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

Policy asks and solutions

Strategies and solutions to address challenges

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. Figure 1 summarizes the most common solutions identified by partner organizations. These solutions are not exhaustive but reflect the perceptions and experiences of those who participated in the country-specific activities.

Many of the solutions, such as the use of digital technologies and peer support networks, are being used to address a range of challenges. See Annex 2 and individual organizations’ reports for further examples of solutions and approaches used to address challenges across different countries.
**Figure 1.** Summary of solutions to challenges posed experienced by women and adolescents during COVID-19

**Economic measures in response to loss of livelihoods.**
Economic relief measures helped reduce pressure on low-income households and vulnerable groups. Measures to mitigate food insecurity were adopted across countries through social services, such as government-led food distribution interventions, food stamps and vouchers. Economic relief measures focusing on women and girls, in the form of cash transfers and home-based income generating activities, have also been pivotal for stemming the negative economic impact and loss of livelihoods.

**Inclusion of sexual, reproductive, maternal, newborn, child and adolescent health and nutrition (SRMNCAH+N) services in lists of essential services.**
Many countries very quickly provided high-level guidance for maintaining high-quality and equitable SRMNCAH+N services during the COVID-19 pandemic. This enabled strategic and operational actions to ensure the rapid resumption of services.

**Support networks and community solidarity have helped address many of the gaps and inequities within countries.**

**Using a range of digital tools and traditional media has been essential for maintaining health, social and educational services and for reaching different population groups with health messages and psychological support.**

All countries reported using helplines, social media, apps and digital platforms to provide psychosocial services and support, telemedicine and guidance, including for SRH, and support to victims of violence. In South Africa many gatherings, community forums and professional and business networks served as channels for psychosocial support. Primary, high-school and university education was also delivered online. However, access to those services requires access to digital devices and internet connection. The nature of the support offered also varied, depending on the resources available, especially to the service providers.

**Using a range of digital tools and traditional media has been essential for maintaining health, social and educational services and for reaching different population groups with health messages and psychological support.**

**“We got free dry rations for three months with the help of the Mukhiya [Village Elected Leader] and the PDS [Public Distribution System].”**
— Adult woman, 40 years old, India

**“We need more access to an internet connection so that we can communicate with all our friends daily and ease the financial burdens of acquiring data; most of us rely on our friends to be our support system.”**
— 18-year-old woman, Jamaica
Traditional media channels have provided an effective alternative to digital tools, reaching people without access to the internet. Television, radio and print media were used to disseminate health information about COVID-19 and SRHR. National educational channels were used to broadcast classes for schoolchildren. Educational TV channels were used to reach students unable to use distance learning platforms.

“Classes on TV, like in Kerala, would be good. On a dish TV a channel costs 1 rupee per day so it will be cheaper. Can be done throughout the day. Government should do that. Or the network signal should be improved, and plans should become cheaper for online classes.”

— 18-year-old woman, India

Civil society, humanitarian and non-governmental organizations, as well as self-help groups, frontline and community workers, worked together to provide essential services to affected families and marginalized groups during lockdown. To address the short-term consequences of lockdown, services were provided at home and in communities. These included providing basic food items and cooked meals to marginalized groups and the worst affected families, distributing menstrual sanitary products to vulnerable girls and women, ensuring pregnant women’s access to facility-based delivery services, and vaccination services at home. Although the past months saw a surge in such activities, some countries reported that outreach in remote villages and communities needed to be strengthened.

“I met Ray of Hope who gave me food and an opportunity to volunteer and have a purpose in my life: to give back to other women, distributing food to vulnerable families in my community.”

— 42-year-old woman, South Africa
Support networks and community solidarity have helped address many of the gaps and inequities within countries.

Communities have come together and established emergency funds to help families pay for food and utility bills during lockdown. There are also examples of young people negotiating payment agreements with their landlords. Community networks of students have been collecting donations and food to distribute to those most in need. Neighbours and peer support networks have organized themselves, using social media and other means, to develop community strategies to protect each other from COVID-19, as well as from physical threats to their safety within and outside the home.

“We now come home from work, he starts to play with his daughters: that is, we have joined together in more things, things that he did not do before, like helping them with tasks. He spends more time at home now; during the quarantine he ... is no longer out and about.”

— 27-year-old woman, Colombia

“The support groups that we started are sort of street community strategies that we called the anti-discrimination and anti-violence squads. We created a network of love and care among different activists and transsexual leaders in different districts.”

— 27-year-old, transgender woman, Colombia

Policy asks

COVID-19 has revealed grave inequalities within our societies and exacerbated many of the existing challenges facing women and adolescents. Responding to the consequences of COVID-19, both immediate and long-term, presents an unprecedented opportunity for innovative and large-scale action to transform the lives of the most vulnerable.

We must build back better, using contextually appropriate strategies that take account of a range of factors, including gender, age and access to resources. This is essential to ensure that the short, medium and long-term benefits produced outweigh any potential harms.

We need threefold policy action: short-term relief and mitigation measures, medium-term recovery and long-term development. A gender lens will be required when designing socioeconomic relief measures. The upheaval caused by the pandemic and the amplification of inequalities and vulnerabilities affecting women’s and adolescents’ lives, health and well-being require transformative action to address a number of social, cultural and economic factors.

Women and adolescents must be consulted and engaged in decision-making processes at global, regional, national and local levels, including in taskforces, to ensure that their lived experiences are meaningfully addressed in the COVID-19 response and recovery pathways.

Supporting the PMNCH Call to Action on COVID-19, and based on the lived experiences of women and adolescents analysed for this brief, we call for a collaborative approach by governments and all stakeholders to address the following seven policy asks. See Annex 3 for a more detailed list of actions in response to the main challenges experienced by women and adolescents. Annex 4 provides additional details on each partner organization’s work in response to COVID-19.

1. Maintain essential SRMNCAH+N services, products and information, including for contraception, safe abortion, immunization, safe delivery, stillbirth prevention and mental health

Governments at national and subnational levels must ensure that women, adolescent girls and children continue to receive these services during the pandemic and beyond. Neither domestic nor donor resources for SRMNCAH services and supplies should be diverted elsewhere during the crisis and recovery periods. Guidance and notices
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.

Prevention and redress services that reach out to women and adolescent girls facing violence and distress must be classified as essential services and fully maintained. These services, including women’s helplines, counselling, police intervention, shelter homes, legal aid and advice, access to courts, health services and economic support, must be easily accessible, properly funded and widely promoted. Official guidelines and advice should be published to ensure that these are implemented in partnership with relevant partner organizations.

3. Increase attention to the mental health needs of those, especially women and adolescents, severely affected by the pandemic.

It is essential to recognize and promote community-based provision of psychosocial support to address the emerging mental health needs of communities and the potential long-term impacts on health and general well-being. Adequate financial and human resources must be allocated to ensure proper and equitable provision of psychosocial support and services.

4. Adopt and scale up social and economic relief measures that are gender-responsive and reduce inequities.

Food insecurity and job losses are having devastating impacts, especially on women, young people and vulnerable households. Those working in the informal economy, daily wage earners, farmers and those living on the margins are particularly affected. There is an urgent need to provide food rations in the absence of safety nets, and direct cash transfers through established schemes. Investments are needed in income-generating opportunities to improve agency and health and to alleviate poverty. Beyond the immediate term, food and nutrition support will be essential for vulnerable families. This includes developing alternatives to school feeding programmes interrupted by school closures and increasing investments in the agricultural sector.

5. Address adolescents’ needs for education and vocational training.

As schools and other learning institutions reopen, students and teachers must be reintegrated. It will be important to work with parents and gatekeepers to ensure that younger children and adolescents, especially girls from vulnerable and marginalized communities, continue their education.

6. Address the digital divide within countries and between genders.

Internet access and connectivity should be a basic service. Investments must be made to bridge the digital divide, allowing women and girls to access basic services and information, including on health and finance. This will require targeted investment and the strengthening of public-private partnerships. Services should be provided through a combination of high tech (digital platforms and tools), low tech (SMS and telephone calls) and no-tech (communities, teachers and parents’ groups) to reach all community groups and ensure inclusivity.

7. Collect and report disaggregated data (by age, sex, income, disability, geography) and gender statistics.

Such data must be adapted to the COVID-19 response, enabling the development of recovery plans that address the needs and issues of women and adolescents. Better data can better inform advocacy efforts. In the process of response and reconstruction, better data enable resources to be prioritized for women and adolescents, who are disproportionately affected by the pandemic.

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