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Shirkat Gah Women's Resource Centre

Gendered Voices in Pakistan's COVID-19 Field: Issues & needed actions: April 28 2020

In a time of crisis such as the prevalent global pandemic, gender equity issues tend to be seen as a secondary concern for policymakers; immediate lifesaving and prevention are the primary focus. However, past epidemics such as Zika and Ebola reveal that gender analysis and equity consideration can be a vital factor in preparedness, prevention, outbreak management and rehabilitation during the spread of infectious diseases. Recognising that Covid-19 is affecting women and men differently can be key for creating effective, equitable programme interventions and policies.ⁱ

Government & Community Responses

The federal and provincial governments as well as a host of philanthropists and civil society organisations have risen to the occasion and are making tremendous efforts to respond to the crisis. Unfortunately, the sad reality is that the needs of people in terms of relief and support as well as health responses far outpace capacity. While the testing is increasing, it is nowhere near what is required, health facilities are under-equipped and may be overwhelmed, isolation centres are too few in number and too far away from people's homes, especially in remote districts such as in Balochistan where the travel costs and time impede people's access to testing. A fear of being relocated far from home for convalescence creates and of what treatment may entail, creates a tremendous reluctance to report illness or go for testing.

Community ignorance; belief this will not happen to us & cultural constraints: Despite constant messaging on television, social media and telephones, many people – especially but not only - in rural areas and smaller urban centres, remain unaware of the Corona virus or refuse to believe how dangerous it is, how quickly it spreads. In some places, even if people are aware of the need for physical distancing, to not shake hands when meeting is considered offensive or disrespectful (shared in Jaffarabad-Balochistan and Vehari-Punjab).

With less access to telephones, especially smart phones as well as other sources of information, women have less knowledge and understanding of the virus and implications.

Double-edged sword of social media: There is enormous traffic on social media but not all of the information accurate.

Absence of women in the decision-making committees around COVID-19; one estimate is that women comprise only 5.5% of the COVID-related committee membersⁱⁱ. In the districts Shirkat Gah works in across the country, no women were included as part of the UC and District committees deciding who would receive government relief.

Gender disaggregated data regarding testing, Corona-positive patients, in isolation or fatalities is virtually non-existent, making it difficult to assess gendered impact.



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The likelihood is that fewer women are tested, given their lack of mobility, and women who have the virus underestimated.

Challenges in relief provision: Insensitivity of some personnel for persons living with disabilities: One documented case in Vehari of personnel refusing to give money to an Ehsaas Card nominee woman who has no arms and so could not give her thumbprint or signature. Shirkat Gah associated local activists had to approach the district government to ensure she received her money. Other instances have been reported of women having to surrender part of the PKR 12,000 Ehaas relief package to receive it from those dispensing the relief.

Protective measures & hygiene: While hand washing and sanitising is being promoted; there is no information for how to safeguard oneself where water is scarce and sanitising liquid financially out of reach. There is considerable emphasis on wearing masks and gloves, but few instructions on how to take off the mask and gloves without contaminating oneself and no messaging about dealing with shoes in the household.

No Government action to ensure proper **sanitation** facilities like cleaning sewerage, collecting garbage in certain communities such as Lyari in Karachi. This is likely to lead to other health problems.

Needed actions:

- *Campaigns addressing the need to reset community norms*
- *Mass awareness clearly indicating what isolation centres mean and what treatment entails*
- *Disaggregated data on Covid-19 testing and patients as well as data collection to understand the specific impact on women and girls*
- *Accelerated government initiatives to counter misinformation and make special efforts to reach people without access to any form of media*
- *Government should include CSOs already engaged with the communities to reach out to vulnerable groups and establish a formalised system for including CSOs in forums deliberating and guiding Covid-19 responses.*
- *Protocols and orientation to the special needs of persons with disabilities.*
- *Greater monitoring of those dispensing government relief.*
- *More emphasis on removing protective masks and gloves and alternatives for water-scarce poor communities*
- *Ensure garbage collection and cleaning of sewers in all localities and that all sanitation workers have proper protective gear.*



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Impact on Women

- **Loss of livelihood & support:** The livelihood source of a host of women has been disrupted or lost. This includes women domestic workers, home-based workers, those employed in the putting-out system, all those in the non-formalised sector. In the formal sector, private school teachers and support staff have lost their jobs, or their salaries have been deducted. Others especially impacted are those in the entertainment industry.
- **At risk of exclusion from relief:** Women without national identity cards (CNICs), access to smart phones/Internet, who are illiterate, have disabilities, from religious minorities; transgender communities.

Gender Based Violence

As in the 2005 earthquake and floods of 2010 and 2011, there is a reported increase in gender-based violence (GBV). Helplines are reporting a spike in both online harassment and in situ GBV. ⁱⁱⁱ A key difference however is that while the uncertainties and anxieties of dislocation and loss of livelihood may be similar, the COVID-19 environment has locked in victims and perpetrators together in often-crowded home spaces. If the anxieties and loss of livelihood replicate other crises, the COVID situation has deprived women and girls of any safety valves in the form of the temporary absence of the perpetrator, of safe spaces to treat to, since they cannot leave their homes, and of the privacy necessary to reach out for help due to the omnipresence of the perpetrators.

Cautionary note: The actual impact of COVID-19 on GBV and gender relations in the family needs to be researched as some women are reporting improved spousal relations. It is also unclear whether GBV is merely a continuation of former practices of GBV that were never reported - as no one asked - or whether the Covid-19 situation has exacerbated domestic violence, and in which case whether this encompasses new families or remains confined to households where domestic violence already existed.

- **Shelter Homes for Women:** The COVID-19 situation has led to a spike of GBV cases, including against girls helping out with domestic chores. However, Darul Amans, other government-run, private and public-private partnership shelter homes for women are not equipped to deal with the Covid-19 situation. Government and private shelters have stopped new admissions everywhere except in Peshawar. Shelters have no testing capacity or isolation facilities; staff does not have PPEs. In Karachi, Panah continued to admit women and instituted a COVID-19 protocol, but has stopped as it ran out of isolation rooms for newcomers. A **good practice** in Peshawar is that the Social Welfare Department has offered some of its unutilised offices to accommodate new arrivals for 2 weeks to check whether any display Covid-19 symptoms. The absence of safe spaces for women led to the Chairperson of the Sindh Commission on the Status of Women having to spend a night at a police





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station with a woman and her two children until a family relative came to fetch them. In Vehari, local activists associated with Shirkat Gah organised a rented premise to accommodate a woman in need of shelter.

- **Non-responsiveness of police:** A first case has been documented of police not registering/responding to a serious case of GBV when approached as the police are preoccupied with lockdown and other COVID-19 duties.

Best Practices

Khyber Pakhtunkhwa Social Welfare Department has made unused offices available to the Darul Aman as isolation spaces for new admissions.

Silver Lining/Arising Opportunity for Positive New Normals

Some women report improved spousal relations, partly because men are witnessing the endless and thankless tasks of running the household shouldered by women every day, and enjoying and learning more about their own children (Rawalpindi, Lyari-Karachi). This suggests an opening to alter gender dynamics within the family.

Needed actions:

- **Research** to identify the actual impact of Covid-19 in terms of GBV and gender relations in the family. Can Covid-19 provide a chance to reset relations?
- All **shelter homes** for women should be provided appropriate PPEs, isolation centres for new arrivals – this means extra staff and security as women seeking shelter are often at risk of further violence from family members/perpetrators. As first responders, shelters should at least have temperature-testing equipment and be facilitated to take women to and from testing facilities.
- **Helplines** all need to have texting possibilities, as women cannot speak freely when the perpetrator is in the same place. More helplines are needed and perhaps the Helplines of the MOHR and others can orient new lines and build capacity for this. This however leaves out illiterate women and those without telephones. A different strategy is needed for these women and girls,
- Mobilise and support **community-based CSOs** and those with an established presence in communities can help to **reach women unable to use helplines**.
- The Government's Covid-19 response **widely spread messages against VAWG**.
- The Government must **ensure that the police do respond to VAWG and other violent crimes**.



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- *GBV courts should continue to operate with proper COVID-responsive protocols in place.*
- *Supporting **pyscho-social counseling** that can reach women and men in communities*

Health & Hygiene:



Understandably, health practitioners are concentrating on responding to Covid-19. Unfortunately, this has negatively impacted access to healthcare for non-COVID matters. **Pregnant women** are particularly affected. Fear of the virus means that, on the one hand, women are fearful of contracting Covid-19 if they go to hospitals for ante- and post-natal check-ups and deliveries; on the other hand, those who try to access healthcare find many OPDs are closed. Health service providers too fear close contact and in many places not all healthcare providers have the PPE (or of the required specifications). Even where OPDs are open and women willing to go for consultations, no physical examinations are taking place. This is problematic and women report they are asked to sit at a distance of 6 feet and given basic prescriptions such as aspirins. It is likely that there will be a rise in the number of deliveries outside health institutions.

A **Good Practice** is online consultation set up by general physicians and gynecologists in Quetta and offer of some women doctors to visit/see pregnant women and other female patients.

There is **no consistency in policy implementation**: some BHUs are closed, some continue to operate; some lady doctors and some LHVs have PPEs, but other staff does not. Yet *ayahs chowkidars* and all staff in health facilities need some level of protective gear; it is important to safeguard against both them becoming infected by Covid-19 from patients and visitors and against such staff transmitting the disease to doctors, LHVs and others issued with PPEs. Very few LHWs (who are a tremendous asset in community engagement and awareness) have been provided protective gear.

PPEs: Specific requests for PPEs in **Hyderabad, Mirpur Khas Quetta, Vehari** include for Civil Hospital doctors, nurses, ward boys, Gyne ward (also requires isolation rooms), quarantine staff and those helping with testing. Other personnel requiring PPEs in **Vehari**: traffic police and municipal workers; in Swat: LHVs, LHWs, Social Welfare Department, Women Police Desks, Traffic police; in **Hyderabad** medico-legal Unit, MLOs; in **Quetta**: Hospital Lab workers, staff of trauma centre & SICU; Fatima Jinnah Hospital; staff in isolation wards & SICU.





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The **current generally available protective gear** is essentially a one-piece jumpsuit. This is something women working in and with communities may be reluctant to wear; these may also not be suited for the high temperatures of the summer months. Not all sanitation workers (women and men) or those disinfecting communities/places have PPEs.

Best Practices

- Free online consultations including women gynecologists established in Quetta.
- Individual women doctors volunteering to see women patients in Punjab

Needed actions:

- *Provision of PPEs for all healthcare providers and staff at health institutions and establishing protocols so that women can be physically examined if need be.*
- *Ensuring standardised policies for OPDs, delivery rooms and other healthcare, and a rigorous monitoring system for feedback and if needed course correction*
- *Engaging the private sector to design climate and culturally appropriate PPEs for women (and others)*
- *Ensuring all those engaged in the health, hygiene and sanitation aspects of the Covid-19 responses have appropriate protective equipment*
- *Supporting doctors willing to see patients/pregnant women.*
- *Prepare a strategy for out of hospital deliveries.*

¹ Shama Dossa & Ayesha Mysorewala. *Society: Ensuring Equity in Emergency Response*
<https://www.dawn.com/news/1548452/society-ensuring-equity-in-emergency-response>

ⁱⁱ IFES. *Gender Impact of COVID-19: A Brief Analysis – Pakistan's Context and Way Forward*. P.3

ⁱⁱⁱ PODA Helpline, Peshawar government Helpline, Digital Rights Foundation helpline.