

STUDY: HOW IS COVID-19 IMPACTING THE TALENT PIPELINE OF MARKET SYSTEMS DEVELOPMENT ACTIVITIES?

Key Points

- **COVID-19 has had wide-ranging effects on market systems development (MSD) practitioners that are already affecting morale and if not addressed will have a negative impact on the diversity of current and future senior leaders.**
 - Increases in both work and household demands mean that for many MSD professionals the delicate balance between work and life is in jeopardy, with senior-positioned women and women with young dependents (under 13 years of age) among the groups most at risk. Women and men *without* dependents and those who experienced a *decrease* in unpaid care work are also reporting untenable situations.
 - There is wide-spread pessimism about employment prospects, and men, including those that identify as an ethnic or religious minority, are among those that are most concerned.
- **There are increasing obstacles to career advancement for expatriate and headquarters (HQ)-based MSD professionals, particularly for women.**
 - Mid-career MSD professionals, and expatriate and HQ-based women in particular, will face challenges in meeting requirements for future senior leadership roles because they are missing out on critical career-advancing opportunities, like technical field work, networking, capacity building, and quality interaction with managers.
- **At the same time, global travel restrictions may also be unlocking new opportunities for local talent development.**
 - The reduction in expatriate/HQ staff travel to field offices may be creating opportunities for cooperating country nationals (CCNs) and women CCNs in particular. These groups are reporting an increase in exposure to technical work and networking opportunities. CCN women are also among those most likely to believe their eligibility for senior leadership roles has *increased* during COVID-19.

Introduction

The detrimental and disproportionate impact of COVID-19 on the [workforce participation and career ambition of women](#) and [ethnic or racial minority groups](#) is well documented across many sectors, but there is notably limited evidence from the international development sector. USAID, as part of a [larger set of learning initiatives around social inclusion](#) on the [Feed the Future Market Systems and Partnerships \(MSP\) Activity](#), sought to remedy this oversight by investing in understanding the specific ways in which the global pandemic is impacting the current and future pipeline of senior leaders on MSD activities.

In the development sector, the diversity of activity leadership is important and for MSD activities, it is essential. Systemic thinking—seeing connections and interrelationships across disciplines, functions, organizations, people, trends, and cultures in ways that lead to insightful analysis and innovative, sustainable solutions—inherently [requires and values diversity](#). In addition, the highly adaptive and facilitative nature of most MSD activities means that Chiefs of Party and other senior managers can have an outsized influence on the activity strategy and partnerships, which in turn may influence who

The Feed the Future Market Systems and Partnerships (MSP) Activity is advancing learning and good practice in market systems development (MSD) and private sector engagement (PSE) within USAID, USAID partners, and market actors. For more information, access to technical resources, and opportunities to engage, visit www.agrilinks.org/msp.

accesses activity-facilitated services and benefits. To ensure MSD activities empower a diverse range of market actors and achieve broad-based and equitable impact, diversity of perspectives and experiences on the senior management team is essential.

Unfortunately, diverse leadership is too often neglected on MSD activities. For instance, recent [research](#) by The Canopy Lab revealed that criteria included in key personnel descriptions for senior MSD leaders in tender documents—notably the years of experience required and the number of criteria—are likely unintentionally limiting the diversity of the senior leaders submitted on activity proposals. Considering the impact that COVID-19 is having on women’s and minority workforce participation overall, there is concern that even fewer diverse candidates may be eligible in the coming years.

This research tested the hypothesis that COVID-19 has disproportionately negatively impacted women’s workforce participation and the career ambition of both senior managers and aspiring senior managers on MSD activities. It also explored intersectional considerations around minority identification, professional position (i.e., senior, mid-career), personnel category (i.e., expatriate, HQ, CCN), and presence of dependents.¹ The target audience for this work includes USAID staff and implementing partners who work in market systems development.

Research Methodology

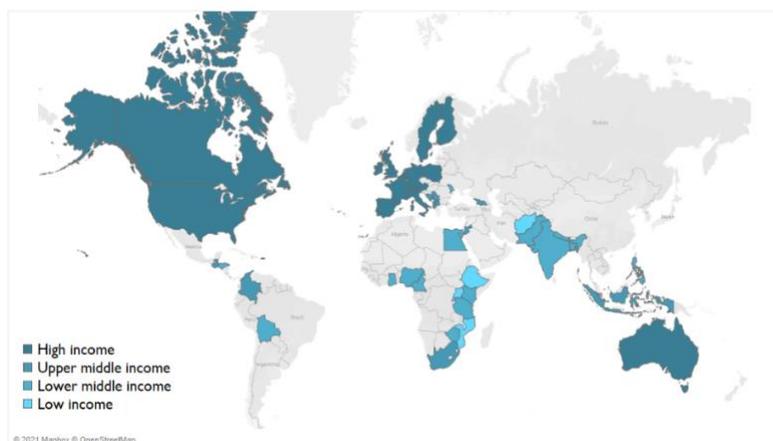
The research methodology combined a literature review with primary data collection. First, a rapid online survey, using a non-random sampling approach, was disseminated through multiple channels, including social media networks (e.g., LinkedIn), emails, listservs, and networking and learning platforms (e.g., The SEEP Network, Marketlinks). The questionnaire collected data on respondents’ demographic information, their answers regarding the effects of COVID-19 on various aspects of their work and personal lives, as well as the effects of COVID-19 on their career outlook and ambitions. Those respondents who identified themselves as aspiring MSD leaders also answered questions related to the effects of COVID-19 on their exposure to and time spent on tasks that could enhance their eligibility for senior leadership roles. Following the survey, the researchers conducted in-depth interviews with 21 respondents (13 cisgender women and eight cisgender men) to probe and provide context for the survey findings.

Challenges to the research included (1) the non-random sampling approach, meaning that the findings are not generalizable to the total population of MSD professionals; (2) the limited sample size, which constrained the possibility of exploring intersectionality; (3) the short data collection period, which prevented some MSD professionals from participating in the study; and (4) only one respondent identifying as being gender non-binary, which restricted the gender analysis to focus exclusively on cisgender men and cisgender women.

Survey Respondent Demographics

The number of respondents totaled 257 individuals, of which there was one gender non-binary respondent and equal representation of cisgender women and men (128 of each).² The survey respondent group was also geographically diverse, with 48 nationalities represented (see Figure 1). Around 60 percent of the respondents were from high-income countries, 34 percent from middle-income countries, and over 5 percent from low-income countries. The ages of the respondents ranged from 25 to over 65 years old, with the majority of respondents between the ages of 30 and 44 years old.

Figure 1: Map of Nationalities Represented in the Survey Respondent Group



¹ The dataset was analyzed to explore the outcomes of multiple individual sub-groups, including analysis by gender, professional position, minority identification, presence of dependents, and status as a CCN, expatriate, or HQ staff. The analysis also explored intersectionality by disaggregating the data by more than one demographic variable (for example, gender and presence of dependents). Note that those respondents who reported having “dependents under 13 years of age” were included in this sub-group, regardless of whether they *also* reported having dependents 13 years of age or older. Respondents who reported *only* having “dependents 13 years of age or older” were included in the corresponding sub-group. Selected findings are presented in the narrative.

² The one respondent who identified as gender non-binary/non-conforming was excluded from the gendered analysis as there was not enough of a sample.

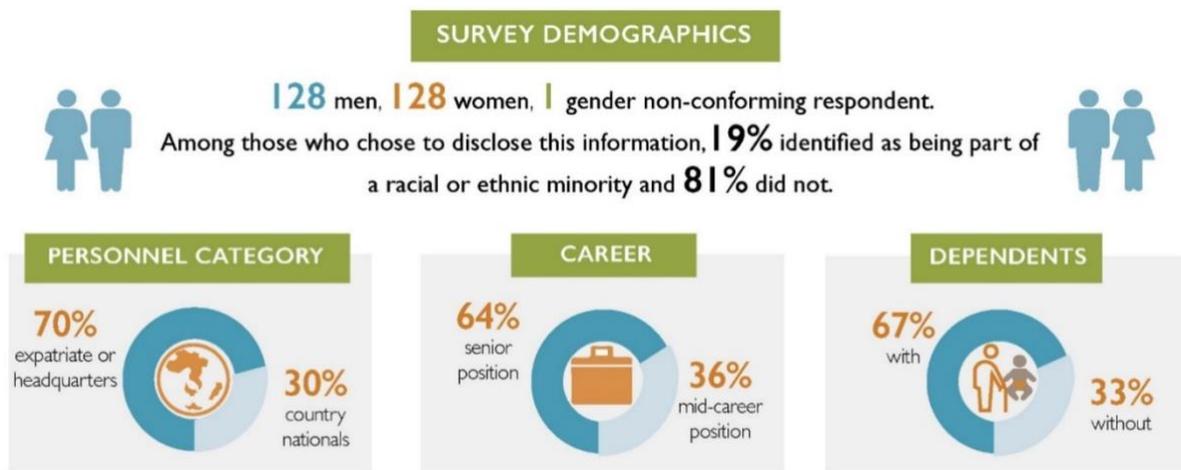
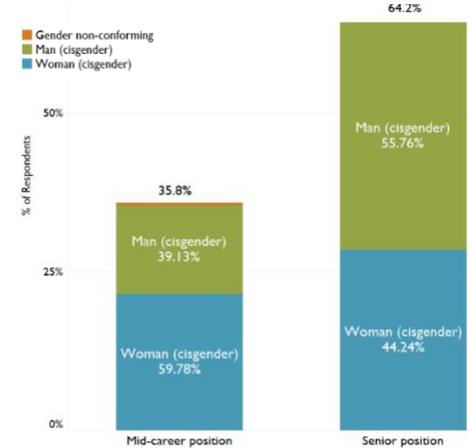
More than two-thirds of respondents (69 percent) were expatriates or HQ-based staff. Among the 31 percent of respondents who were CCNs, there were twice as many more men than women represented.

Just under two-thirds of respondents self-reported as being in a “senior position” and just over one-third reported being in a “mid-career position.” Women were more represented in the mid-career position category, and men were more represented in the senior position category (see Figure 2).

Over two-thirds of respondents reported having dependents, with men slightly more likely than women to report as such. Over 60 percent of expatriate and HQ staff stated that they had dependents, as compared to 84 percent of CCNs. While nearly 75 percent of senior-positioned professionals reported having dependents, approximately 50 percent of mid-career professionals reported as such.

Among those who chose to disclose this information, 19 percent of respondents identified as being part of a racial or ethnic minority in their home country; a slightly higher percentage of men were represented in this group than women.

Figure 2: Gender and Position of Respondents

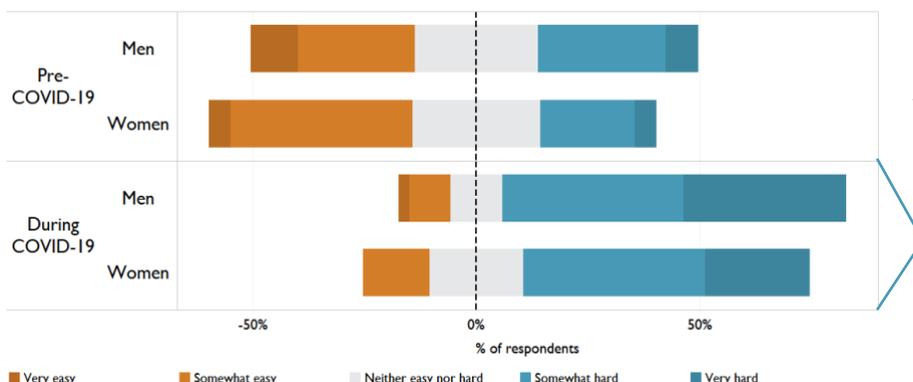


Key Findings

MSD professionals are pessimistic about their future employment prospects—particularly men, and especially men who identify as a minority.

Over 70 percent of MSD professionals now believe it is “somewhat hard” or “very hard” to find a job in development, a 40-percentage point jump from pre-COVID-19 perceptions (see Figure 3). While on average both men and women believed that finding a job was “neither easy nor hard” prior to COVID-19, men were more likely to believe that it was “somewhat hard” or “hard” compared to women, and this gap has widened since the onset of COVID-19. The gap has also widened between minority and non-minority respondents, with minority respondents more likely to state that finding a job is either “somewhat hard” or “very hard” (76 percent) compared to non-minorities (68 percent).

Figure 3: Employment Prospects Before versus During COVID-19



The pessimism evident in the research stems from widespread uncertainty in the sector and the perception that, due to COVID-19, some donors may be inclined to deprioritize development activities.

Men were more likely to believe that it was “somewhat hard” or “hard” to find a job in development compared to women.

“There are few employment opportunities. Donors are withdrawing their resources [...] [There are] no new job opportunities coming [and] competition for [the] few positions is intensifying.”

– Senior-positioned man, CCN, dependents, non-minority

“I feel like everybody is thinking ‘I’m keeping this job’ versus ‘I’m looking to progress.’”

– Senior-positioned woman, CCN, no dependents, non-minority

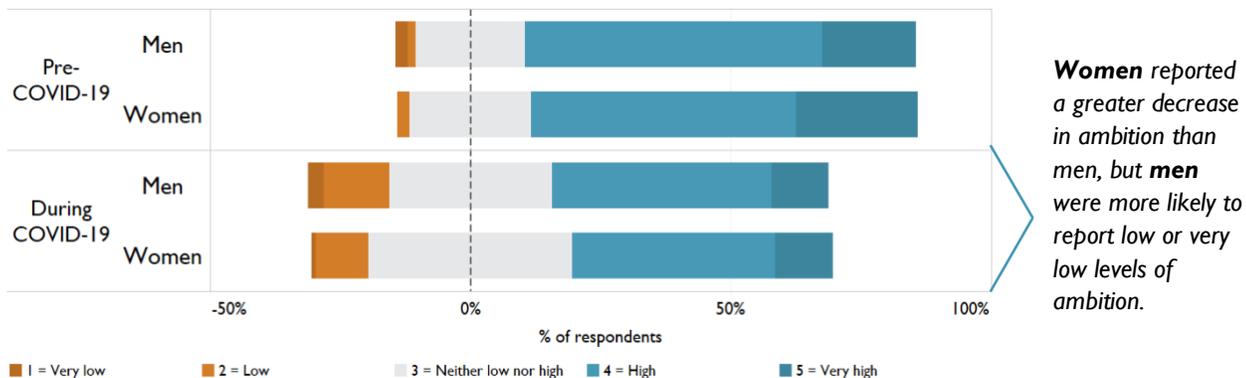
Career ambition has scaled back significantly for both women and men.

COVID-19 has dramatically impacted the career ambitions of MSD professionals. Prior to the pandemic, 75 percent of respondents stated that they had “high” or “very high” career ambitions. During COVID-19, that number decreased by nearly 23 percentage points to 52 percent of respondents.

Concurrently, there was a 10-percentage point increase in respondents reporting a “low” or “very low” level of ambition during COVID-19. Women and men had similarly high levels of ambition before and during COVID-19, with women on average expressing slightly higher ambitions than men (see Figure 4). However, women experienced a slightly greater drop in career ambition levels during COVID-19 compared to men.

For many MSD professionals, COVID-19 has triggered a reprioritization of what is important. For some, that means spending more time with family and taking advantage of the reduction in travel or commute times. For others, it means finding work that is less taxing. Regardless of the reason, many MSD professionals, and women in particular, are downshifting their career aspirations.

Figure 4: Career Ambition Before versus During COVID-19



“[My children] just need more of me at the moment [because of COVID-19]. And so, I’m not fooling myself that you can keep both things up [...] Work just got a little bit less important to be honest.”

– Senior-positioned woman, expatriate/HQ staff, dependents, non-minority

“[...] I just decreased the hours I did, gradually, without too much reputational damage. But when you are self-employed, decreasing hours automatically translates into less responsibility because you self-select into jobs where you play supporting roles, because you just don’t know when you will have the time to take on the lead role.”

– Senior-positioned woman, expatriate/HQ staff, dependents, non-minority

“I am tired from the last year. I need a change and I want to do something more fun.”

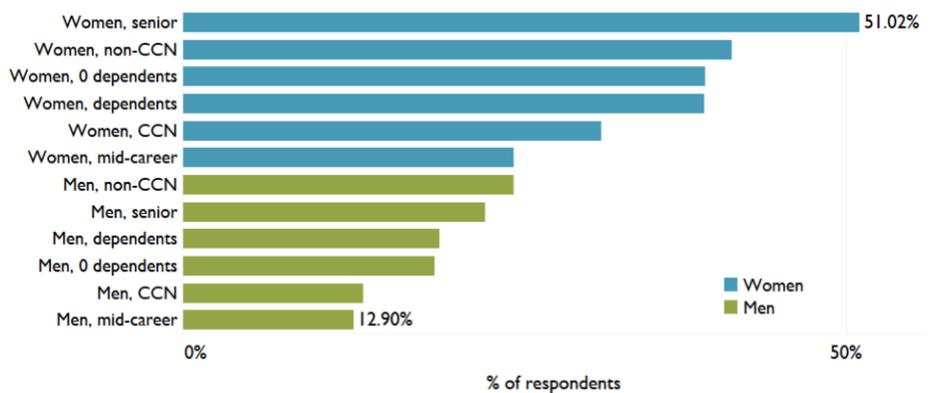
– Senior-positioned woman, expatriate/HQ staff, no dependents, non-minority

Almost 30 percent of MSD professionals are seeking less demanding roles in their future assignments, with women more likely to report this intention than men.

Many MSD professionals (in particular, senior-positioned women) are seeking to decrease the size and scope of their responsibilities. Senior women, expatriate/HQ staff women, and women with dependents 13 years of age or older were the sub-groups most likely to want to decrease their responsibilities (see Figure 5).

While senior-positioned women were among the most likely (51 percent) to desire a scaling back of the size and scope of responsibilities in their next role, one-quarter of mid-career women professionals *also* reported wanting to decrease the scope of their responsibilities. The unsustainability of balancing work and household demands during COVID-19, exacerbated for many by school closures, and the need for more flexibility, were recurring themes for both senior-positioned and mid-career women.

Figure 5: Desire to Decrease Size and Scope of Next Role



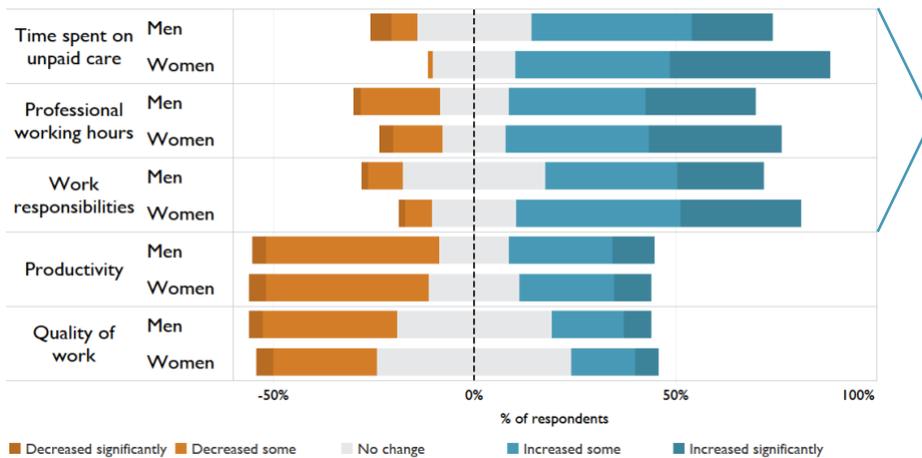
MSD professionals, and women in particular, are being stretched on and off the job, and some are at risk of burnout.

On average, survey respondents reported an increase in professional working hours and responsibilities, while also reporting a decrease in productivity and quality of work (see Figure 6). Nearly two-thirds of respondents reported an increase in professional working hours and responsibilities, 46 percent reported a decline in productivity, and one-third reported a reduction in quality of work. The effects of these substantive changes to work life are pushing some MSD professionals to the brink of burnout, many of whom feel like they cannot reach out to their organization and ask for help.

“While school remains closed and I have to take care of the kids, I can’t imagine expanding my responsibilities.”
 – Mid-career woman, expatriate/HQ staff, dependents, identifies as a minority

“I had a job opportunity come up and they were like, we want you to do all these [amazing] things and go everywhere. I finally wrote them, I’m like, I can’t, I can’t do this. It’s exhausting hearing about it. It sounds really cool and I would have said yes before the pandemic, but now I don’t want that. I want to see my kids; I want to eat dinner with my family.”
 – Senior-positioned woman, expatriate/HQ staff, dependents, non-minority

Figure 6: Changes to Quantity and Quality of Work



Women were more likely to report an increase in time spent on unpaid care work, professional working hours, and work responsibilities.

“[...] my organization has both burnt me out [...] and set me up for failure.”
 – Mid-career man, expatriate/HQ staff, no dependents, non-minority

“I’ve been kind of trying to keep my head above water on my own because I feel like if you show weakness, they will [attribute it to me being a woman with children]. So, I haven’t wanted to make it known how difficult it’s been.”
 – Senior-positioned woman, expatriate/HQ staff, dependents, non-minority

“[...] I felt like I was drowning, I had to do extra work in order to produce the same [number] of deliverables.”
 – Mid-career woman, expatriate/HQ staff, no dependents, non-minority

Increased professional working hours

Two-thirds of respondents reported an increase in working hours, with women more likely to report an increase compared to men (69 percent compared to 54 percent) (see Figure 7). The sub-groups reporting the greatest increase in work hours included women with dependents 13 years of age and older (79 percent), CCN women (78 percent), minority women (76 percent), and senior-positioned women (76 percent). Among men, those with no dependents were most likely to report an increase (75 percent).

A recurring theme that arose during interviews was the blurring of work hours. Respondents reported that professional working hours, which were previously circumscribed by the typical nine to five office schedule, are being extended to accommodate clients and partners in different time zones.

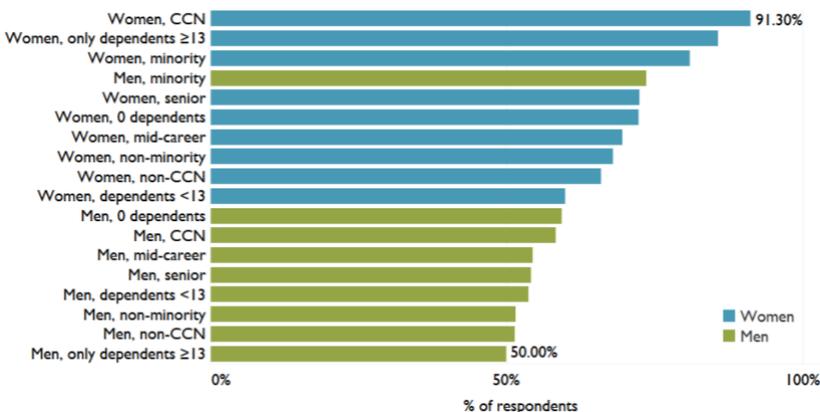
On the other hand, although in the minority, men with dependents 13 years of age and older and women with dependents under the age of 13 were among the sub-groups most likely to report a decrease in working hours (33 percent and 26 percent respectively). The need to prioritize care work over professional work due to increased household demands was a common theme among those reporting a decrease in working hours.

Increased professional responsibilities

Professional responsibilities have also increased. For some, responding to COVID-19 has added a new and interesting technical layer to their work, while for others it has meant an increase in administrative work.

Almost two-thirds of respondents reported an increase in professional responsibilities (see Figure 8). Overall, women were more likely to report an increase in work responsibilities than men (71 percent compared to 54 percent), including an overwhelming proportion of CCN women (91 percent) and women with dependents 13 year of age and older (86 percent). Minority respondents were also highly likely to report an increase in professional responsibilities as compared to non-minority respondents (78 percent compared to 60 percent).

Figure 8: Increased Professional Responsibilities



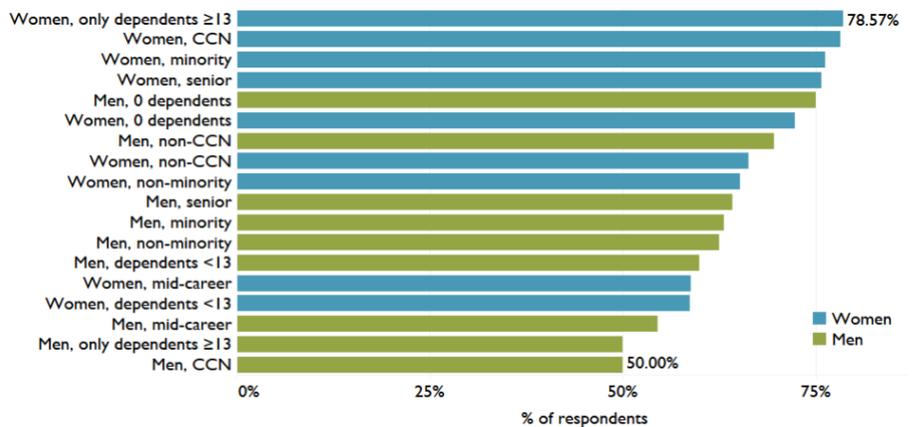
“I felt like because of COVID-19 and the need for flexibility, the work hours seem to be any time, instead of the [normal] 9 to 5. For example, it was expected that because I wasn’t able to travel [...] I had to wake up early or stay up late in order to make [...] calls. So, it was still expected that I worked the 9 to 5, but then additionally like from like 6 to 9 [...]”

– Mid-career woman, expatriate/HQ staff, no dependents, non-minority

“I thought that [the lack of commute] was a benefit, but then again work quickly filled it in [...] there is a blurring of time zones [...] whereas before, time zones were respected.”

– Senior-positioned man, CCN, dependents, identifies as a minority

Figure 7: Increased Professional Working Hours



“[...] we had to go investigate what was happening [because of COVID-19] and try to figure out how we would response.”

– Senior-positioned woman, CCN, no dependents, non-minority

“I was [too] bogged down with administrative work [to seize opportunities in technical work].”

– Mid-career woman, expatriate/HQ staff, no dependents, non-minority

“It feels like I’m being asked to do more without any incentives to do so or reflection in pay.”

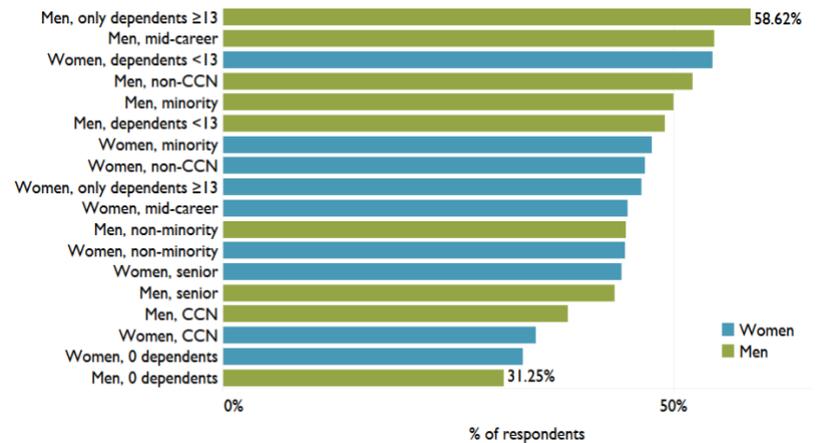
– Senior-positioned woman, expatriate/HQ staff, no dependents, non-minority

Decreased productivity

Overall, 46 percent of respondents reported a decrease in work productivity. While women and men were equally likely to report a decrease, the disaggregated analysis revealed that certain sub-groups of men were most likely to report a decrease in productivity, including men with dependents 13 years of age and older (59 percent) and mid-career men (55 percent) (see Figure 9).

Respondents attributed their decrease in productivity to several reasons, with declining social capital due to the lack of in-person meetings a prominent theme across interviews. Other reasons included the proliferation of virtual meetings, increased administrative workloads, disruptions at home, poor field internet connections, and a lack of fluency with technology.

Figure 9: Decreased Productivity



“Prior to COVID, it was easier to collaborate with field teams. Everyone’s workload increased during COVID and the focus on implementation quality has reduced.”

– Senior-positioned woman, expatriate/HQ staff, dependents, did not disclose information on minority identification

“All personal relations/contact has stopped, and with desk-based work only, it is very hard to feel that I remain ‘relevant’ in the contexts and with the groups/people/stakeholders that I interact with.”

– Mid-career woman, expatriate/HQ staff, dependent, identifies as a minority

“Surely the social aspect of everybody’s work diminished [...] In the position that I have on the project, I really rely on the team of people around me to provide me with [information] to do my job well. Finding information is more difficult, having face-to-face conversations is more difficult. I believe that the year and a half of working remotely and having to do everything online has had an impact on my productivity, that’s for sure.”

– Senior-positioned man, CCN, no dependents, non-minority

“I felt like more meetings happened. [...] far more meetings have happened to be on my calendar than what usually would be there, so I think that was the biggest change.”

– Mid-career woman, expatriate/HQ staff, no dependents, non-minority

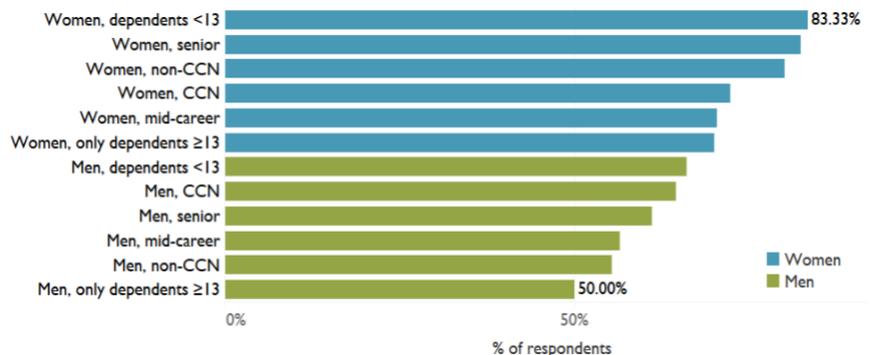
“[...] I [have] more interruptions and I have so many more demands on me outside of office hours, which is not tenable long-term.”

– Senior-positioned woman, expatriate/HQ staff, dependents, non-minority

Increased unpaid care work

Many MSD professionals with dependents³ reported an increase in unpaid care hours (68 percent), with women more likely to report increased hours than men (78 percent compared to 60 percent) (see Figure 10). Even upon disaggregation, women were categorically more likely to report an increase in unpaid care work compared to men across all sub-groups. Disruptions to in-person schooling and childcare support were the main reported drivers of increased unpaid care work.

Figure 10: Increases in Unpaid Care Work



³ Only MSD professionals with dependents were asked survey questions about unpaid care work.

Interestingly, men with dependents 13 years of age and older were the *least* likely to report an increase and most likely to report a decrease.

Although there was no substantial difference between expatriate/HQ staff and CCNs in terms of reported increases in unpaid care hours, the gap widened when disaggregating by gender: expatriate/HQ staff women were more likely to report an increase in unpaid care hours compared to CCN women (80 percent compared to 72 percent). The opposite was true for men: CCN men were more likely to report an increase in unpaid care hours compared to expatriate/HQ staff men (65 percent compared to 55 percent).

Among respondents with dependents, only 7 percent reported a decrease in unpaid care work, with men more likely to report a decrease than women (12 percent compared to 1 percent). CCNs were also more likely to report a decrease in unpaid care hours as compared to expatriate/HQ staff. While in the minority, CCN men were more likely to report a decrease in unpaid care work compared to expatriate/HQ staff men, non-CCN women, and CCN women.

Surprisingly, two-thirds of respondents who stated they experienced a decrease in unpaid care hours *also* reported a decrease in productivity—a higher proportion compared to respondents who reported they witnessed no change or an increase in unpaid care hours.

Decreased satisfaction with unpaid care hours

Among those who reported an increase in unpaid care hours, 75 percent of respondents felt “dissatisfied” or “neutral” about the increase in unpaid care hours (see Figure 11). Respondents attributed their dissatisfaction to the increase in household responsibilities, such as home schooling, and unsustainable demands on their time.

Of this same group, approximately 25 percent reported that they were “satisfied” with the increase in unpaid care hours. Men were more likely to state that they were “satisfied” or “very satisfied” with the increase in unpaid care work as compared to women. Men reported that the reduction in travel or commute times had allowed them to spend more time with family and had made it easier to manage household responsibilities.

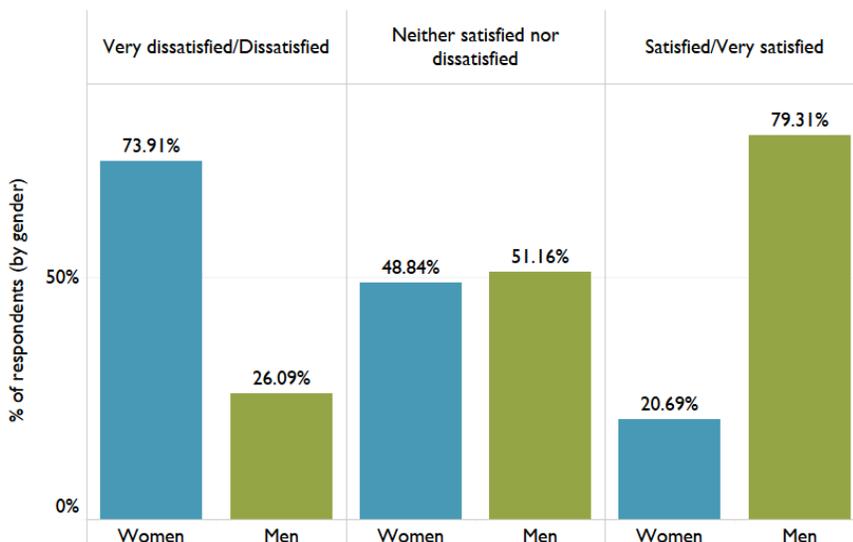
“The good thing was that COVID helped me to be at home more. So, it was easier to [take on] care responsibilities.”

– Mid-career man, expatriate/HQ staff, dependents, non-minority

“Now, I spend more time with the kids and am quite happy about it. I think that there is a substantial bias towards women [handling] care for kids so adding more to it probably doesn't make it easier. Whereas men probably think of it as an opportunity, because they weren't really expected to have to do it anyways. [...] I'm thinking about it as an opportunity, not as a negative because I didn't have the feeling of being required to do it, whereas I think my wife would have felt she was required to do it.”

– Senior-positioned man, expatriate/HQ staff, dependents, non-minority

Figure 11: Satisfaction with Increases in Unpaid Care Work



Men were more likely to state that they were “satisfied” or “very satisfied” with the increase in unpaid care work.

Future leaders are missing out on career-advancing opportunities and many are struggling with work-from-home mandates.⁴

Aspiring senior leaders reported that COVID-19 has had a negative impact on key professional areas vital to career advancement. Survey respondents on average reported a decrease in time conducting fieldwork, exposure to technical work, time spent networking, time spent engaging in learning/professional development activities, and time spent interacting with their managers.

Managers of early- and mid-career MSD professionals also observed that less experienced team members faced challenges in the absence of in-person meetings and mentoring.

Aspiring senior leaders reported that the pandemic has made it more time-intensive to remotely manage teams and direct reports and that these management tasks are taking up time they could otherwise dedicate to professional development.

While it is clear that many aspiring senior leaders are being negatively affected by the pandemic, there are some, especially those with fewer family demands, who are benefiting from the industry shifts: over one-third of aspiring senior leaders reported an increase in learning and professional development opportunities and exposure to technical work.

“We have [a] young team. [For many] this was [their] first or second job, and I could see that their motivation has suffered tremendously because they rely on guidance and face-to-face interactions.”

– Senior-positioned man, CCN, no dependents, non-minority

“I think I was really, really struggling with the adjustment of working from home. I was definitely a person who really liked going into the office to have that delineation between work and home.”

– Mid-career woman, expatriate/HQ staff, no dependents, non-minority

“The time taken in managing teams virtually has significantly increased [...] As a result, there is no time for engaging in learning/development and networking activities.”

– Mid-career aspiring man, CCN, dependents, non-minority

“With limited in-person interaction with team members and other stakeholders, and having been given more responsibilities in the midst of the pandemic, [...] I spent more time making sure my supervisee was actually being productive [because] he significantly decreased his productivity, which took [...] a lot of [my] energy to get him back on track.”

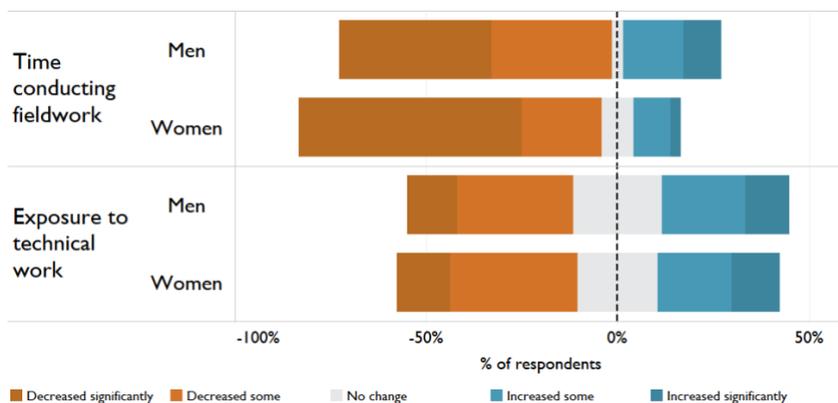
– Senior-positioned and aspiring woman, CCN, dependents, identifies as a minority

Decreased time spent conducting field and technical work

Over 75 percent of respondents reported a decrease in time spent doing fieldwork, and women were more likely to report a decrease than men (79 percent compared to 71 percent) (see Figure 12). Expatriate/HQ staff, as expected, were more likely to report a decrease in fieldwork as compared to CCNs (80 percent compared to 69 percent).

In terms of exposure to technical work, 45 percent of respondents reported a decrease. Respondents who identified as a minority were more likely to report a decrease in technical work compared to non-minorities (53 percent compared to 44 percent), with minority men most likely to report a decrease (55 percent).

Figure 12: Changes to Time Conducting Field Work and Exposure to Technical Work



Women were more likely to report a decrease in time spent conducting fieldwork and exposure to technical work.

⁴ This portion of the study was reserved specifically for those respondents who identified as “aspiring MSD leaders.” This category included those MSD professionals that currently held senior positions but nonetheless identified themselves as aspiring MSD leaders given their overall experience in the profession.

Around 33 percent of respondents reported an increase in exposure to technical work. While CCNs were overall more likely to report an increase in exposure to technical work compared to non-CCNs (46 percent compared to 25 percent), this was primarily driven by CCN women and not CCN men.

“For me, work from home has somehow been more productive; I’m more focused. [...] when I’m in an office you constantly have interactions with people, which is perfect, but somehow it kind of makes you procrastinate [and] not be really focused on your tasks. So, it has definitely affected me positively.”
 – Senior-positioned and aspiring woman, CCN, no dependents, non-minority

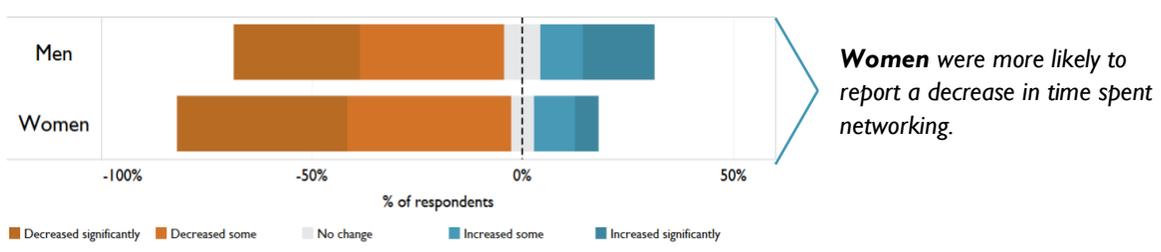
“Those who stayed in-country are now above you. And they’re not nationals, unfortunately. [...] they had fewer family demands and stayed in the country. Whereas the people with family demands left to return to their home countries and stayed where they were [in terms of their position].”
 – Senior-positioned woman, expatriate/HQ staff, dependents, non-minority

Decreased time spent networking and/or building relationships

The majority of respondents (71 percent) reported a decrease in time spent networking, and women were more likely than men to report a decrease (80 percent compared to 64 percent) (see Figure 13). When disaggregating by sub-groups, non-CCN women, non-minority women, and women without dependents were the most likely to report a decrease, closely followed by women with dependents (Figure 14). The only surprising finding was that CCN women were less likely, as compared to most sub-groups of men, to report a decrease.

Men were more likely to report an increase in networking compared to women (27 percent compared to 15 percent). In addition, CCNs were more likely to report an increase compared to expatriate/HQ staff (34 percent compared to 13 percent). Surprisingly, across all sub-groups analyzed, CCN women were the most likely to report an increase in time spent networking (44 percent).

Figure 13: Changes to Time Spent Networking

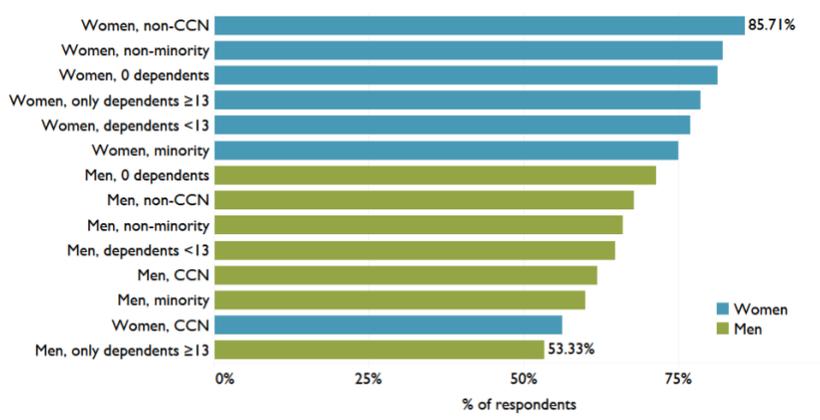


“Not being able to attend networking events in-person has been a serious detriment on my ability to make progress on the career ladder.”
 – Mid-career aspiring woman, expatriate/HQ staff, no dependents, non-minority

“Virtual meetings cannot replace human interactions.”
 – Mid-career aspiring woman, expatriate/HQ staff, no dependents, non-minority

“Networking always came last—now there is no time for it!”
 – Aspiring mid-career woman, expatriate/HQ staff, dependents, identifies as a minority

Figure 14: Decrease in Time Spent Networking



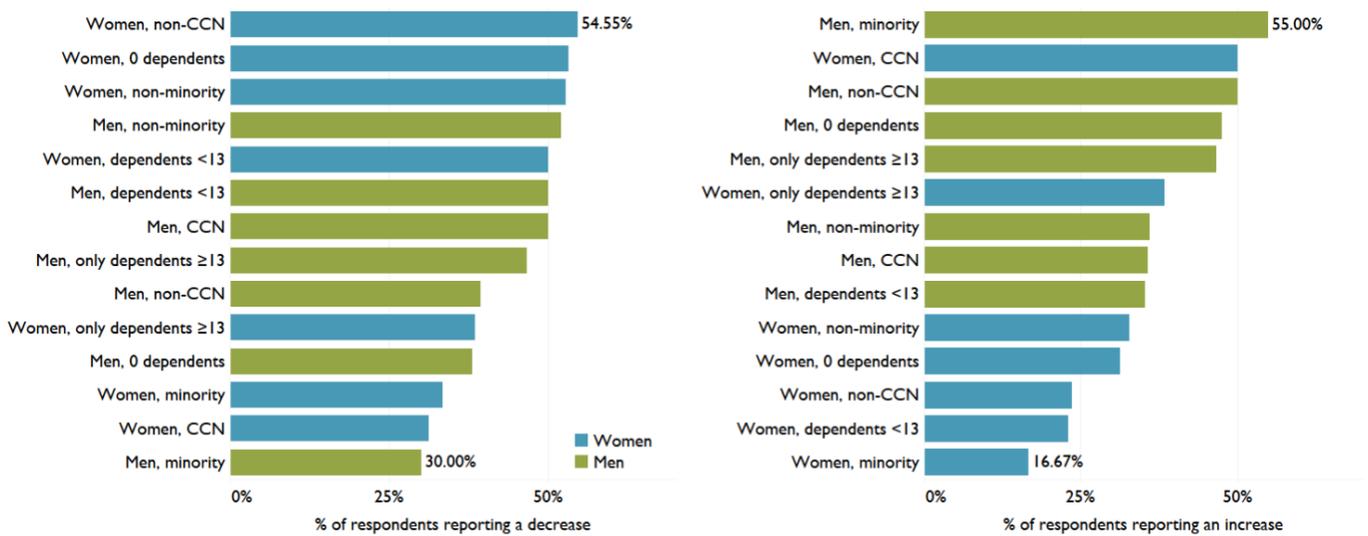
Learning and professional development

Almost half of mid-career professionals (47 percent) reported a decrease in time spent on learning and professional development (Figure 15). When disaggregated by sub-group, expatriate/HQ staff women were most likely to report a decrease in opportunities (55 percent), followed by women with no dependents and non-minority women and men.

At the same time, over one-third of respondents stated that they experienced an increase in learning and professional development opportunities, suggesting that some aspiring leaders—especially men, who were more likely than women to report an increase—were able to take advantage of the windows of opportunity created by COVID-19. Minority men, CCN women, and expatriate/HQ staff men were the groups most likely to report an increase.

“Although my time requirements for work increased, the fact that so many more learning events went remote (instead of requiring travel) was a bonus—so [there were] more opportunities to join learning events.”
 – Aspiring senior-positioned man, expatriate/HQ staff, no dependents, non-minority

Figure 15: Changes to Time Spent on Learning and Professional Development Opportunities



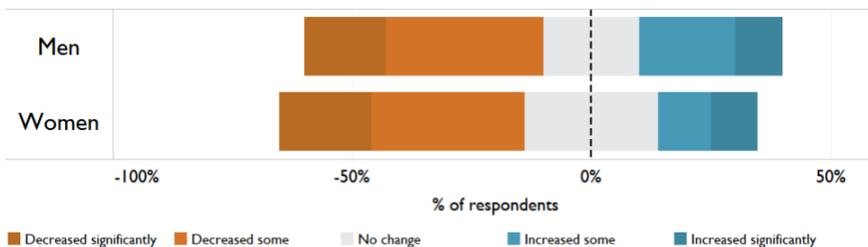
Time spent interacting with managers

Fifty percent of respondents stated that they experienced a decrease in time spent interacting with their managers, with no significant difference between gender identities (see Figure 16).

When disaggregated by sub-group, women without dependents were most likely to report a decrease in time spent interacting with their manager, as compared to men without dependents, who were among the least likely to report a decrease in interaction time (63 percent compared to 38 percent) (see Figure 17).

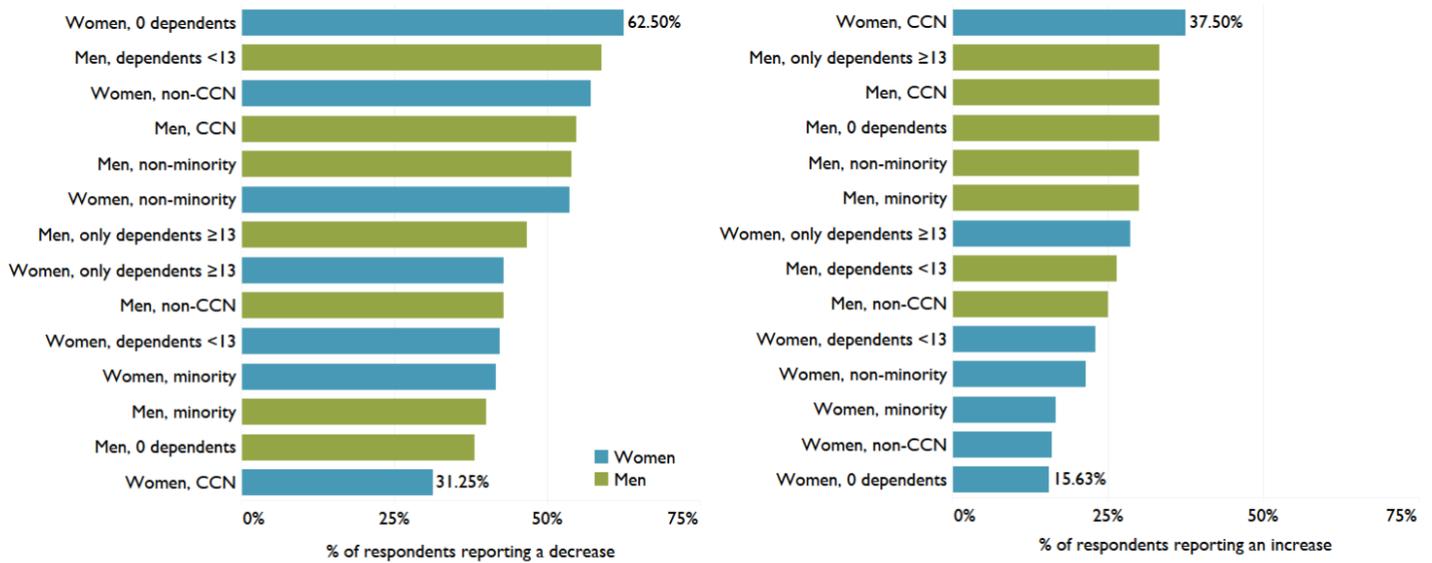
Approximately 26 percent of respondents reported an increase in interactions with their managers. Apart from CCN women, sub-groups of men were most likely to report an increase.

Figure 16: Changes to Time Spent Interacting with Manager



“I have taken up additional roles [and am] managing additional team members—[I’ve] increased the contact (virtually) with my manager, with operational and technical adaptations.”
 – Aspiring mid-career man, CCN, dependents, non-minority

Figure 17: Changes to Time Spent Interacting with Managers



New opportunities for CCNs: COVID-19 silver-lining or mirage?

The survey results revealed that, overall, CCNs were more likely to report an increase in work responsibilities as compared to non-CCNs or expatriate/HQ staff. Notably, 91 percent CCN women reported an increase in work responsibilities. In parallel, CCNs were more likely to want to increase the size and scope of their responsibilities in their next role.

In addition, among aspiring leaders, CCNs were more likely than non-CCNs to report an increase in exposure to technical work, time spent conducting field work, time spent interacting with their managers, time spent on learning and professional development, as well as time spent on networking and building or maintaining relationships.

One expatriate/HQ staff respondent told researchers that COVID-19 has prompted more delegation of responsibilities and power to field teams. However, when probing this potential dynamic and the quantitative results more generally in in-depth interviews, the researchers did not come across evidence of CCNs taking up new positions previously occupied by expatriates. One CCN suggested that many organizations perceived the staffing changes to be temporary in nature, so there was no need to put in place a long-term staffing strategy.

Conclusions

This rapid industry study revealed that COVID-19 has had wide-ranging effects on MSD practitioners that, if not addressed, will have a negative impact on the diversity of current and future senior leaders.

As hypothesized, across all data points this research showed that women MSD professionals were more negatively impacted in the areas of changes to work life, unpaid care work, and career-advancing opportunities. While career ambitions remained high for both men and women MSD professionals, women were more likely to report a decrease in their ambition levels, while men were more pessimistic over future employability. In addition, women were more likely to report seeking a decrease in responsibilities in their next role or assignment than men. Over half of senior-positioned women and a quarter of mid-career women want to scale back the size and scope of their next role.

“I think the real problems are still more systemic and COVID made them worse. There might [also] be opportunities where COVID has created opportunities for improvements that we don’t want to miss.”

– Senior-positioned man, expatriate/HQ staff, dependents, non-minority

Lastly, COVID-19 is making it more difficult for mid-career professionals, and especially expatriate and HQ-based women, to develop the necessary skills and relationships to advance to senior level positions. While some may interpret this as a short-term impact of the pandemic, the already high and rising number of years of experience required for senior leader roles means that these aspiring leaders may have to work even longer before becoming eligible for these roles.

From this rapid research, it is evident that MSD practitioners are not immune to the impacts of COVID-19. Similar to other COVID-19 survey results, this research shows that the pandemic has seemingly exacerbated pre-existing, systemic inequalities in the international development sector and in unpaid care responsibilities.

Recommendations: We Can't Afford the Risks of "Business as Usual"

How we respond—especially now, as many implementing partners and MSD activities return to the office and to travel—will influence the diversity of leadership in the sector in the medium and long term. As systems thinkers, MSD professionals know that simply treating the symptoms of the impact of the pandemic is insufficient and even irresponsible. Instead, we must seize this opportunity to **address the root causes of these effects**. This can be achieved by reshaping the roles, organizational culture, and support services (e.g., child/elder care) available to international development professionals in favor of working environments (HQ and field) that are truly responsive to the diversity of their needs and by disassembling the systems that disadvantage women, minorities, and CCNs. We must also avoid penalizing future leaders, especially women, who are missing out on career-advancing opportunities during COVID-19 and intentionally create opportunities for "catching up" on missed experiences.

Initial evidence from this survey suggests that **even within the constraints of our operating context, implementing partners can start to lay the foundation of a more diverse and inclusive sector** by taking the following actions.

Meet employees at their "new normal"



Recognize employees' (new or shifted) personal and professional priorities and **realign employee responsibilities and working hours accordingly**. Examples from IPs and the private sector include individually tailored working hours and locations (remote, office, hybrid, etc.), options for part-time or full-time work, periodic company-wide shutdowns, and more discretionary time off.

Set staff up for success



Listen to and support employees, especially women and mid-career professionals, to continue to weather the impact of COVID-19 and, when appropriate, help them to better navigate the return to the office. Recognize that a **"successful return" may be different for employees** depending on a variety of both individual circumstances as well as social and professional identities, including their gender, professional position, minority identification, presence of dependents, and status as a CCN or expatriate/HQ staff. Examples include professional counselling sessions, tele-medicine and mental health services, emergency child/elder care, and child/elder care placement services.

Reduce obstacles to advancement



Seek out and **create new opportunities for aspiring senior leaders**, both expatriates/HQ staff and CCNs, to acquire career-advancing skills. Intentionally target mid-level professionals (especially women and minorities) for networking, technical learning, and field opportunities. This could be as simple as informal "women in development" networking groups that strengthen connections between senior and mid-level professionals or could be a more formal mentoring program that pairs mid-level staff with senior technical leaders on assignments.

In parallel, it is important that we:

- **Raise awareness and engage the industry in dialogue and action** on addressing the impact of COVID-19 on MSD professionals using an intersectional approach.
- **Deepen and broaden the scope of future research** to include (1) an identification of the types of support being offered to development practitioners by implementing partners and donors and (2) what is still needed (e.g., support services, changes to contracting mechanisms, etc.) to help all practitioners, regardless of identity, to better cope with current challenges and successfully navigate the return to the office.



Curious how others are tackling the new normal? Check out these resources.

- [Responding to burnout](#)
- [Navigating the return to the workplace](#)
- [Supporting women](#)
- [Reimagining the workplace](#)