are afraid of going out to work and taking the children. Who will I leave them with, where can I leave them? But then I don't have food if I stop working."

Table 2 presents the pathways of the impacts of care responsibilities on women informal workers' ability to work. Workers' perceptions of reduced working hours and fewer networks to rely on to manage care work were key disruptive factors in livelihood security.

The broad pattern of a slower return to work post-lockdown, particularly for women workers, appears to hold across the four worker groups. In the sectors in which both women and men are represented – street vending and waste picking – the average number of days worked in June/July is lower for women who reported an increase in care work, even though pre-COVID working days were roughly equal for all workers (results not shown here).

**Table 2. Pathways of care impacts on work**

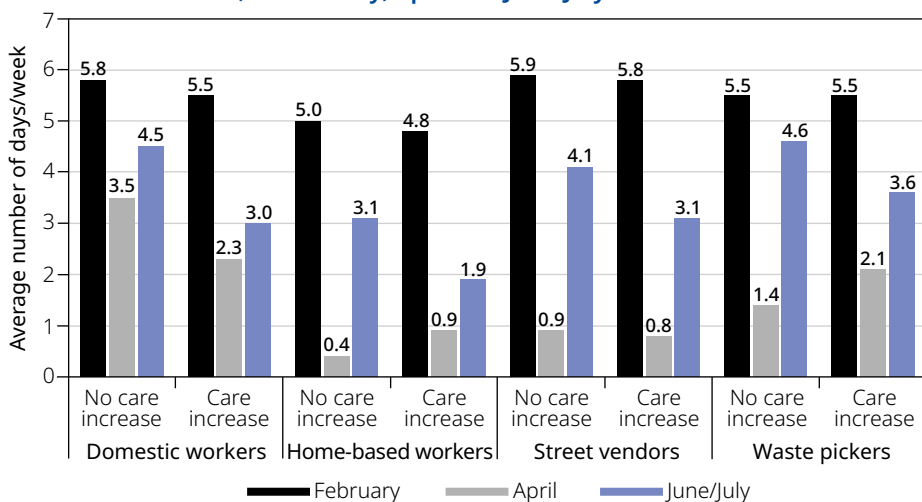
Specific care issue	Impact on work	Mentions by sector	Illustrative quote
No childcare support	– Unable to work	Street vendors, Waste pickers	"The young women vendors with one or two children who work as vendors have no one to leave their children with because their mums, sisters, cousins went back to their villages and as long as there's COVID they just can't ask them to come." (Woman street vendor, Lima)
Work in public space with child	– Reduced attention to work – Reduced work hours – Increased concerns for child safety	Street vendors	"I have my 7-year-old child who is physically challenged; however, it gets very difficult for me to take him to work every day during the COVID-19 emergency. There is no one else at home to look after him so I have to take him along to the vegetable market and also I am worried for his safety." (Woman street vendor, Delhi)
Work in public space without child	– Reduced work hours – Increased concerns over contagion	Waste pickers, street vendors	"I am forced to reduce my working hours to get home very early. Sometimes I don't go to work to better supervise the children. Because if you don't have the necessary means, it's better to protect yourself than to get sick. Because if you get sick, everyone will be in trouble, especially our children." (Woman waste picker, Dakar)
Attention to homeschooling	– Reduced attention to work – Reduced work hours	All sectors	"Before [home-based workers] would send their children to school and work freely at home as per the timings convenient to them. But, nowadays, they have to take care of their children, make them attend online classes, and help them do their homework." (Woman home-based worker, Ahmedabad)
Care for the elderly	– Reduced work days/hours	All sectors	"There is a woman vendor and her mother isn't well, so she doesn't come to work throughout the week as before. She comes only three times in the week." (Man street vendor, Accra)
Care for the sick	– Loss of job	Domestic workers	"One worker resigned because the employer asked her to stay during COVID-19 but she could not because her mother was sick and she needed to take care of her. She wanted to come to work and go home, but the employer wanted her to stay in their house. She became unemployed and did not have money." (Woman domestic worker, Bangkok)

Source: Semi-structured interviews with informal worker leaders (2020).

The association between care work and fewer working days is also evident when the sample is disaggregated by sector (figure 4). The most consistent finding in the graph is that the recovery of working days after lockdown was slowest among workers who reported an increase in care responsibilities. The reduction in working days in April 2020 does not appear to be associated with increases in care work but the recovery (in June/July 2020) of pre-lockdown working days for those with increased care responsibilities tends to be more muted. This is the case across all four sector groups despite the vastly different working conditions associated with each type of work.

Lastly, average working days were considerably lower in April 2020 for women who reported increases in direct and indirect care responsibilities

**Figure 4. Average days worked per week, by increase in care responsibilities and sector, in February, April and June/July 2020**

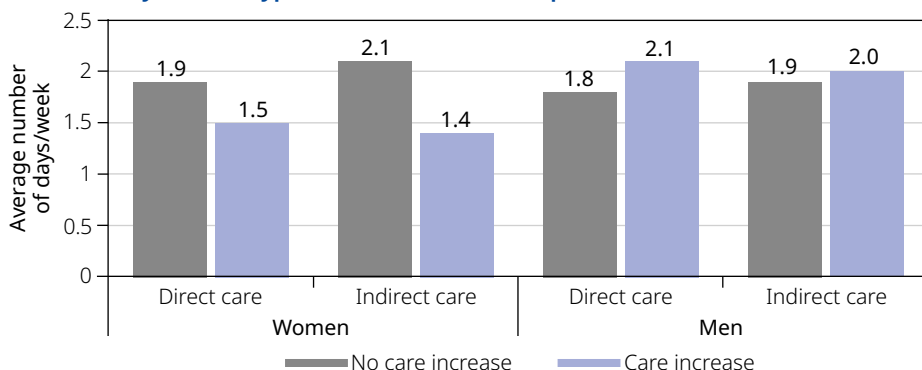


Source: Authors' calculations based on WIEGO data.

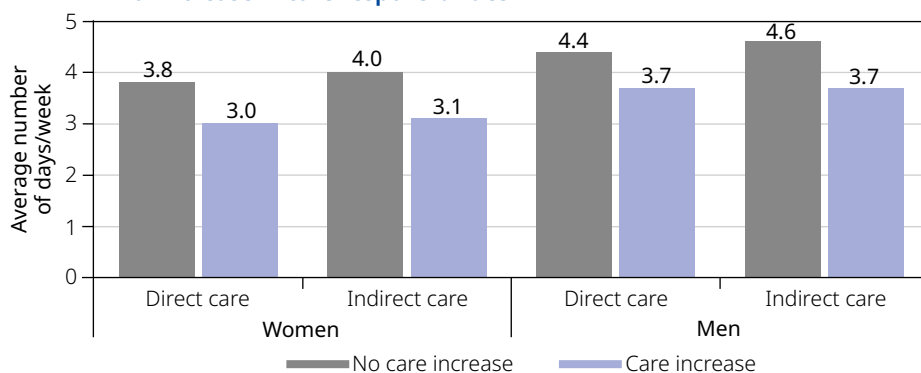
(figure 5a). Women who did not report indirect care increases, for example, worked about a third more than women who did report an increase. Among men, there was very little difference in the number of working days in April for those with and without increased care responsibilities (both direct and indirect).

By June/July 2020, working days were much closer to five days a week for both women and men who did not report increased care responsibilities (figure 5b). Women whose care burden increased worked, on average, a day a week less than women who did not have increased care responsibilities. Men worked more days overall than women in June/July (despite working a similar number of days before the crisis), and when they did report additional care work it was not associated with as large a decrease in working days post-lockdown.

**Figure 5a. Average number of days worked per week in April 2020, by sex and type of increase in care responsibilities**



Source: Authors' calculations based on WIEGO data.

**Figure 5b. Average number of days worked in June/July 2020 by sex and type of increase in care responsibilities**

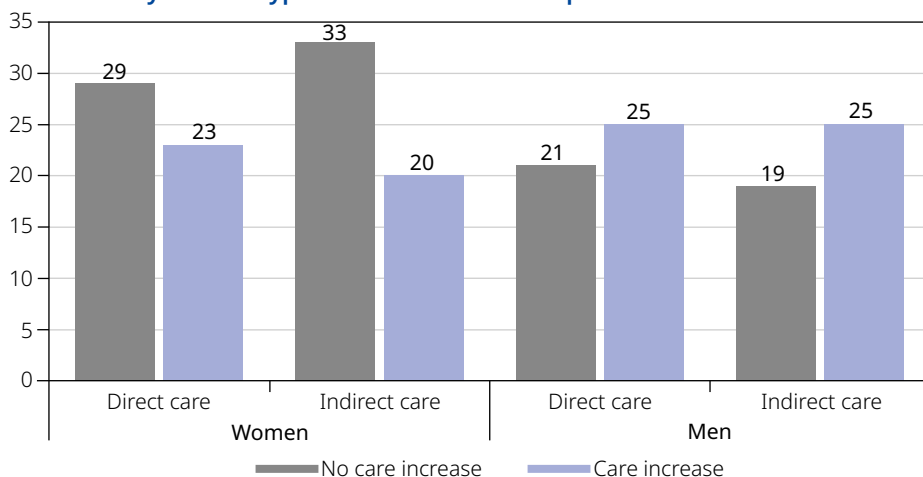
Source: Authors' calculations based on WIEGO data.

### 4.3. The impact of an increase in unpaid care work on earnings

Given the association between an increase in care responsibilities and a larger decrease in paid working days during and after the lockdown period, it is not surprising that there appears to be a correlation between an increase in care work and a decrease in earnings. Among women, in particular, April 2020 earnings were substantially lower (about 20 per cent of pre-COVID earnings) for those who reported an increase in either type of care responsibility than for those who did not report any such increase (about 35 per cent of pre-COVID earnings). Similarly, earnings in June/July 2020 were far closer to pre-COVID earnings (about 70 per cent of pre-COVID earnings) for women who did not report an increase in any type of care responsibilities. Among women who did, post-lockdown earnings were only about 50 per cent of their pre-COVID level. When disaggregating between increases in different types of care responsibilities, the earnings of women with increases in indirect care were particularly low in April – only 20 per cent of pre-COVID levels (figure 6a). Increases in direct care among women were also associated with lower earnings but by a smaller magnitude.

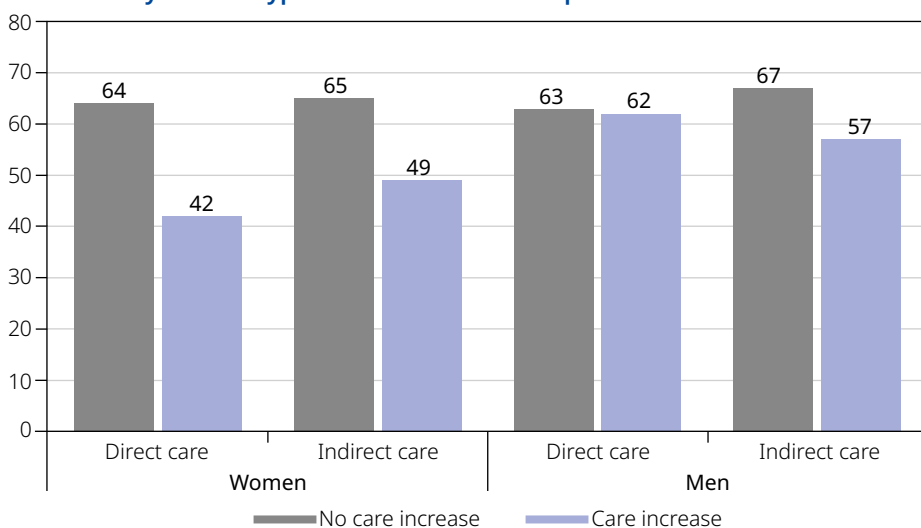
In the post-lockdown period, many respondents had returned to work but their earnings were far lower than they had been pre-COVID. Most men in the sample (irrespective of whether their care responsibilities had increased) reported earnings at about 60 per cent of pre-COVID levels (figure 6b). Women who did not report increased care activities recorded earnings levels of more than 60 per cent of their February 2020 earnings. However, women with increased direct care responsibilities appeared to be less able to return to pre-lockdown earnings levels. This group of women reported earnings at only about 42 per cent of their pre-COVID levels. At the same time, women who reported increases in indirect care earned, on average, only half as much as they did before the crisis. This suggests that both types of increased care responsibilities were associated with substantially lower earnings in June/July 2020 for women. The constraint posed by direct care responsibilities may be due to the lag in some countries between

**Figure 6a. April 2020 earnings as a percentage of pre-COVID earnings, by sex and type of increase in care responsibilities**



Source: Authors' calculations based on WIEGO data.

**Figure 6b. June/July 2020 earnings as a percentage of pre-COVID earnings, by sex and type of increase in care responsibilities**



Source: Authors' calculations based on WIEGO data.

the easing of lockdown measures and the reopening of day-care centres and schools.

In several cities, women worried about the “destabilizing” effect of the pandemic on their income. The uncertainty over the duration of lockdown measures caused anxiety and mental health issues among many women workers. A waste picker from Mexico City reflected on the intertwined losses of work, earnings and “emotional stability” resulting from the pandemic: “It destabilized things in many ways and I can’t work with anything else because I have to take care



of my children ... so now we are devastated.” Ultimately, the “critical situation” of not being able to earn any income on account of having to care for children, while not being able to foresee any “concrete solutions” in the short term reveals the extent of the livelihood insecurity faced by many women informal workers across the cities in the study.

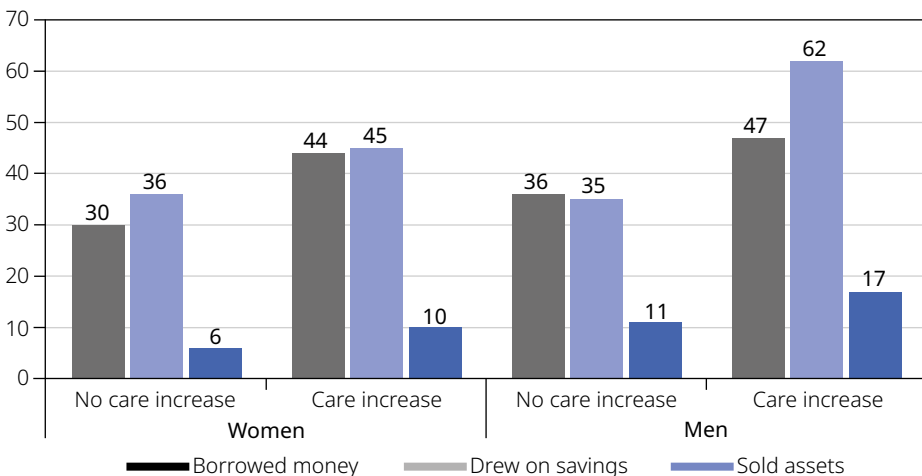
#### 4.4. Asset-depleting strategies and increases in unpaid care work

Given the severe shock to livelihoods experienced by workers who were working largely full-time prior to the COVID-19 crisis, it is not surprising that survey respondents reported having turned to a number of coping mechanisms to mitigate the loss of earnings. Figure 7 illustrates the prevalence of several asset-depleting strategies that can lead to increased debt, the loss of already meagre savings and the erosion of household assets. The findings suggest that both women and men who reported an increased care burden (of any type) were more likely to have relied on an asset-depleting strategy to replace their lost earnings than those workers who did not report increases in care responsibilities. The women informal workers surveyed were less likely than their male counterparts to have drawn down on their savings (which could also reflect the fact that men were more likely to have savings prior to the crisis).

The association is somewhat less clear, however, by sector (results not shown here). Domestic workers and street vendors do not appear to have relied more on these particular asset-depleting strategies when care responsibilities increased. Among home-based workers and waste pickers, however, the pattern resembles that of the overall sample, where care increases are associated with asset-depleting strategies.

Resorting to asset-depleting strategies resulted from workers' inability to meet household expenditures – particularly electricity, water and rent – along

**Figure 7. Percentage of respondents who resorted to asset-depleting strategies, by sex and increase in care responsibilities, June/July 2020**



Source: Authors' calculations based on WIEGO data.

with school fees and related internet costs. This gives a reflection of the insufficient and unevenly distributed relief provided across the cities.<sup>4</sup> Only 40 per cent of the workers surveyed reported receiving cash or food grants in the cities where these relief measures were available (Alfers, Ismail and Valdivia 2020).

The vulnerability experienced by families was described by a woman waste picker in Lima:

There is hunger and the need to pay for water and electricity – we are really behind on all of these responsibilities for months now. How much will they be charging us for the water and the electricity? And although the government put in place its [cash transfers] to provide some relief for all these months, some [workers] have received them and [others] have not. That is why we feel so aggrieved. We really needed to start working to obtain whatever we can because we were already struggling even before the pandemic.

Interviews gleaned information about how workers perceived the impacts of increases in care responsibilities, coupled with a loss in earnings and inability to work, on an ensuing cycle of debt. A home-based worker in Delhi said that many other women home-based workers were barely surviving since their “savings had all been eaten into”. Traders and vendors in Accra and waste pickers in Lima expressed a similar concern over the fact that many colleagues simply did not have any savings to fall back on. Borrowing money and taking out loans were additional concerns for women because they had no “assurance in terms of their income to pay imminent instalments”. Underscoring this view, a home-based worker leader in Ahmedabad described how women in the sector were affected: “During the pandemic, their debt increased dramatically. People were compelled to take a loan at a 30 per cent interest rate to cover their food needs. They could not ask for money from their relatives as they had also met the same fate. It was such a difficult time that the women had to run the house by getting into debt.”

These reflections reveal the severity of the constraints that households faced. Moreover, interviews with waste pickers and home-based workers highlighted frequent concerns among women about how to break the cycle of debt.

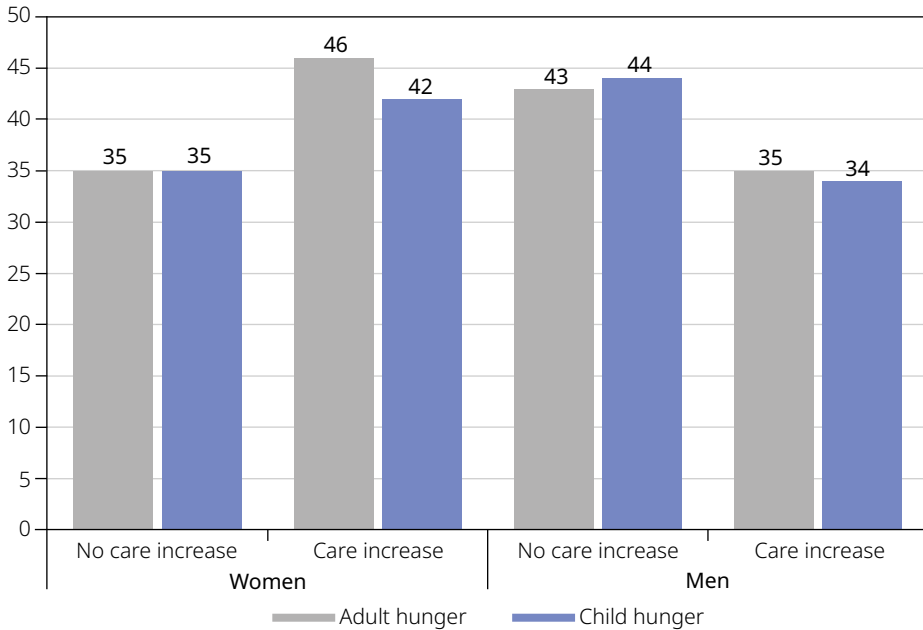
#### **4.5. Increased unpaid care work and household food insecurity**

In many contexts, the COVID-19 pandemic has led to an acute humanitarian crisis. One indicator that captures the effects of such a crisis is the percentage of workers who reported that they or their households experienced hunger (figure 8). Just over a third of women workers without increased care responsibilities reported that either an adult or a child (35 per cent in both cases) had recently gone hungry in their household. Among women facing increased care responsibilities, the percentages are notably higher (46 and 42 per cent, respectively). Among men in the sample there does not appear to be a link between increases in care responsibilities and levels of household hunger.

Food insecurity and, in particular, its impact on children within households was a critical theme in interviews with women workers. A common

<sup>4</sup> For an overview of distinct city relief measures, see Chen et al. (2022).

**Figure 8. Percentage of respondents who reported experiencing hunger, by sex and increase in care responsibilities, June/July 2020**



Source: Authors' calculations based on WIEGO data.

thread throughout the interviews was what women workers who depend on “work for their food” could do to help “children and family members survive hunger”.

Some workers reported decreases in food consumption, while women, in particular, described their efforts to ensure that at least their children's nutritional needs were being met. A woman domestic worker from Delhi recounted how many workers did not have enough food “to feed the entire family, so they would give smaller amounts to each member”. Another domestic worker from Delhi reflected on a similar strategy among other households: “The women fed their children first, and then they themselves would eat if anything was left over, otherwise they would drink water and sleep.” In some situations, women were left with another difficult trade-off: managing the food intake of the elderly versus that of children. A waste picker leader in Ahmedabad summarized the general effects of a loss of work and income on food security as follows: “These women are not getting work due to which they don't get money. In turn, the lack of money leads to a lack of food. They could not buy food-grains, but one has to fill one's stomach.”

Narratives from a number of cities reveal how fundamental worker organizations were in facilitating workers' access to food relief. In Ahmedabad, worker leaders from all four sectors highlighted the efforts made by the Self-Employed Women's Association to provide or help distribute food aid to workers. In Lima, communal kitchens proved essential in supporting young women workers who were suffering drastic earnings losses.

Workers raised the subject of food insecurity more frequently when referring to losing work and earnings, rather than in direct relation to increased care responsibilities. However, it is clear that the responsibility for guaranteeing some level of food security fell heavily on women. In turn, this had considerable implications for the ways in which women perceived their increased care responsibilities.

## 5. Discussion

Data from the WIEGO-led study of urban informal workers across 12 cities have shown that most women reported an increase in either direct or indirect care work during the COVID-19 pandemic. In the sector samples that contained both women and men (street vending and waste picking), a clear pattern of a widening gender gap in unpaid care work emerged across the cities. Similarly, in a sector such as home-based work, found predominantly in the South Asian countries and employing women almost exclusively, roughly 70 per cent of respondents reported an increase in unpaid care work. These increases in unpaid care work, both direct and indirect, coincided with fewer working days, on average, during the peak of government restrictions and with a slower return to full-time work by the middle of 2020 (June/July).

The association between increased unpaid care work and reduced earnings was another clear pattern that emerged across the 12 cities. Among men who reported increased unpaid care work, the differences between pre-COVID earnings and earnings in April and June/July 2020 were marginal. Among women, however, there is a clear association between an increase in care work and lower earnings. In April 2020, women with increased care responsibilities earned only 20 per cent of their pre-COVID income and these earnings had recovered to only 50 per cent of their pre-COVID level by the middle of the year. Considering that women informal workers' earnings decreased from an already lower base (relative to men's earnings in the informal economy) the implications for these losses in earnings are likely to have put many women and their households in a desperate situation.

The prevalence of asset-depleting coping strategies highlights the lengths to which many workers were forced to go in order to survive. The increase in care responsibilities, particularly among women home-based workers and waste pickers, was associated with increases in household debt as well as a reliance on savings (where available). To a lesser extent, informal workers sold household assets to compensate for lost income; while this was not a common strategy, nearly a fifth of home-based workers with an increased care burden reported selling assets (results not shown here). All three of these asset-depleting strategies have important implications for the recovery of livelihoods in the post-pandemic period. The erosion of already meagre savings and household assets combined with an increase in debt are likely to impede workers, and women in particular, from re-establishing their livelihoods. The care crisis is likely, therefore, to continue to have a disproportionate impact on women in informal employment during the recovery period.

Unlike their counterparts in formal employment, informal workers have not been able to rely on furlough schemes, debt relief or other measures designed to

help formal wage workers and small businesses survive the crisis; nor do they have access to social insurance, such as unemployment benefits, survivor benefits or paid sick leave. In addition, they have limited access to social protection measures to support increasing care responsibilities, such as paid parental leave and benefits, and health insurance (UNICEF, ILO and WIEGO 2021). The care services they relied on before the pandemic, such as crèches and schools, were closed and were not prioritized for reopening – even in those instances where informal workers were recognized as essential workers. For example, in Kenya informal traders selling fresh produce were categorized as essential workers but children were banned from markets while schools and crèches were closed from March to December 2020. This forced some women informal traders to act outside the law to care for their children while working in the markets (Boatang-Pobee et al. 2021). In most contexts, informal workers have fallen between the cracks in emergency relief systems precisely because they are not registered on government databases, tax systems or unemployment insurance funds (Rogan and Skinner 2020; Chowdhury et al. 2020; OHCHR 2020; ILO 2020c).

## 6. Conclusion

In addition to the impact of the crisis on employment losses, increasing care needs within households are having a negative impact on women's earnings and time for paid work. This is in line with trends seen in previous health and economic crises where many women either took longer than men to recover their earnings or never regained their pre-crisis earnings. It is estimated that by 2030 the pandemic's effects on the resurgence of poverty will be felt hardest by women, particularly those in their prime reproductive and productive years, and especially women from sub-Saharan Africa and South Asia. Global projections estimated that there were 118 women in poverty for every 100 poor men in 2021, with such projections suggesting an increase in the number of poor women by 2030 (UN Women 2020b).

Understanding these poverty trends has implications for economic recovery plans and long-term developmental outcomes for women informal workers and their dependents. As in past crises, such trends highlight the need for a paradigm shift towards designing economic and labour market policies to support women workers in the informal economy, alongside an expansion in public services and basic infrastructure to reduce care responsibilities and redistribute them more equitably (Elson 2012; Ghosh 2013; Heintz, Staab and Turquet 2021). The triple dividend that comes from investing in public care services – creating new decent work opportunities, supporting women to engage more in paid work, and protecting those who require care – should drive gender-responsive economic recovery plans (UN Women 2015). Investments in public care services will be more effective if they incorporate informal workers' needs, demands and working conditions in their design and implementation. These should be considered alongside universal social protection policies that guarantee income security in cases where women and men have increased care responsibilities or require care throughout their lives (UNICEF, ILO and WIEGO 2021). Women informal workers' paid and unpaid labour may act as

an immediate shock absorber in the absence of social protection, but it leads to poverty and exhaustion, and undermines women's capabilities immediately and in the long term.

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