



FINDING HOPE: Experiences of women, children and adolescents during the COVID-19 pandemic in their own words

Food insecurity

“There are days when there’s not much food ... we have to decide who can eat.”

Women and adolescents are bearing a disproportionate burden during COVID-19 crisis. Here we look closer at the experiences related to food insecurity. We also highlight the range of solutions and approaches being implemented in different countries as well as the policy asks to address food insecurity and other significant challenges facing women and adolescents during and beyond the pandemic.

In April 2020 it was estimated that an extra 130 million people would face acute food insecurity due to the impact of COVID-19. Labour shortages (due to movement restrictions and social distancing measures), factory closures, disrupted supply chains, food protectionism and border closures are affecting food availability and prices. In addition, job losses and reduced remittances (salary earners sending income to family members in their home community) have reduced people’s ability to buy food.^[1, 2] It is widely accepted that children and young adolescents are at higher risk of being affected by food insecurity. As of May 2020, 368 million school children around the world were missing out on daily school meals, increasing their risk of malnutrition.^[3]

Food insecurity caused by financial constraints and limited availability of essential food items was reported as a significant concern by families in Colombia, India, Nigeria, South Africa and Uganda.

“Life has been miserable. My mom is not working; some nights we go to sleep with no food, without eating the whole day. My mom ends up going to borrow money which she can’t pay back.”

– 18-year-old woman, South Africa

IPPFWHR’s survey found that 52% (566/1,088) of respondents rated their concern about food security at six or above (10 being the most concerned). Twenty eight percent (305/1,088) of respondents said they were unaware of any initiatives or programmes to mitigate this situation.

Families in Colombia reported that the quantity and variety of their food had reduced and that they were prioritizing small children to receive larger portions or more nutritious foods. Migrants and refugees have been heavily affected by the pandemic in Colombia. In a survey targeting migrant and refugee households, 10% (74/737) of respondents had reduced their meals from three per day to one per day; nearly 70% (516/737) had gone from three to two daily meals. Just 22% (162/737) of households were still able to serve three meals per day. Most migrant households reported needing food aid.^[4]

Nine Indian states^a reported similar situations in the weeks following the first lockdown. Many families were forced to reduce the quantity and variety of their food to cope with job losses, food shortages and decreased financial resources.

“Earlier we used to have two side dishes for a meal; but now we manage with only one dish. We do not prepare any snacks like pakodas.^b My younger brother used to have milk twice a day, now he only has it once a day. Thus, we have minimized our food consumption to manage within the available resources.”

– Adolescent girl, India

Market closures and stock-outs in village shops increased people’s vulnerability to food shortages during lockdown. Many women in India reported difficulties in accessing essential food items during the initial phase of lockdown. Women belonging to marginalized castes reported poorer access than others. Implementing relief measures for families affected by food insecurity has been challenging. Women farmers in Uganda reported difficulties in accessing financial assistance

in response to disrupted production. In India, in the first weeks of lockdown, respondents reported issues including eligibility for relief, the quality and quantity of rations, lack of reliable communications about distribution times and inability to maintain social distancing when accessing relief.

“The quality of the rice was pathetic. It should have been of better quality. And [the government] could have continued to provide free rations in the following month or so too.”

– 27-year-old woman, India

a. Uttar Pradesh, Jharkhand, Chhattisgarh, Odisha, Maharashtra, New Delhi, Madhya Pradesh, Tamil Nadu and Bihar.
b. Fried snack (fritter) made with vegetables and flour.

Figure 1.

Summary of solutions to challenges posed experienced by women and adolescents during COVID-19



Strategies and solutions

A range of strategies and approaches are being implemented in different countries to address the significant challenges facing women and adolescents during and beyond the pandemic. The figure below summarizes the most common solutions identified by partner organizations to address food insecurity as well as the other challenges experienced by women and adolescents. These solutions are not exhaustive but reflect the perceptions and experiences of those who participated in the country-specific activities.

Illustrative examples from partner organizations of solutions and approaches used to address challenges linked to loss of livelihood and food insecurity across different countries

- In India, government schemes launched during the COVID-19 period include the Jan Dhan Account (Financial Inclusion) initiative: direct cash transfers of Rs 500 (US\$ 6.8) into women's Jan Dhan accounts have proved useful to support families. The government is also providing free cooking gas cylinders through the Ujjwala Yojana initiative. Some income-generating activities to support women

have also been established, such as the home gardening programme in Jharkhand.

- In India, the government implemented a stimulus package worth Rs 20 lakh crore (US\$ 265 billion) including: free cereal grains to the poor; cash to poor women and the elderly; tax relief for small businesses; and incentives for domestic manufacturing. The cost of the combined package is roughly 10% of India's GDP, making it among the most substantial in the world, after those announced by the United States (13% of its GDP) and Japan (over 21% of its GDP).
- In India, to overcome issues caused by food shortages, the government introduced the Garib Kalyan relief package, which includes cash transfers and food provision.
- The Indian government introduced the "One Nation, One Ration" concept in its Public Distribution System, to ensure that food reaches the needy.
- The Kenyan government is providing tax relief (reduction of VAT, income and business tax) together with the Inua Jamii (Uplift Families) programme, which provides social security in the form of cash transfers to orphans and vulnerable children, the elderly, people with severe disabilities and people living in the arid northern counties.

- Civil society organizations (CSOs), humanitarian organizations, non-governmental organizations, frontline workers and self-help groups have been playing important roles in reaching affected families and marginalized groups.
 - a. In Nigeria, CSOs and philanthropic organizations have provided support to families, especially those displaced by the religious conflict in Kaduna state.
 - b. In Colombia, CSOs and community associations have provided essential food to families.
 - c. In India, CSOs, women's self-help groups and frontline workers have been distributing hygiene items, food items and cooked meals to families, especially children and pregnant and lactating women, through the Take Home Ration initiative. Elected women representatives have addressed issues related to limited access to the national distribution of rations, by identifying families without ration cards and finding alternative ways to include them.
- Government-led initiatives, such as food distribution interventions, food stamps and vouchers, were implemented during the height of lockdown. Those measures have been reported in India, Nigeria, South Africa and Uganda.
- In Colombia, people started to grow their own food as a mitigation strategy to adapt to the crisis. Indigenous populations highlighted the

success of growing produce and sharing seeds, a practice that has adequately met the needs, not just of individuals, but of whole communities.

Policy asks

Supporting the [PMNCH Call to Action on COVID-19](#), and based on the lived experiences of women and adolescents, seven policy asks are put forward. These asks seek to respond to the consequences of COVID-19 in both the medium and long term and will require a collaborative approach by governments and all stakeholders. The action required will need to address mental health and well-being as well as the other challenges experienced by women and adolescents, including related to education, livelihoods, safety and security and access to essential services.

1. Maintain essential SRMNCAH+N services, products and information, including for contraception, safe abortion, immunization, safe delivery, stillbirth prevention and mental health.
2. Address gender inequality, including gender-based violence, and ensure the safety and security of women and adolescent girls in integrated response and recovery plans.
3. Increase attention to the mental health needs of those, especially women and adolescents, who have been severely affected by the pandemic.
4. Adopt and scale up social and economic relief measures that are gender-responsive and reduce inequities.

5. Address adolescents' needs for education and vocational training.
6. Address the digital divide within countries and between genders.
7. Collect and report disaggregated data (by age, sex, income, disability, geography) and gender statistics.

Illustrative actions and asks from partner organizations to address food insecurity

- Continue providing food and nutrition beyond the short term, maintaining effective interventions to support vulnerable families and groups.
- Establish alternatives to replace school feeding programmes interrupted by school closures and support agricultural stimulus.
- Promote food delivery initiatives and the growing of food by households and communities.
- Create campaigns promoting healthy diets and proper nutrition, even for those with limited resources.

More information available at:
<https://www.who.int/pmnch/knowledge/publications/lived-experiences-covid19/>

References

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