Standing Together *for* Nutrition

COVID-19 and Malnutrition: A Toxic Combination for Women

Policy Actions to build a resilient future for women, girls and children

Executive Summary

The COVID-19 pandemic is disproportionately exacerbating nutrition challenges faced by women's and girls' nutrition. Pandemic lockdowns and containment measures created four compounding crises that continue to adversely impact women and girls' nutrition: increased poverty, increased food insecurity, reduced access to health services, and extensive school closures.

These crises, amplified by existing gender power relations and women's lack of agency, are intensifying malnutrition in women and children in low- and middle-income countries (LMICs). Malnutrition among women leads to an extraordinary loss of human capital as it also impairs the future health and productivity of their children and their communities.

Integrating and scaling up women's nutrition and gender empowering actions in sectoral nutrition plans is urgently needed to offset COVID-19's harmful impacts on women's and girl's nutrition, health, and human capital. These actions must also be sustained in longer term agendas that prioritize women's nutrition and equity holistically as nations continue to respond, recover, and re-build from the pandemic.

KEY RECOMMENDATIONS:

1. **Provide targeted financial social protection and support women's livelihoods.**
2. **Expand reach of nutrition programs and focus of social protection programs.**
3. **Ensure access to nutrition, sexual, and reproductive health services.**
4. **Continue nutrition, education and health services & begin incentivizing girls' return to school.**

COVID-19:
Exacerbating Malnutrition in Women and Girls

Malnutrition is both a cause and effect of gender inequality. Pre-pandemic, women and girls were already disproportionally malnourished, making up to 60% of the 811 million undernourished people worldwide, due to existing gender power relations and women's lack of agency[1,2]. Pregnant and lactating women have the highest nutrient requirements, yet they often eat last and least, with limited access to high quality, nutrient-rich foods. Malnutrition among women leads to an extraordinary loss of their human capital potential as it also adversely impacts the future health and productivity of their children and their communities[3].The consequences of women's and girls' malnutrition to society are immense – malnutrition is estimated to cost 3.5 trillion annually[4].

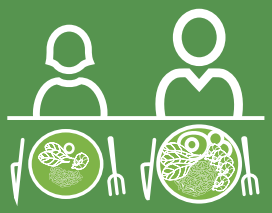
The COVID-19 pandemic continues to shock global systems. In addition to the direct health impacts, pandemic-related lockdown and containment measures triggered four interrelated crises: increased poverty, increased food insecurity, reduced access to health services, and extensive school closures. Early data shows that, compared to men, women are suffering from higher job losses,[5] with lower access to resources while continuing to face discriminatory gendered expectations, laws and policies, and have reduced decision-making power. These gender inequities are compounding the pandemic crises, and women and girls are disproportionately suffering intensified hunger, malnutrition, and poor health. While gender equity gaps were pre-existing, past health (i.e., Ebola) and economic crises (i.e., 2007) demonstrate the lasting increase in economic and nutritional disparities[5].

This policy brief provides a framework for understanding and addressing COVID-19's disproportionate impact on women's and girl's nutrition. The brief also outlines evidence-based recommendations for investment and multi-sectoral actions by governments and donors that can mitigate the pandemic's intergenerational impact on women and children.

Key Findings

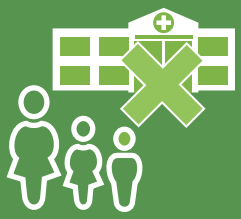
Increased poverty

Women are bearing the brunt of the economic and social fallout of COVID-19, with an additional 47 million women and girls forecast to sink into poverty.



Increased food insecurity

Food insecurity rose rapidly during the pandemic, impacting women's and girl's diet quality and malnutrition the most.



Loss of essential health services

The COVID-19 pandemic has overwhelmed health systems and restricted mobility, particularly for women and girls, making it harder for them to access essential health services that support nutrition.

Impact of school closures on girls

The longer schools are closed, the more likely that girls will not return, increasing the risk for child marriage and adolescent pregnancies, impacting their health and human capital potential.

Disproportionate Increases in Poverty

Women are bearing the brunt of the economic and social fallout of COVID-19, with an additional 47 million women and girls forecast to sink into poverty[6].

Most women in LMICs work in the informal sector, ranging from **75%** in Latin American to **90%** in many countries in Africa and South Asia[4]. These jobs often have limited or non-existent worker protections, leaving them disproportionately at risk for loss of income and vulnerable to poverty. Particularly during the first months of the pandemic, informal workers lost an average of **60%** of their income[8].

Due to gender inequalities, women are more likely to be paid less and lack access to resources that could cushion economic shocks, such as loans or sellable assets, legal and social protection, land, or services. Government social programs often were not offered to informal sector workers. At the same time, women also took on greater unpaid work at home, such as childcare and caring for the sick, further restricting their ability to earn income.[5,8]

Pandemic-related economic losses increase the risk of poverty and make healthy food less affordable, especially when food prices rise. Additionally, loss of income may reduce women's decision-making ability to direct resources to their own and their children's nutrition and health.

Women's job losses due to COVID-19 were about

1.8 times higher

than men 's job losses, globally

Women's share of unpaid work can be as

high as 80-90%[7]

RECOMMENDATIONS:

Provide targeted financial social protection and support women's livelihoods

Get cash to women:

- Provide cash transfers targeted to women
- Extend social protection to women not formally in the labor force, such as informal workers and unpaid caregivers
- Increase access to financial support, (e.g., unemployment benefits, paid sick leave)

Invest in 'return to work' programs that promote gender equity (e.g., targeted stimulus activities, training, credit)

Support women's livelihoods:

- Provide loans and incentives for women-owned businesses, vocational training, and support for women's agricultural cooperatives
- Increase access to resources, including information and land
- Support childcare so women can return to work
- Address causes of gender-based inequities, such as discrimination in decision-making and laws
- Support women who are historically most affected, such as minority and indigenous women, sex workers, and women with disabilities

Disproportionate Increase in Food Insecurity

Food insecurity rose rapidly during the pandemic, impacting women's and girl's diet quality and malnutrition the most.

During the pandemic, as incomes collapsed in LMICs, food prices spiked to the highest levels in a decade[2]. COVID-19 dramatically increased the number of people who could not afford a healthy diet to 50% of the global population and drove many of these people to food insecurity[2]. Food insecurity disproportionately affects women's and girl's women's and girl's nutrition. Many households cope by slashing spending on food and reducing consumption of relatively expensive nutritious food like animal based, fruits, and vegetables[2,9].

Across socio-economic groups, due to gender norms, many women often eat last and the least nutritious foods, which buffers the crisis for their family, but increases their own food insecurity[11,12]. The economic crisis compounds the impact on women, because when women reduce their contributions to the household income, they often have reduced decision-making ability to direct resources to their own and their children's nutrition. During periods of food insecurity, boys' access to nutritious foods may also be prioritized[11,12].

In India, rising poverty and food prices caused household food insecurity to increase from

21% to 80%

in the first eight months of the pandemic[9]

RECOMMENDATIONS:

Expand reach of nutrition programs and focus of social protection programs

Nutrition programs must reach vulnerable women and children

- Ensure resilient coverage of essential nutrition interventions and access to nutritious and affordable food (i.e., subsidized health food, free rations, food coupons)
- Extend nutrition interventions' reach and impact for marginalized and vulnerable women and girls, such as through community channels

Social protection programs must integrate nutrition

- Ensure that social protection programs safeguard access to nutrition diets including through voucher programs
- Integrate gender-specific nutrition messaging on dietary quality into social protection programs
- Focus explicitly on women's empowerment to address underlying drivers of gender and social inequalities

Disproportionate Loss of Essential Health Services

The COVID-19 pandemic has overwhelmed health systems and restricted mobility, particularly for women and girls, making it harder to access essential health services that support nutrition.

Health services are a crucial delivery channel for nutrition services. Women lost access to vital health and nutrition services, such as sexual and reproductive health, antenatal services, and preventive services. Wasting prevention and treatment services were also disrupted in the first year of the pandemic. UNICEF estimated reductions in access to government health services of at least **30%** and up to **75-100%** during the lockdown periods[14].

Gender power relations and social norms further limited access, due to barriers such as the lack of decision-making authority to seek care for themselves or their children, the higher burden of unpaid care, increased household poverty, or limited access to transportation[11]. In some countries, sexual and reproductive care were not classified as 'essential health services' and therefore not prioritized during the pandemic restrictions. Pregnant women without access to antenatal care are particularly vulnerable to the nutritional and health impacts from food insecurity and poverty.

The decreased access of health services across 18 Asian countries between March 2020 and June 2021 is estimated to have contributed to 114,000 deaths among women and children[13]

RECOMMENDATIONS:

Ensure access to nutrition, sexual, and reproductive health services

- Identify and bridge gaps in essential health services, particularly for nutrition, maternal and child health
- Reduce barriers to access for sexual and reproductive health services (e.g., offer free contraceptives through pharmacies and community health workers, integrate into other health services, provide telehealth programs)
- Maintain services to prevent and treat wasting

Disproportionate impact of school closures on girls

The longer schools are closed, the more likely that girls will not return, with increased risk for child marriage and adolescent pregnancies, impacting their health and human capital potential.

In many countries, schools have been closed for over a year and some for as long as two years. During this time, girls took on essential family roles, such as paid jobs or unpaid household work. In households already struggling with food insecurity and poverty, girls not in school are at increased risk of child marriage and adolescent pregnancies. UNICEF estimates that up to 10 million more girls are at risk of becoming child brides by 2030[15]. Adolescent pregnancies may lead to lower birth weight babies and high risk of death for girls and their babies. Additionally, there is a strong link between early marriage and poverty as education is inversely related to their lifetime earnings[3, 15].

When children no longer receive school meals, they lose their most reliable source of daily nutrition and the entire household has reduced food. Household food security is further threatened by the loss of school attendance-based cash transfer payments. Gendered expectations may disproportionately force girls to bear the brunt of household food insecurity, and further add pressure for early marriages.

In South Asia, the number of girls dropping out of school due to the COVID-19 pandemic was estimated to lead to lead to an additional:

- **400,000 adolescent** pregnancies with intergenerational impact
- an excess of nearly **700 maternal and 10,000** neonatal deaths,
- **155,000 low birthweight** births, and **29,000** children who are likely to be stunted by the age of 2 years[3]

RECOMMENDATIONS:

Continue nutrition, education and health services & incentivize girls return to school

When schools are closed, provide replacements for meals, learning and health services:

- Continue meals from schools or expand in the community
- Implement programs to maintain school retention, including alternative delivery channels for lessons (e.g., radio broadcasts)
- Provide a safe venue for health, family planning, and social protection programs

Incentivize girls to return to school:

- Utilize conditional cash transfer (CCT) programs to incentivize girls to return to school and for families to support their education
- Ensure pregnant girls have access to educational programs and a path to return to school

Support laws to prevent child marriage

Call to Action

End the inequitable burden of malnutrition, health and poverty for women and girls

Integrated policy recommendations will promote better nutrition and health outcomes for women and girls.

COVID-19 response and recovery efforts must be explicitly gender-responsive in their design, scope and delivery, and must embed financial, social safety, and nutrition goals. These evidence-based upstream recommendations are linked to nutrition and have the potential to create long-term sustainable change. Investments now will have tangible impact in the future, as prioritizing women and girls, particularly the most vulnerable, will boost the reach and effectiveness of COVID-19 recovery and build resilience for future shocks.

Standing Together for Nutrition

The Standing Together for Nutrition Consortium brings together leading experts in nutrition, gender, economics, health and food systems to estimate the scale and reach of nutrition challenges related to COVID-19. Early in the pandemic, ST4N modeled the global impact of the pandemic on maternal and child nutritional outcomes, published in Nature Foods[16]. ST4N also issued a Call to Action on averting a global malnutrition crisis due to the Ukraine war, which was published in Nature[17].

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In partnership with Canada

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