

Financing in the times of the Pandemic : **Gender Implication of IFIs support to** **India during the Covid-19 Pandemic**

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International Financial Institutions (IFIs) have been deeply involved in the economies of developing countries for decades, as they are considered “critical development partners to achieve the Sustainable Development Goals (SDGs)”¹, due to “deep institutional expertise in providing and catalysing investments in sustainable development”². While traditionally IFIs have been associated with public investments in economic production and trade zones, transport and energy infrastructure etc., during the coronavirus pandemic they have been called on to play a different role by fast tracking their response to ensure immediate relief, with particular focus on the health and MSME sectors³.

This paper will start by touching on the response of IFIs to the Covid-19 induced economic crisis and the support India has sought from them to respond to the challenges. It will spotlight four such financial agreements, and especially, their gender implications. It will end by making a few recommendations to the IFIs to becoming more responsive to the issues that feminists have tabled.

The Great Disruptor

The world as we knew it has changed in a matter of a few months. The unforeseen and unprecedented Covid-19 mega pandemic, and the responses by governments to it, has disrupted millions of lives. It is an unprecedented health crisis coupled with severe economic hardship, as the methods to “flatten the curve” (i.e. slow down the spread of coronavirus) included reducing contact among people by imposing lockdowns, preventing the large gathering of people and introducing the concept of

physical distancing among people. The human costs in terms of lives lost, health outcomes, livelihoods shattered, careers derailed are staggering. “As of November 11, 2020, Covid-19 has killed more than 1.1 million people and infected more than 44 million people in every part of the world”⁴.

The global economy has had its worst shock with estimates that the pandemic “will cost the global economy US\$28 trillion in lost output by 2025”⁵. The period has seen a sharp increase in the levels of poverty, social inequalities and social anxieties. While the virus is said to infect people without discrimination, it affects them differently. The pandemic accentuated and spotlighted existing inequalities, which resulted in deep negative social, economic and psychological fallout on poor and marginalised women, girls, and gender and sexual minorities (LGBTQI). Covid-19 has drawn attention to the fact that pandemics are a consequence of large-scale human destruction of nature driven by an extractivist and growth-obsessed economic system. Climate change too increases the likelihood of Covid-type pandemics⁶.

IFIs and Covid-19

The twin crises of health and economics left almost all countries staggering and most of them turned to IFIs for help. IFIs and Overseas Development Assistance offer different kinds of financing support to developing countries. These range from direct budgetary support such as Poverty Reduction and Growth Programmes (World Bank) and General and Sectoral Budgetary support (EU), as well as money for infrastructure projects, development of the private sector including micro-financing, energy efficiency etc. Ordinarily, most projects of IFIs are around market or infrastructure development, but in their Covid-19 response, they have turned to “increasing hospital capacities, improving vaccine distribution networks and providing Personal Protective Equipment (PPE) supplies and training to health officials.”⁷

- **Huge spurt in demand:** The Covid-19 pandemic has resulted in an unprecedented demand for International Monetary Fund (IMF) financial assistance. While “previously, the highest number of IMF programmes approved in a single year was 34 (in 1994), and on an average, the IMF used to approve 18 programmes a year. However in 2020, more than 100 of the IMF’s 189 member countries have requested IMF programmes.”⁸
- **Rapid response:** As of September 14, 2020, IFIs and Regional Financing Arrangements (RFAs) have globally approved US\$182.8 billion in Covid-19 related support since January 27, 2020, and have disbursed US\$124.2 billion, about two-thirds of the amount approved.⁹
- **Greater resources mobilised:** Congressional Research Service (CRS), in its analysis of the international finance institutions says that they are “mobilising unprecedented levels of financial resources to support countries responding to the health and economic consequences of the Covid-19 pandemic.”¹⁰
- **Emergency lending:** The IMF, for example, will provide around US\$50 billion in emergency lending to the poorest countries and emerging markets. About US\$10 billion will be offered interest-free to the poorest countries by the Rapid Credit Facility and about US\$10 billion by the Rapid Financing Instrument to emerging markets. Most of the Multilateral Development Banks (MDBs) responded to the pandemic by garnering resources for emergency support. This included “reprogramming existing projects, establishing and funding with existing resource lending facilities dedicated to the Covid-19 response, and streamlining approval procedures.”¹¹

- **Revamping old arrangements and setting up new ones:** Examples include the IMF’s reformed Catastrophe Containment and Relief Trust and the World Bank’s (WB) fast-track Covid-19 facility. In 2017, the WB created “pandemic bonds” as a response to the fallout of the Ebola outbreak. The bonds, set to mature in July 2020, were triggered on April 17, 2020. These bonds are to provide US\$195.84 million of the Bank’s Pandemic Emergency Financing Facility (PEFF). The WB also announced a new fund called the Health Emergency Preparedness and Response Multi-Donor Fund (HEPRF) to complement, and augment the initial US\$160 billion funding.

India, Covid-19 and Gender

In India, even before the pandemic hit, the country was facing a host of serious economic challenges including rising unemployment, stressed financial sector and inequalities¹². The pandemic magnified these, and added new dimensions to these daunting problems with multiple sources predicting that India will be among the worst hit among the major economies of the world¹³, with India’s GDP contracting by 10.3% this fiscal year and will be the only country in South Asia, apart from Afghanistan, which will not be able to regain its 2019 GDP level, even in 2021¹⁴. Worse still, “the contraction registered in 2020 is likely to translate into a permanent income loss”¹⁵.

India’s challenges in dealing with the Covid-19 pandemic include:

- India not only has a huge population of 1,380 million but is also densely populated at 464 people/km².
- Social distancing is challenging, especially in the big cities with crowded streets, trains, buses and offices. Most of the population live in small homes with poor ventilation, living cheek by jowl with each other.
- Cough hygiene is largely absent. Hand hygiene is equally suspect.
- Even more distressingly, 160 million Indians do not have access to clean water to wash their hands.
- Diabetes and hypertension are believed to worsen Covid-19 outcomes: the prevalence among Indian adults of diabetes and hypertension is 10% and 25%, respectively. India also has high rates of TB and pneumonia.
- The awareness about disease dynamics is still poor as this is a new virus. Myths and misconceptions continue to rule¹⁶.
- Public health system is too frail to effectively handle a pandemic of this sort.

Effect on women and girls: The pandemic as mentioned before spotlights the divide that exists in society and exposes the precarious nature of the lives of the marginalised. Given below is a snapshot of some of the impacts Covid-19 had on women and girls:

- **Poverty:** Between 2006-2016, India had made progress in terms of poverty reduction, and 271 million people moved out of poverty. The face of poverty continues to be female and this is set to increase to 14.7% for women and girls, who will be living in extreme poverty in India by 2021 as compared to 13.7% in men¹⁷
- **Hunger:** A survey of 5,000 rural households across 12 states that was conducted five weeks into the lockdown, showed high levels of food insecurity had resulted in more than 50% skipping meals and 25% dependent on others for food. This in a country with alarmingly high levels of malnutrition¹⁸ When the food budget of households shrink, it is women and children’s nutrition that suffers the most. The lockdown resulted in the closure of pre-schools and schools whereby children lost access to free meals¹⁹. The street-side vendors and eateries disappeared, and with it, cheap food.
- **Indebtedness:** The survey also showed that a significant proportion of households are getting into debt or selling assets to get by²⁰. Evidence suggests that women’s asset base may shrink further due to distress sales, and “will be forced to take usurious loans from informal moneylenders”²¹.
- **Employment and livelihood:** With most of the economy shut down, the fragility of India’s labour market was apparent. India’s informal sector, which is the backbone of the economy employs 94% of women²². They have no social security, decent and timely wages, and in some cases, even the right to be called a “worker”²³
- **Violence against women and children:** This sharply rose (as it had during previous pandemics) The inability to leave home, the loss of jobs, the shutting down of services for survivors of violence and the increased unemployment (of men and women) contributed to this worsening situation. The National Commission for Women received 2,043 complaints of crimes against women in June 2020, the highest in the past eight months²⁴. The internet searches for child sexual abuse related content jumped by 95 % increase since before Covid-19 related lockdowns²⁵. Child marriages have increased as employment has shrunk and schools remain shut²⁶.

¹https://www.undp.org/content/undp/en/home/partners/international_financial_institutions.html

²ibid

³<https://www.cenfa.org/wp-content/uploads/2020/10/Pandemic-as-an-Opportunity.pdf> p3

⁴the-human-cost-of-covid-19-replacement-11-nov20.pdf pg 3

⁵ibid

⁶<https://earth.org/climate-crisis-will-cause-once-dormant-viruses-to-reemerge>

⁷<https://earth.org/climate-crisis-will-cause-once-dormant-viruses-to-reemerge/>

⁸<https://www.borgenmagazine.com/international-finance-institutions/>

⁹https://www.everycrsreport.com/files/20200504_R46342_f2baf192dc78c0ceba50b8a1ed31a70a6b9537c6.html

¹⁰<https://www.csis.org/analysis/international-financial-institutions-ongoing-response-covid-19-crisis-0>

¹¹<https://www.everycrsreport.com/reports/R46342.html>

¹²ibid

¹²<https://thewire.in/economy/covid-19-india-economic-recovery>

¹³<https://scroll.in/latest/978981/india-will-be-worst-hit-among-major-economies-even-after-covid-19-pandemic-report>

¹⁴<https://daily2dailynews.com/how-the-covid-19-pandemic-has-hit-gdp-growth/>

¹⁵shorturl.at/bgrR9

¹⁶<https://pmj.bmj.com/content/postgradmedj/96/1137/422.full.pdf>

¹⁷shorturl.at/oEGM7

¹⁸<https://www.nationalheraldindia.com/national/ncw-receives-2043-complaints-of-crimes-against-women-in-june-highest-in-8-months>

¹⁹<https://www.thehindu.com/news/national/coronavirus-lockdown-online-child-porn-traffic-rises-by-95/article31334484.ece>

²⁰<https://in.reuters.com/article/us-health-coronavirus-india-children/indias-covid-19-lockdown-threatens-efforts-to-stop-spikes-in-child-marriage-idUSKCN258005>

- **Healthcare:** Women access to healthcare also dropped due to the lack of availability of services (including sexual and reproductive health services, which governments deem to be non-essential during such phases) and also because of the shutting down of public transport. This hits women harder as they are less likely to access vehicles and their mobility already restricted²⁷. The loss of income and closing of schools have impacted menstrual health and hygiene of adolescents and women too, as in some areas, schools had been supplying sanitary napkins²⁸.
- **Education:** A staggering 320 million learners in India have been adversely affected by the Covid-19 pandemic and the transitioning to e-learning. Girls and children from socially and economically disadvantaged backgrounds (as well as those in remote areas), including Dalits and tribals, who are already disadvantaged in terms of access to education are more severely impacted²⁹. Schooling, though, "is a major protective factor for adolescent girls, and the closure of schools and disruption of education is expected to lead to various adverse outcomes, such as a high risk of dropping out and discontinuing their schooling even after the lockdown ends. With the loss of school as a protective space, girls may also face a heightened risk of exposure to violence, early, child, and forced marriage (ECFM), child labour, trafficking, etc"³⁰.
- **Reverse migration:** Upwards of 40 million internal migrants have been affected due to Covid-19³¹. Women migrants faced additional challenges in accessing hygiene and sanitation services, and health facilities. There were reports of pregnant women and women carrying children walking for days on end³². Additionally, the returning men has also led to changing social relations and it is uncertain what this would mean on gender roles within food systems and the implications for health, nutrition and prosperity³³. People were stranded due to the lockdown – often many miles from home and women and children had to fend for themselves in these difficult times adding to hardship, anxiety and feelings of insecurity. This worsened due to lack of employment or finances.
- **Care work:** Given the gendered nature of division of work in most countries, including India, domestic chores and

care work at home falls almost entirely on women and girls³⁴. With Covid-19, unpaid care work has increased, with children out-of-school, heightened care needs of older persons and overwhelmed health services. The foot soldiers of India's health services are the women. Over 1 million Accredited Social Health Activists (ASHAs), and 24.4 lakhs anganwadi³⁵ workers³⁶ and helpers provide on-ground support and are the primary caregivers for majority of rural women and their children. These frontline women health workers are at the forefront of the response, as they were involved in door-to-door surveys, disseminating information and also linking those who need medical help with the government services. Besides the great risk as they had little safety equipment³⁷, these workers are considered volunteers and therefore not regularised³⁸.

- **Exclusion:** The relief efforts also excluded women by sometimes targeting households or offering support to only those registered as workers. Women are less likely to be recognised as workers, for a variety of reasons, including because they are more concentrated in the informal sector. Their working conditions does not "lends itself to self-recognition of their status as workers, let alone social recognition."³⁹ Migrants are excluded as portability of entitlements, is not yet a reality in a practical manner though this was suggested by the Finance Minister of India as part of the relief package⁴⁰. Access to the Public Distribution System⁴¹ depends on social positioning and the intersections of class, caste and gender disproportionately affect women⁴². Similarly, a whopping 42% of bank accounts owned by women were found to be dormant⁴³. The main scheme for providing free food grains was completely inaccessible by the transgender community, as it was dependant on ration cards which a large number of them did not possess. Women's access to information about the virus as well as the schemes remain low due to traditional barriers and the manner in which information is disseminated.

All initial gender analysis of the consequence of the pandemic points to long-term negative impact on women and girls – including on their "education, food security and nutrition, health, livelihoods, and protection"⁴⁴ intensifying existing and accumulated gender and other inequalities.

Government response and IFIs

The government of India started with a few early measures, including thermal screening at a few of the airports in mid-January 2020 for contact tracing of those testing positive. By early March, schools were closed and a couple of weeks later, India adopted lockdown measures, which are at the high end of the University of Oxford's Covid-19 Government Response Stringency Index⁴⁵. Attempts were made to ramp up capacities and coordinate action. Public response to the Indian government's actions remained high according to a global survey⁴⁶.

On 26 March, a ₹1.7 trillion (~USD 22 billion) relief package announced by the Finance Minister was followed by the Prime Minister of India's Covid relief package of ₹20 trillion (~USD 260 billion) in May⁴⁷.

This took the form of:

- **Tax measures:** Direct taxes and Customs related relaxations were brought in.
- **Food related:** Around two-thirds of the population will be covered under the Pradhan Mantri Garib Kalyan Anna Yojana (Food scheme). Each household would get about five kilograms of cereal, and 1 kilogram of pulses free for three months through the Public Distribution Scheme (PDS).
- **Employment and livelihood:** Schemes under Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)⁴⁸ have seen workers wage increased from ₹182 to ₹202 and this is to benefit 50 million families.
- Doubling of collateral free loans of ₹200,000 for Self-help Groups (SHGs), covering around 70 million households.
- The building and construction workers fund and the district Mineral Fund State of about ₹310 billion, to be by the state government to help those who are facing economic disruption because of the lockdown.
- **Direct benefit transfer related:** About 86.9 million farmers will receive ₹6,000 that they receive every year upfront (instead of in instalments).

- An amount of ₹1,000 was given to 30 million senior citizens, widows, people with disability and women.
- 83 million families below poverty line also got free LPG cylinders for three months.
- **Healthcare related:** Medical insurance cover for about 2 million health services and ancillary workers.
- Organised sector related – Social security.
- This included easing withdrawal of the Employees Provident Fund Organisation (EPFO), and the NPS, reduction in contribution and cover of EPF contributions for six months for small companies⁴⁹.

The stimulus packages rolled out by the government for the economy's recovery post Covid-19 are devoid of welfare schemes, specifically for women. The safety net of labour and economic policies does not sufficiently factor in the informal economy, with due recognition for care work. Women as economic agents are conspicuously absent. "The comprehensive roadmap of Atmanirbhar Bharat⁵⁰ has mentioned "women" just five times, the most noteworthy mention being – "now all the occupations are open for women and now women can work in night with safeguards". However, no funds have been earmarked for creation of any such safeguards to facilitate their entry into labour market⁵¹.

In order to finance these efforts, India turned to the IFIs for support. India needed this infusion, especially since both demand and supply had contracted, key sources of revenue were falling drastically, and foreign investors were pulling out rapidly.

We will explore four of these agreements by examining the priorities and range of activities that they covered as well as their limitations.

The four represent different IFIs – the WB, which is the among the oldest IFIs, Asian Development Bank, which is amongst the oldest regional bank, and newer Multilateral Development Banks – Asian Infrastructure Investment Bank and New Development Bank.

²⁷<https://www.theguardian.com/global-development/2020/jul/13/women-always-take-the-brunt-india-sees-surge-in-unsafe-abortion>

²⁸<https://ijme.in/articles/the-invisible-among-the-marginalised-do-gender-and-intersectionality-matter-in-the-covid-19-response/?gallery=html>

²⁹<https://www.weforum.org/agenda/2020/10/how-covid-19-deepens-the-digital-education-divide-in-india/>

³⁰<https://www.pwc.in/assets/pdfs/services/crisis-management/covid-19-driving-the-development-paradigm-in-the-post-covid-19-world.pdf> pg 3

³¹ibid

³²<https://feminisminindia.com/2020/06/26/migrant-women-workers-covid-19-impact/>

³³<https://gender.cgjar.org/covid-19-opens-unknown-chapter-on-rural-womens-plight-in-indias-migration-saga/>

³⁴<https://www.nature.com/articles/s41599-020-0488-2>

³⁵shorturl.at/hirUZ Anganwadis are centres that provide non-formal pre-school education, as well as nutrition, and health services at the lowest level. The Angawadi workers (women) are community based front line workers

³⁶https://economictimes.indiatimes.com/news/politics-and-nation/government-plans-to-upgrade-2-5-lakh-anganwadi-centres-in-next-5-years-women-and-child-development-ministryofficial/articleshow/72828637.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cpsst

³⁷<https://thewire.in/society/covid-19-india-frontline-health-workers>

³⁸ibid

³⁹NailaKabeer, Kirsty Milward & Ratna Sudarshan (2013) Organising women workers in the informal economy, Gender & Development, 21:2, 249-263, DOI: 10.1080/13552074.2013.802145 p250

⁴⁰<https://www.downtoearth.org.in/news/health/coronavirus-update-sitharaman-allocates-rs-3-500-cr-for-foodgrain-for-migrants-71120>

⁴¹It is a food security scheme whereby the poor and marginalized get access to some

⁴²<https://www.epw.in/engage/article/food-security-and-covid-19-why-indias-public>

⁴³<https://timesofindia.indiatimes.com/india/study-flags-reasons-for-womens-dormant-bank-accounts/articleshow/74483877.cms>

⁴⁴https://www.care-international.org/files/files/Gendered_Implications_of_COVID-19-Full_Paper.pdf pg2

⁴⁵<https://www.thelede.in/inclusion/2020/04/08/covid-19-to-push-40-crore-indians-deeper-into-poverty-ilo>

⁴⁶<https://www.hindustantimes.com/india-news/india-ranks-4th-in-global-survey-assessing-public-perception-of-government-response-to-covid-19/story-10gXSGfCs14vru9SF9ymzO.html>

⁴⁷shorturl.at/qsJPZ

⁴⁸It is the largest public works programme in the world. MGNREGA an Indian labour law and social security measure that aims to guarantee the 'right to work'

⁴⁹<https://home.kpmg/xx/en/home/insights/2020/04/india-government-and-institution-measures-in-response-to-covid.html>

⁵⁰AtmaNirbhar Bharat or making India a self-reliant nation was the name of the Scheme announced in May 2020 during the announcement of India's COVID-19 pandemic related economic package.

⁵¹<https://feminisminindia.com/2020/11/18/atmanirbhar-bharat-women-in-labour-force/>

TABLE SHOWING OVERVIEW OF 4 IFI SUPPORTED COVID 19 RELATED PROJECTS IN INDIA

Organisation	Amount (in USD)	Focus	Purpose
World Bank	2750 million	Health (Phase1) Social Protection (Phase2) Economy (Phase 3) Micro, Small & Medium Enterprises (MSME)	Procure essential medical supplies, improve disease surveillance, enhance infrastructure (hospital laboratories) Fragmented schemes to an integrated system –Geographic portability of benefits Pan-national safety net Increase liquidity through instruments such as credit guarantee. Strengthen Non-Bank Financial Companies and Small Finance Companies Incentivise use of fintech and digital financial services https://www.worldbank.org/en/country/india/coronavirus
AiIB and ADB	2250 Million	Social Assistance Social security for workers	Monetary benefits to vulnerable groups (poor women, senior citizens, widows, people with disabilities). Free cooking gas for those below poverty line Advance disbursement for farmers, employer's contribution to the provident fund, support the nation employment guarantee scheme https://www.aiib.org/en/projects/details/2020/approved/download/India/PSI-000409-India-COVID-19-CARES-program-June-17.pdf
ADB	20 million	Health	Covid-19 screening tool, helpline for telemedicine, converting hotels to temporary quarantine rooms https://www.adb.org/sites/default/files/project-documents/54251/54251-001-ipsa-en.pdf
ADB	1500 million	Health Social Assistance Social security for workers	Containment and treatment Covid-19 Compensation for three months for vulnerable groups (Families below poverty line, farmers, healthcare workers, senior citizens, people with disabilities, low wage earners, and construction workers Social security in informal and formal sectors https://www.adb.org/projects/54182-001/main#project-pds
New Development Bank (NDB)	1000 million	Healthcare Social assistance	Prevention and detection of Covid-19 Increasing healthcare capacity and strengthen health systems Immediate economic assistance to those most vulnerable https://www.ndb.int/emergency-assistance-program-in-combating-covid-19-india/

The projects that were supported ranged from immediate assistance to long-term efforts.

The immediate ones included

- Health (which included testing, prevention of spread of Covid-19, treatment for those who are infected and building capacities of health workers (including frontline respondents)
- The extension of social assistance for the vulnerable, support for the national employment and pro-poor relief work
- Social security measures enhanced for affected workers in both the formal and informal sector

The ones with long-term objectives included

- Health: “enhancing healthcare capacity in India and strengthening national health systems preparedness⁵²”
- Strengthening the delivery of India’s safety net programmes and
- Streamlining of the social protection schemes “to an integrated system that is fast and more flexible, acknowledging the diversity of needs across states⁵³”

Benefits of the support

- Able to access resources –Most countries in the global south generally face “significant and disproportionate barriers to receiving the financial support necessary to weather the crisis⁵⁴”.

⁵²<https://www.aiib.org/en/projects/details/2020/approved/India-COVID-19-Emergency-Response-and-Health-Systems-Preparedness-Project.html>

⁵³<https://www.worldbank.org/en/country/india/coronavirus>

⁵⁴<https://www.atlanticcouncil.org/blogs/new-atlanticist/the-imf-the-world-bank-and-south-asia-in-the-face-of-covid-19/>

- The disbursement that has been quick have provided a lifeline for developing countries struggling to contain the disease. Swift and strong infusion of funding was essential to prevent a prolonged public health crises and economic distress and set the clock back by many years in terms of developmental progress made – including a prolonged public health and financial crisis.

Some of the measures being supported such as the portability of entitlements and administrative mechanisms to support are demands that feminists and other movements have been making.

Gaps And Problems

While these are crucial areas to cover and has the potential to address the current situation and also impact future pathways to growth at the same time, there are some serious limitations with the existing approach from a feminist perspective.

The Missing Women

The gender policies and Environmental and Social Frameworks (ESFs) of the IFIs are key to shaping IFIs investment decisions. The approach of each of the 4 IFIs are rather different. AiIB and NDB have yet to work out their gender policies, and the incorporation of gender issues in the existing environmental and social frameworks could be strengthened further. BRICS Feminist Watch has repeatedly underlined the urgent need for NDB to develop a gender policy⁵⁵. The World Bank’s gender policy, (updated in 2003), is supported with the World Bank Group’s 2016-2023 gender strategy. The approach has moved from gender mainstreaming (1995–2004), to gender equality through ‘smart economics’⁵⁶. It is significant that “the gender action plans and strategies provide guidance to staff, but are not mandatory⁵⁷.” The ADB has a strong gender policy and ESF. In a ranking of IFIs, Elaine Zuckerman and Thanh Mai Berche, place ADB second among the IFIs that they studied to assess the strength of their gender responses⁵⁸. Despite this the gender components of ADB response to Covid 19 investments in India are inadequate.

Gender roles

Stereotypical ideas about women’s role abound as reflected in the hailing of the free cooking gas offered as a support for women, who in turn are expected to feed the family⁵⁹. One of the thrusts of these IFI funded projects is around better delivery of the services and it is suggested that women’s “self-help groups can help last-mile delivery of social assistance in

concert with technology innovations⁶⁰.” This is a mere instrumentalist view of self-help groups; where they would deliver the services rather than shape the intervention. There is also no attempt to devolve power down to them.

Gender indicators

While the WB acknowledged that “specific social groups are at risk of exclusion from accessing resources and government programmes⁶¹”, there are no indicators to ensure that the projects address gender concerns. Similarly, the ADB unequivocally states, “The disadvantages and inequalities suffered by women in India are likely to be exacerbated as a result of the pandemic⁶².” But, goes on to only talk about “providing appropriately sized personal protective equipment and sanitary products to all female staff”. Besides the health workers, the support was to ensure the continuation of maternal and child health services, and “providing basic hygiene and sanitary products for female patients⁶³”.

However, reports suggest that there is lack of adequate protective equipment⁶⁴.

Women as workers

While the role of the health workers, including the frontline workers who are predominately women is acknowledged, the focus remains on their insurance and not on their overall working conditions, including their wages. The need to prioritise “essential workers” has been reiterated in many of these IFI funded projects. Currently, the definition of essential worker remains narrow to cover only those in the formal sector. The pandemic has revealed that informal workers who are often dismissed as “unskilled workers” are actually essential workers⁶⁵.

Decision-making

Women are missing from decision-making positions in the bodies that have been constituted to respond to the pandemic. This despite the stellar role played by women leaders in a range of countries in containing the pandemic. In India, while the national Covid-19 Economic Response Task Force is headed by the Finance Minister, Nirmala Sitharaman, who is a woman, there are only two women on the 21-member Committee for Public Health Experts on Covid-19, constituted by the Indian Council for Medical Research. Similarly, very few women are a part of the 11 Empowered Groups formed under the Disaster Management Act to ensure a comprehensive and integrated response to Covid-19⁶⁶.

⁵⁵<http://pwescr.org/BFW-Policy-Brief-Why-the-NDB-Should-Have-a-Gender-Policy.pdf>

⁵⁷Winters, J., Fernandes, G., McGivern, L., & Sridhar, D. (2018). Mainstreaming as rhetoric or reality? Gender and global health at the World Bank. Wellcome Open Research, 3, 18. <https://doi.org/10.12688/wellcomeopenres.13904.2>

⁵⁸https://www.bothends.org/uploaded_files/document/V4_Guide_IFLGender_drukbestand.pdf

⁵⁹http://genderaction.org/docs/Unmet_Gender_Promises_Report.pdf

⁶⁰<https://www.businessinsider.in/india/news/lockdown-package-poor-indian-women-given-cash-grain-pulses-cooking-gas-to-feed-their-families/articleshow/74826863.cms>

⁶¹<https://ewdata.rightsindevelopment.org/files/documents/27/WB-P174027.pdf> p 5

⁶²<http://documents1.worldbank.org/curated/en/685311589767271707/pdf/India-Accelerating-Indias-COVID-19-Social-Protection-Response-Program.pdf>

⁶³<https://www.adb.org/sites/default/files/linked-documents/54182-001-sprss.pdf>

⁶⁴<https://www.adb.org/sites/default/files/project-documents/54251/54251-001-ipsa-en.pdf>

⁶⁵COVID-19 Active Response and Expenditure Support Program: Summary Poverty Reduction and Social Strategy (adb.org)

⁶⁶<https://scroll.in/article/961181/covid-19-how-india-can-ensure-that-women-in-the-informal-sector-get-the-protection-they-deserve>

Over-emphasis on Technology:

The IFIs have emphasised the unique welfare delivery mechanisms, such as the public distribution system, that have migrated to the digital sphere by linking the recipients' biometric information through the identification scheme such as Aadhaar⁶⁷. This is however problematic and here are the reasons why:

- There are serious concerns around data security and privacy concerns due to the collection of big data and the ways in which this will increase the surveillance of state and non-state actors. The direct linking of Aadhaar to accessing reproductive healthcare services is "in direct violation of a female's right to decisional privacy with regard to their own body"⁶⁸.
- Any mismatch, non-recognition of biometric data, or any other issue with their Aadhaar number, results in their deep hardship as Aadhaar has become the default standard identity proof document to accessing a lot of public service⁶⁹. Although, Aadhaar is supposed to overcome the domicile problem, the demand for proof of address impacts women adversely. They are less likely to own property and also tend to migrate after marriage to the husband's home.
- Searching for mere technological fixes for problems causes the obliteration of socio-cultural barriers and other factors that exclude women and other marginalised groups from accessing their rights.
- The pandemic has made it clear that safety nets, including welfare and social security play a vital role in not just enhancing peoples' lives, but ensuring their survival, and how unthinkingly adopted technological "solutions" perpetuate inequities.

Direct Transfer of Benefits

The IFI funded projects assume that programmes that move money into the bank accounts "directly transfers majority of benefits to women, thereby redressing gender-based vulnerabilities during a time of isolation"⁷⁰. However as explained, financial inclusion in terms of access to banking services is still not a reality for many people, especially women and transpeople. There are "economic, normative, and social barriers that women face in accessing and controlling their accounts"⁷¹.

Encouraging the privatisation of services

Even while the pandemic has pointed to the need for a robust public health system, a loan like this at the time when we are facing the most severe public health challenge in recent history, signals again the undermining of public health

systems. The issues of affordability are not considered as a potential "social issue" or "risk [that] should be considered in the project design". This assertion is made despite the clear indication that this project is housed in an expensive private hospital and therefore will be out of the reach of the most vulnerable, including women. Women's health is not merely low on the priority for families but they often do not have access to financial resources to pay for their health needs.

The push for health insurance as a measure to offer support to those who are or might be adversely impacted by the pandemic, is again an effort to place the responsibility of healthcare on the individual. This approach that each individual will be covered by a health insurance leads to greater privatisation of health services at a time when the need for a robust public health system has been underlined.

Participation discouraged

Privatisation of services greatly narrows the possibility of greater participation or engagement of poor and excluded. The Jointown Covid-19 Pharmaceutical Distribution Expansion Project supported by ADB for example states, "As an enhancement of pre-existing industrial scale medical supplies distribution operations, the potential for participation of the poor and excluded in project design is limited"⁷².

Assessing Gender Outcomes Difficult

- Accessing information about the projects that the IFIs support, including the details and conditionalities continues to be a difficult task. This makes it difficult to assess the process and also the results. Many of the projects, for example, have been marked as helpful in "effective gender mainstreaming".
- Assessing negative fallouts: In the NDB document, there is an appreciation of that along with other risks there is also the danger of "community exposure and social risks to the vulnerable population". Yet it goes on to address only the risks pertaining to management of biomedical waste. There is no clarity on the steps that will be taken to address social risks⁷³. IFIs declare that a project will have "no adverse environmental and social impact" without specifying the methods used to reach this conclusion. Even keeping in mind that these are unusual projects, and that time was of essence, it is unclear if any rapid assessment was undertaken, at least for the second and third phases of the government's response.
- Use of country systems to deal with the consequences by expecting national level frameworks to deal with the fallout, also amounts to absolving the IFI of responsibilities around the project, as well as terms and conditions of the loan that they approve.

Recommendations For The Ifis

Given the fallout of the interventions by governments that are supported by IFIs, there is a need to ensure that they fulfill human rights, generate capabilities and reduce inequality (including gender inequality). The thinking of IFIs is reflected in the IMF Fiscal Monitor Report that stresses, "once the Covid-19 crisis is over, high-debt countries should, in general, pursue fiscal consolidation supported by growth-friendly measures". This pursuing of growth if it impacts today's recovery efforts, will likely influence economic development pathways for many years to come.

Commitment to sustainability and equality

While most IFIs claim a commitment to social inclusion and sustainability, these are weak at the best of times. "the IFIs' decades-long paradigm, starkly exposed by today's COVID-19 pandemic... have ultimately benefited corporations more than poor women and men whose lives IFIs claim to improve"⁷⁴. They are further watered down in times of emergency, including the current Covid-19 health response projects. This modus operandi could result in long-term damage of the environment and further disadvantage marginalised groups and increase gender gaps on social and economic indicators. Response to this crisis should not result in other crises, like the climate change crisis worsening or increased gender gaps.

The UN has developed a Checklist for a Human Rights-Based Approach to Socio-Economic Country Responses to Covid-19. The comprehensive list includes:

- Conducting a gender analysis of impact and interventions
- Mapping of risks to adolescents, children and youth, especially girls and young women and LGBTI persons and sectors where women dominate
- Social protection and other measures taken to be gendersensitive and targeted measures put in place to support women
- Addressing all forms of gender-based violence
- Ensure there are budget allocations
- Inclusion of women and other marginalised groups - consulted and participating in decision-making in relation to the responses to the pandemic at community, regional, and national levels, as well as through special mechanisms to respond to COVID-19⁷⁵.

The IFIs should commit to adhere to this list, along with deploying the Guiding Principles on Human Rights Impact Assessment of Economic Reforms, voted by the United Nations Human Rights Council in 2019. These principles emphasise that states have to adhere to human rights standards, even while rolling out their economic policies, and

demonstrate this by conducting human rights impact assessments. The principles of indivisibility and interdependence of all human rights, as well as equality and combating multiple and intersectional discrimination are underscored. Principle 8, explicitly talks of "Non-discrimination based on gender and substantive gender equality". The declaration also points to the need for policy coherence (including in debt strategies) and that adequate financial resources should be allocated to ensure these are translated into action⁷⁶. This "could help prevent, minimise and compensate violations of women's human rights in the context of economic policies and reforms to be implemented by governments, some of which are being promoted by IFIs"⁷⁷.

Involvement of local communities especially women

Mechanisms to ensure that local communities are consulted about projects that will be implemented in their area are vital. This will not only ensure greater buy-in for the project, but will also make it more robust and relevant due to the feedback of a wider section of society. These processes of consulting and involving the community have to ensure that the voices of the marginalised are also heeded. Local community organisations have to be viewed as active agents and not as mere vehicles to deliver pre-designed projects⁷⁸. There are concerns that marginalised populations might be disregarded in these projects. The rapid disbursement of funds has also impacted issues of transparency. IFIs like the NDB are particularly obtuse, making it difficult to get a more holistic idea of the projects that it supports.

Gender analyses and decision-making processes

Granting that this is an emergency situation and normal procedures may have to be given a go-by, it is important to conduct at least a series of Rapid Gender Analyses of the projects, drawing on the expertise of feminist scholars, practitioners, health experts and others that brings multiple sector perspectives⁷⁹. This should happen before and after the project is rolled out. These reports should inform the intervention of the IFIs, and gender-based indicators need to be incorporated into the reporting formats.

Ensure decision-making bodies are gender-balanced and inclusive

Men dominate leadership positions in the decision making at the level of national and global level bodies. "This is a symptom of a broken system where governance is not inclusive of any type of diversity, be it gender, geography, sexual orientation, race, socio-economic status or disciplines within and beyond health – excluding those who offer unique perspectives, expertise and lived realities. This not only reinforces inequitable power structures but undermines an effective Covid-19 response – ultimately costing lives"⁸⁰.

⁶⁷<https://www.icrw.org/wp-content/uploads/2020/09/Driving-the-development-paradigm-in-the-post-COVID-19-world.pdf>

⁶⁸<http://documents1.worldbank.org/curated/en/685311589767271707/pdf/India-Accelerating-Indias-COVID-19-Social-Protection-Response-Program.pdfpg4>

⁶⁹<https://cis-india.org/internet-governance/blog/data-infrastructures-inequities-reproductive-health-surveillance-india>

⁷⁰<https://jsis.washington.edu/news/the-aadhaar-card-cybersecurity-issues-with-indias-biometric-experiment/>

⁷¹<http://documents1.worldbank.org/curated/en/685311589767271707/text/India-Accelerating-Indias-COVID-19-Social-Protection-Response-Program.txt>

⁷²<https://doi.org/10.1080/09614524.2019.1653264>

⁷³<https://www.adb.org/sites/default/files/project-documents/54077/54077-002-ipsa-en.pdf>

⁷⁴<https://www.ndb.int/emergency-assistance-program-in-combating-covid-19-india/>

⁷⁵http://genderaction.org/docs/Unmet_Gender_Promises_Report.pdf

⁷⁶https://www.undp.org/content/undp/en/home/librarypage/democratic-governance/human_rights/checklist-for-a-human-rights-based-approach-to-socio-economic-co.html

⁷⁷<https://www.undocs.org/A/HRC/40/57>

⁷⁸<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7658908/#CR29>

⁷⁹<https://www.devex.com/news/is-world-bank-fast-track-covid-19-funding-reaching-the-most-vulnerable-98292>

⁸⁰http://www.careevaluations.org/wp-content/uploads/Global_RGA_COVID_RDM_3_31_20_FINAL.pdf

Besides this, the need to have women in decision and policy making spaces, as their presence in “the upstream ecosystem” will allow for a “downstream impact on their inclusion⁸¹”, in both social and economic spaces and has implications for sustainable impact.

Gender sensitivity of projects

Many of the current projects are considered “gender neutral”, however, research and experience have highlighted that they often impact women negatively. Health projects that are supported need to ensure that the rights of informal health worker (who are mostly women) are not compromised. Projects that focus on disseminating information to dispel myths and misconception should also ensure that it is tailored to the needs of women (given lower literacy rates as well as access to communication technology). Surveys are needed to arrive at better understanding of the effects of Covid-19 and to ensure it is not limited to the head of the households (usually men) but includes women, girls and transpeople. Women are often excluded from “farmer relief packages, including the benefits under the Pradhan Mantri Kisan Samman Nidhi (PM-KISAN), since they are not recognised as ‘farmers’ and do not own landholdings⁸²”.

The projects that are currently supported include social protection schemes but as discussed, it may not be able to reach women, particularly if the recipient is the household head, typically a man. Often, even when women do receive the benefits they cannot control it. Conditionalities attached to cash-transfer programmes should be dropped to minimise those who would fall through the cracks and should include women with care responsibilities. Other forms of social assistance including food-banks, community kitchens, school feeding programmes, waivers of utility payments etc., should also be considered.

There is a need for separate support for women – as mothers, as caregivers, as survivors of domestic violence etc., but these have to be in tandem with a gender perspective that informs all projects. A failure to do this would result in women being only included in schemes that are traditionally considered “women’s issues” (example: maternal health) with little effort to redress persistent disparities in access to resources and the ability to speak out.

Building back better

The reverse migration due to the lockdown has translated to a greater demand for employment opportunities in the rural areas. This could be a time when people are employed in solutions that would help mitigate the impact of climate change now and in the future. This could mean planting trees, watershed activities, seed banks etc., in which women are centrally involved. The public health system in India is rather rickety due to chronic neglect. The investment in public health in India is dismal. India allotted 1.28% of GDP as health budget in Financial Year 2018, as compared to the national target of 2.5%⁸³. The pandemic demands immediate action on multiple fronts (information sharing, behaviour change, testing, treatment, post-treatment isolation etc.) and exposed the frailty of these institutions in dealing with these requirements.

To conclude, while IFIs have provided vital support to India (and other countries), to deal with the immediate response to save lives, and their support sought to restore livelihoods and mitigate the socio-economic impact of the crisis (along with multiple global economic shocks) and work to resetting the economic policies. In order to ensure that countries promote greater sustainability, inclusion, and resilience feminist analysis and the voice of women, girls and other marginalised groups should be at the centre of all responses.



Acknowledgements:

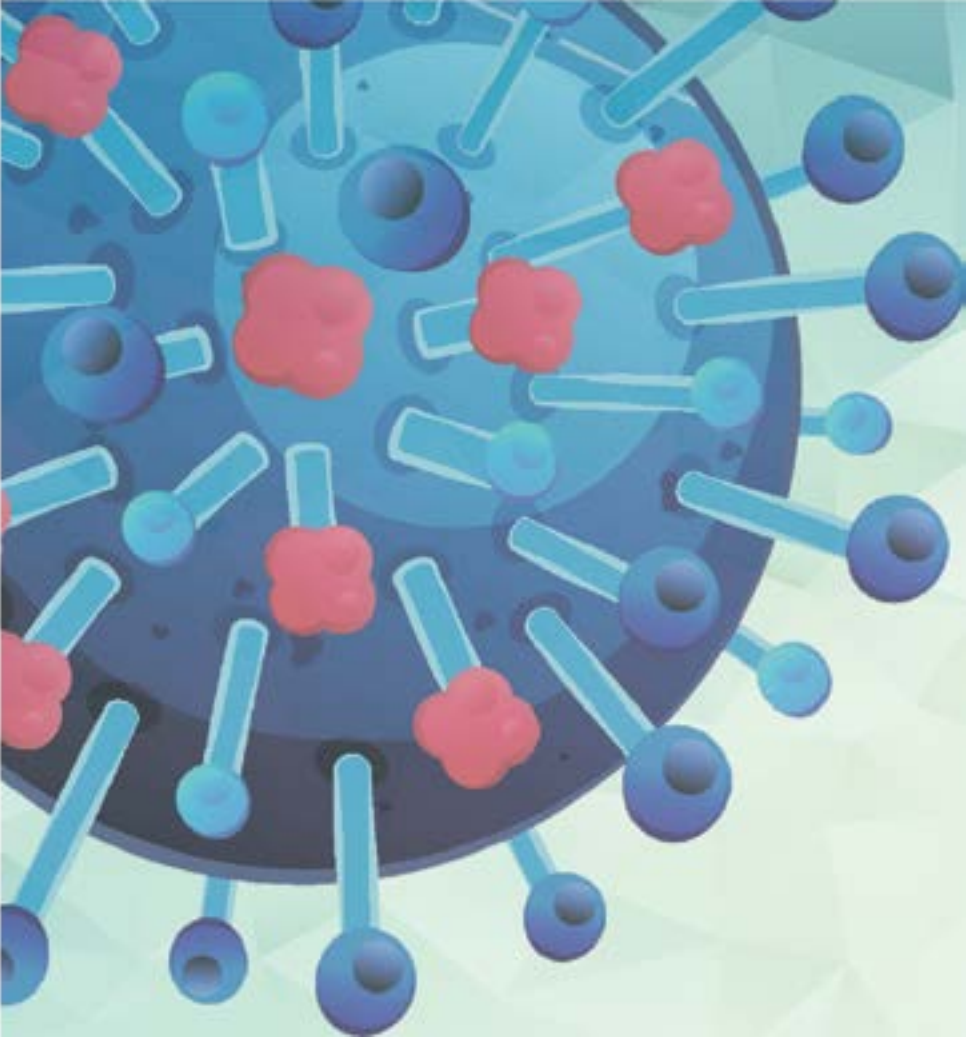
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⁸¹ <https://www.icrw.org/wp-content/uploads/2020/09/Driving-the-development-paradigm-in-the-post-COVID-19-world.pdf>

⁸² https://iwwage.org/wp-content/uploads/2020/08/Policy_Note.pdf pg2

⁸³ <https://thewire.in/health/watch-strengthening-indias-public-health-system-is-the-need-of-the-hour>



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