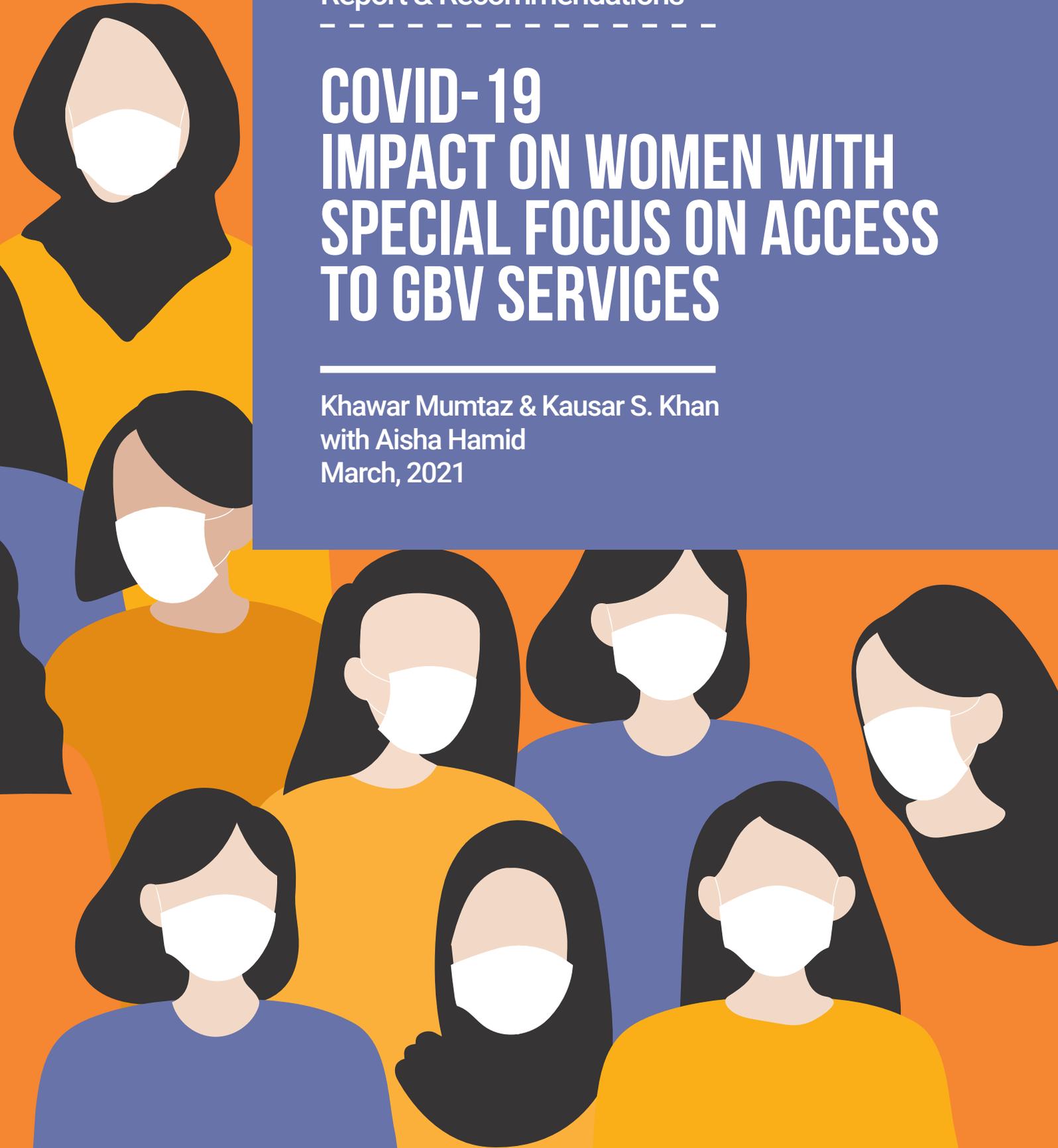




Report & Recommendations

COVID-19 IMPACT ON WOMEN WITH SPECIAL FOCUS ON ACCESS TO GBV SERVICES

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March, 2021



COVID-19
IMPACT ON WOMEN WITH
SPECIAL FOCUS ON ACCESS
TO GBV SERVICES

**DEDICATED TO
ALL THE WOMEN WHO CONTEST GBV AND
STRIVE TO ERADICATE IT FROM THEIR
FAMILIES AND COMMUNITIES**



MESSAGE FROM CHAIRPERSON NCSW

NILOFAR BAKHTIAR

The Government of Pakistan has punched above its weight in its efforts to curtail the spread of Covid-19. Pakistan's response to the pandemic was far greater than its neighboring countries, accredited to strong political will and swift and timely action. While we laud the efforts of all relevant authorities, we must also shed some light on the gravity of the situation in case of gender-based violence.

NCSW in collaboration with UNFPA is pleased to announce the launch of the report "COVID-19 Impact on Women with Special Focus on Access to GBV Services". This was the first step in ascertaining the crucial need to address GBV, and presenting some harrowing statistics. Following the recommendations of the report, I am committed to putting into place a sustainable system that provides justice to every victim and survivor of GBV with a special focus on gender and religious minorities.

Building onto the legacy of NCSW to protect and safeguard the rights of women, we must unite to counter the drastic effects Covid-19 has had on this demographic. This report will further serve to bridge gaps in the availability of data during Covid-19 and I hope the provision of such will lead to meaningful initiatives directed to curb the onslaught to violence against women.

Furthermore, I would like to express my utmost gratitude to UNFPA for graciously providing financial and technical assistance for this report – in particular, I'd like to thank Ms. Saliha Ramay and Ms. Dilshad Pari for their support.

MESSAGE FROM SECRETARY NCSW

ARIF BALOCH

The socio-economic implications of Covid-19 have been far worse for women as they continue to bear the brunt of GBV that has been on the rise during the pandemic. The report “COVID-19 Impact on Women with Special Focus on Access to GBV Services” provides a meaningful insight into the actions that are the need of the hour to counter this violence. NCSW takes into account these recommendations and will take necessary action to implement them in order to ensure the curb of GBV.

One of the things that we will prioritize at NCSW is the effective coordination between relevant departments to ensure the easy accessibility of services provided for GBV. These services will be available to every victim, without any discrimination – only then will we be able to take immediate action to put an end to this violence.



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LIST OF ACRONYMS

AFS	Adolescent Friendly Space
ASF	Acid Survivors Foundation
BHU	Basic Health Unit
BRSP	Balochistan Rural Support Programme
CAEM	Child and Early Marriages
CGaPS	Centre for Gender and Policy Studies
CNIC	Computerized National Identity Card
CSO	Civil Society Organization
DV	Domestic Violence
EU	European Union
FIR	First Information Report
GBV	Gender Based Violence
GDP	Group Development Pakistan
IDO	Innovative Development Organization
IFES	International Foundation for Electoral System
LAS	Legal Aid Society
LHW	Lady Health Worker
MOHR	Ministry of Human Rights
NFWWD	National Forum of Women with Disabilities
NCSW	National Commission on the Status of Women
NRSP	National Rural Support Programme
OPD	Out Patient Department
PCSW	Punjab Commission on the Status of Women
PDHS	Pakistan Demographic and Health Survey
RHC	Rural Health Centre
RSPN	Rural Support Programme Network
SCSW	Sindh Commission on the Status of Women
SLACC	Sindh Legal Advisory Call Center
SMS	Short Message Service
SOP	Standard Operating Procedures
SPDC	Social Policy Development Centre
SRSC	Sarhad Rural Support Programme
SUCCESS	Sindh Union Council and Community Economic Strengthening Support Programme
SWD	Social Welfare Department
TRDP	Thardeep Rural Development Programme
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UN Women	United Nations Entity for Gender Equality and Empowerment of Women
WDD	Women Development Department
WFS	Women Friendly Space
WHO	World Health Organization

ACKNOWLEDGEMENTS

The farsightedness of the National Commission on Status of Women (NCSW) and the United Nations Population Fund (UNFPA) needs to be acknowledged for initiating this study on the impact of COVID-19 on women and girls, and in particular, on gender-based violence (GBV) and women's access to GBV related services. The Report marks one year of the outbreak of COVID-19, which is continuing with its rampage and demands both immediate relief measures and longer-term solutions and services. Without the perspectives of those experiencing the direct and indirect impact of the virus, meaningful policies and interventions are not possible. Therefore, organizations engaged with women and communities at the grassroots were an important source of information from across the four provinces and ICT. Equally, Government officials responsible for responding to the pandemic gave their precious time and candidly shared their interventions and shortcomings. As the principal author of the Report, I am very grateful to both sets of people, CSOs and Government representatives, who shared information, initiatives and research reports/findings. Their valuable inputs have helped shape this Report.

I take this opportunity to acknowledge the support provided by NCSW Secretary, Ms. Humera Azam and Ms. Shabana Arif, NCSW's Technical Advisor (Gender), for their logistical support and prompt feedback. Finally, UNFPA's financial support for the exercise, coordination of virtual meetings and especially Dr. Aida Orgocka's feedback and interest from the conceptualization of the study to drafting and finalization of the Report are deeply appreciated. I would like to acknowledge the intellectual contribution of Ms. Kausar Saeed Khan in developing the concept for this study and research directions; and Ms. Aisha Hamid's important research support. This collective effort has enabled the production of this Report.

EXECUTIVE SUMMARY

As the Government of Pakistan has put together important economic and social measures to counteract the impact of the COVID-19 pandemic and is preparing its post-pandemic re-launch, COVID-19 represents an opportunity for Pakistan to address gender equality issues facing women and girls.

A key barrier to addressing gender equality in the context of the pandemic, Gender Based Violence (GBV), already a phenomenon of concern, has been exacerbated by the crisis. This study, commissioned by NCSW and supported by UNFPA, provides an analysis of the intersection between the pandemic and gender-based violence and, an overview of the policy and service responses to address GBV in the context of the crisis. It was developed using a

participatory approach based on current literature review and extensive consultations with key stakeholders from the Islamabad Capital Territory and the four provinces of Pakistan.

The exercise examined and reviewed the impact of COVID-19 on gender equality, specifically on gender based violence, keeping in view rural-urban situations, government and civil society responses to GBV, gaps in services and examples of successful practices and innovative interventions devised by both Government departments and CSOs. At the time of the completion of this report, in Pakistan and globally, a third wave of the contagion continues to disrupt and claim human lives as well as challenge economies and social interactions.

MAIN FINDINGS

COVID-19 crisis has accentuated the challenges associated with the prevalence, frequency and severity of GBV and the provision of public support services afforded to victims.

Consultations organized for the study revealed that GBV cases **increased in all provinces** since the onset of COVID-19 as women, men, and children had to remain confined and isolated at home. There was an increased workload on women, financial stress and frustration felt by men that was expressed in the form of mental and physical abuse of women and children. In some areas, complaints of GBV doubled (150% increase according to Group Development Pakistan (GDP) in their work area in KP) although not in rural areas. An increase in online and offline cases of GBV was recorded by the Lahore-based Digital Rights Foundation (DRF) that runs a national Helpline for online harassment and in this period also received GBV complaints.

At the same time, a general **decrease in reporting** of violence against women was found. The High Court record in Peshawar revealed 200% fewer reported cases of violence against women compared to the pre-COVID-19 period. A **decrease in reporting to the police** was also noted. According to Legal Aid Society (LAS) data in Sindh, there were only 5% walk-in cases compared to 50% during the pre-COVID-19 time. Reasons identified for non-reporting included limited access to the internet and mobile phones and women's unawareness of helplines during the period. Another reason was the inability to report where the perpetrator was a family member, and where there was a lack of privacy to make phone calls. The cultural dimension constrained reporting of GBV in rural areas where women often do not consider domestic violence (DV) as violence and refrain from talking about it, and in conservative areas of Balochistan and KP where women tend to bear violence against them silently.

The response to GBV was found to be *uneven*. No general policy for GBV response was issued after the outbreak of COVID – 19. As the subject lay in the provincial domain, following the 18th Constitutional Amendment 2010, the responsibility was with provinces to design policy frameworks and interventions. Public shelters, reproductive health services, schools and educational institutions, markets and businesses, including courts, were closed. *Shelter homes* were not included in the essential services category, and admission was conditional on a negative COVID-19 test. CSOs were active and effective, but their outreach is limited to their geographical area of operation and their sectoral priority.

The two main actors (government and CSOs) are not always synchronized. In the current administrative setting, departments lack connection with the women who suffer GBV and are not in communication with each other - rare exceptions notwithstanding. There is, in fact, a *structural disconnect* with shelters managed by Social Welfare Departments (SWDs), prevention with the police and punishment of a GBV offender in the purview of courts with no systemic connection between the three departments. In this context, getting out of an abusive situation becomes a nightmare for a woman. *New approaches and out-of-the-box interventions* devised in public and non-government sectors provide hope and direction for the future.

CONSIDERATIONS FOR GOING FORWARD

Policy for Mainstreaming GBV: an overarching policy recommendation is *mainstreaming* GBV. Any girl/woman, whether married or not, can be at risk of violence or experiences violence at her home. State and non-state responses need to be fully aware of these shifting ground realities.

- *The first step is to establish the connection between the woman/girl at risk and somebody who would support her. In short, every girl/woman should have somebody she can reach out to.*
- *Step 2 of mainstreaming GBV would be to support women/girls at risk to know the available services in the vicinity.*
- *Step 3 would require coordination of the three key elements – safety, protection and law.*
- *Finally, a central monitoring system would need to be established for overall coordination and oversight.*

Specific considerations

In the short term:

- Declare GBV shelters and related services as essential services with SOPs to be developed and followed and additional budget allocated to keep them open during the pandemic.
- Equip LHWs, LHVs or Local Government Councilors with a universalized *HamQadam* App that coordinates the nearest support service.
- Run awareness campaigns about available options of services
- Ensure that girls go back to school after the pandemic by retaining teachers during the closure of schools and mobilizing CSOs in the area to motivate parents to send daughters to school.

In the medium and long-term:

- Adopt a whole-of-government perspective in public action on tackling violence against women so that all public agencies are engaged in a closely coordinated manner.
- Facilitate access to justice, in cases of intimate partner violence, by prioritizing confinement, applications and hearings to effectively tackle and prevent further abuse. Operationalize GBV courts in all provinces and appoint trained female medico-legal officers at District and Tehsil hospitals in proper medico-legal service.
- Amalgamate multiple government helplines into a central line housed in the office of provincial CSWs. Train operators in procedures, referrals, and laws.
- Institute regular sensitization and training for the police and legal actors and entire staff of all GBV services providers.
- Run mass media awareness campaigns to empower survivors to raise their voice against violence. Target men and boys to share household responsibilities.
- Ensure remote psychosocial and referral services for survivors of GBV.
- Initiate prior planning to prepare for disasters and lessen their impact by capacity building of women at the grassroots and community level in partnership with CSOs.
- Take steps to ensure that girls go back to school once the pandemic is over.

FUTURE RESEARCH

Going forward, an in-depth study is now needed for an intersectional analysis of GBV's impact on women based on their intersecting identities and inequalities, and the impediments GBV imposes on them. Given our theory of change, building women's social capital and strengthening their agency would be achievable through participatory action research. Intersectionality in feminist discourse does not just involve recognizing and advocating for tolerance of differences between women. Still, it requires using the difference of age, class, ability etc., as a creative tool to foster interdependency between women. This will also be an opportunity to share

aspirational and/or success stories of women who, during the pandemic, managed to prosper despite the COVID-19 lockdown and confronted GBV and found respite or justice.

For designing the comprehensive participatory action research, setting up a technical working group is recommended as a first step comprised of individuals with expertise in quantitative and qualitative research, gender based violence, and an economist. Execution of the research would require partnering with an organization in each province that is already working at the field level. The research may be piloted in one province as a start.

01



INTRODUCTION

As the Government of Pakistan has put together important economic and social measures to counteract the impact of the COVID-19 pandemic and is preparing its post-pandemic relaunch, this policy context presents an opportunity for Pakistan to address gender equality issues facing women and girls. At the policy level, the National Commission for the Status of Women (NCSW), Ministry of Human Rights (MOHR) and UN Women produced a policy brief to put forth evidence on existing multidimensional gender inequalities, identified specific vulnerabilities of women and girls to COVID-19 transmission and impact, and provided broad policy recommendations to mitigate immediate risks for women and girls and prevent exacerbation of the existing gender gaps. Sindh Commission on the Status of Women (SCSW) also produced a gender responsive policy providing options for COVID-19 and other emergencies.¹

A key barrier to addressing gender equality, Gender Based Violence (GBV), already a phenomenon of concern, has been exacerbated by COVID-19.

However, little is known about the real-time impact of the crisis in addressing GBV. This study, commissioned by NCSW and supported by UNFPA, provides an analysis of the intersection between the pandemic and GBV, and an overview of the policy responses to address GBV in the context of the crisis (see Annex 1 for the Terms of Reference). This study was designed and conducted using a participatory approach based on existing literature review and extensive consultations with key stakeholders from Islamabad Capital Territory and the four provinces of Pakistan. The methodology and a detailed list of the resource persons who provided valuable insights in these consultations can be found in Annexes 2 and 3. The report consists of six sections, including an introduction. After a general description on the management of the pandemic and its impact on gender equality, the report focuses on GBV, responses and the way forward.

¹ Government of Sindh, SCSW, Shirkat Gah, Rising to the Challenges: Gender Responsive Policy Options for COVID-19 and Other Emergencies. Karachi. Shirkat Gah. 2020

02



MANAGING THE PANDEMIC: IMPACT ON GENDER EQUALITY

By the end of 2020, Pakistan was in the midst of the second wave of COVID-19, with a spike in the spread of the virus, particularly in large cities. By the third week of February, **573,384 cases** and **12,658 deaths** had been recorded.² The virus is unique because of its unknown and evolving nature, the pace of contagion and absence of preparedness anywhere in the world. At the time of the completion of this report, in Pakistan and globally, a third wave of the contagion continues to disrupt and claim human lives and challenge economic and social interactions.

In line with the WHO guidelines for managing the pandemic, the government of Pakistan instituted an initial lockdown followed by partial and later “smart” lockdowns. The Prime Minister established the National Coordination Committee for COVID-19 in March 2020 to develop a comprehensive strategy to mitigate the negative impact of the pandemic and prevent its spread. Sindh was the first province to act against COVID-19 by closing educational institutions and later markets and other public places. From the third week of March to May 2020, complete lock-downs at the provincial and federal level were imposed, educational institutions, markets and industries except essential services were shut down, and all commercial activities stopped. This was subsequently eased to allow for partial economic activity by observing prescribed Special Operating Procedures (SOPs) of social distancing, washing

hands and wearing masks. The government and other entities carried out awareness-raising about the pandemic and protective measures through the media and organizations working with the communities. “Smart” lockdowns aimed to isolate areas with infected patients, preventing the spread of the disease by breaking its transmission cycle and allowing for a socio-economic activity to continue in non-infected areas.

Provinces and ICT faced similar situations at the onset and continuation of COVID-19. In addition to the heavy toll in human lives, following the shutdown response, families and communities had to cope with the loss of livelihoods, increase in and redistribution of burden of care work, and tensions and conflicts as family members became housebound. However, the pandemic and the lockdown were not experienced equally. Recognizing the gender regressive impact of COVID-19 measures globally, this section examines the impact of specific measures on women and girls. A key consideration here is the prevailing gender disparity in the country (ranked 151 out of 153 countries in 2020 WEF’s Global Gender Gap Index; 152 out of 189 countries in UNDP’s Gender Inequality Index) – an underlying situation that intensifies impact on the less privileged and marginalized. Variations in the impact were also observed depending on location, even within a province.

² WHO Pakistan Situation Report, 23 Feb 2021.

THE SHUTTING DOWN OF MARKETS, FACTORIES, AND BUSINESSES

This measure meant a loss of jobs and unemployment for both men and women. Most affected were workers in the domestic and informal sector, with large numbers (70%) of working women (vendors, small shop owners, home-based workers, daily wagers, etc.). Savings were depleted, and indebtedness increased as borrowing from landlords, shopkeepers and family was the only available resort in rural and urban areas. The exacerbation of frustration in the community was reported in all provinces as livelihood opportunities in rural areas were minimized, and food security worsened, leading to increased poverty. Women found themselves isolated at home, particularly in remote areas of Balochistan and were unable to access rations or help from relatives if their husbands got COVID-19, were hospitalized or died, thus resulting in mental stress.

Working women were impacted, and however, women financially dependent on men were affected

more severely. One of Shirkat Gah's research in KP found that women's status was reduced in the family when they lost their jobs and were deprived of their rights at home, including food, because they were no longer earning. Additionally, their social networks were disrupted, and their *social capital* eroded, which, combined with the general lack of awareness/information about support options, added to their sense of isolation.

Women's special needs remained unattended as the focus of the COVID-19 response was on distributing relief packages and rations and did not factor in the needs of menstruating women, for example. On the other hand, with men responsible for grocery shopping combined with financial constraints, sanitary products were not considered essential and therefore left out. Distribution of relief through the head of household/family left women feeling sidelined without receiving any direct benefit.

RESPONSE MOBILIZATION

Response to food insecurity across provinces was fairly prompt from local philanthropists and civil society organizations alike. The national safety net programme, *Ehsaas*, was swiftly mobilized to provide emergency cash of up to PKR 12,000 for a low-income family that had lost its source of income. PKR 91.2 billion were distributed across the country to 7.4 million households (including beneficiaries of the Benazir Income Support Programme) by May 31, 2020. In Sindh, it was reported that organizations adapted early to the situation, giving priority to the provision of relief goods – mostly ration and food. Awareness about the virus and protection through wearing masks, social distancing and washing hands was also taken up in operational areas of CSOs and social media. HANDS, a large CSO working in urban and rural Sindh, as well as 56 districts of Punjab, distributed rations and hygiene kits for women and transgender people. RSPN reported that community

women activists responded well to COVID-19. They distributed food door to door to the most poverty-stricken areas and women's institutions. Women did this through their personal contacts and the men in their families and with help from leaders of community organizations. Such activists also coordinated with the local administration to facilitate the distribution of relief goods and filed applications for the *Ehsaas* emergency fund.

Balochistan, during this period, experienced an earthquake, a flood (in Jaffarabad) and locust attacks that added to the overall adverse situation and displacement of people (IDPs). The response, therefore, was initially not well coordinated and suffered a shortage of testing kits. The distribution of relief goods and rations was reportedly done selectively by philanthropists to their communities to the exclusion of others.

THE CLOSURE OF EDUCATIONAL INSTITUTIONS

In immediate terms, the closure of educational institutions deprived the majority of children and youth of schooling. While some resource-sufficient institutions switched to online teaching, such facilities were unavailable to students in the public and small private schools. The additional responsibility of supervising children's online classes fell on the mothers. Due to financial pressures,

parents stopped paying school fees, particularly for daughters drawn into housework with the high risk of not returning to school. Child labor also increased as out-of-school boys were expected to earn money in the event of loss of income, and some participants in the consultation voiced the real risk of their not returning to school.

EFFECT OF LOCKDOWN ON WOMEN AND GIRLS IN VULNERABLE AND MARGINALIZED COMMUNITIES

Women were impacted in multiple ways due to the above measures with immediate and long-term implications on their lives, livelihoods and status. In particular those belonging to the lower socio-economic strata, differently-abled, the young, and transgender persons are found to be disproportionately impacted by measures to contain COVID-19, given their existing gender inequalities and unequal power relations that determine access to information, rights, resources and support services.³ Girls in vulnerable communities (rural, poor) were at a greater risk of dropping out of school and becoming child brides due to a decrease in income of the household, school closures, and the added gendered expectation and responsibility of care and domestic work.

Transgender persons reported their exclusion from *Ehsaas* one-time emergency cash programme that was required a CNIC. Some transgender persons are unwilling to reveal their identity as their CNICs show them as male. Thus, they remained out of the programme, despite desperate need of financial support. Transgender persons also suffered because they were unable to beg under COVID-19 conditions, and those who continued with begging became targets of violence and sexual harassment. During the lockdown, there were murders, physical and sexual violence reported and highlighted in the media. Women with disabilities suffered as personal assistance services for caregiving stopped. For example, in KP in the month of *Ramazan* (24 April - 23 May 2020), young and elderly women and those with disabilities had to resort to begging as available resources and helplines could not be accessed due to a lack of coordination and information during the

lockdown. Missing was the link between the needs and the GBV related support services.

The Hazara community faced an unusual situation in Balochistan as Hazara *zairaan* returning from pilgrimage in Iran were blamed for bringing the virus into the country and allegedly suffered a social boycott in the province. Isolated in camps at the Iran-Pakistan border, women and children were more affected, because of nursing babies, pregnancy and health-related problems. As a result, women's spaces shrank; their control over decision making, on the use of income, mobility, all got restricted. Additional financial problems were experienced when men working outside the country could not return as flights were also closed initially.

A common experience reported in both urban and rural areas was the relatively greater exposure of men to COVID-19. They were the ones who contracted the virus and did not isolate themselves. Women had to take care of the men and look after children and the elderly in the households. The number of women who have been affected by COVID-19 is reportedly lower than the number of men despite the likelihood of women getting more infected given their responsibility as primary caregivers of COVID-19 positive family members⁴ and the lack of safety gears for women, mostly nurses who comprise 70% of frontline workers. However, this could also be a result of fewer women getting tested.⁵ Transport cost and limited availability were a constraining factor for female activists at the community level, and their attendance in meetings outside the village declined, particularly in Sindh. An increase in workload during this period was an additional reason for low attendance.

³ *ibid.*

⁴ Oxford Policy Management 2020; IFES 2020

⁵ IFES 2020

RURAL — URBAN DIFFERENCES

Differences were particularly reported between urban and rural areas in the consultations. In rural areas, not only is women's access to all kinds of services, including the internet, shelters, police, legal services, helplines, healthcare and counselling, is more limited, but women are not aware that they have the choice to report. Urban women, on the other hand, were found to have relatively more options for recourse. In rural areas in western Punjab, everyday life did not change much due to COVID, and physical violence did not increase as was witnessed in urban areas of the province. Similarly, in KP, women in

urban areas were comparatively more impacted by corona. Livelihoods of domestic workers were drastically affected while domestic responsibilities soared. White-collar workers were unable to meet their livelihood needs. Women working in parlors, teachers in private schools and housemaids were deprived of their jobs. As KP has male outmigration to the Middle East, a participant from Swat reported that because of the coronavirus, men had to return home with no prospect of jobs in the near future.

SEXUAL AND REPRODUCTIVE HEALTH OF WOMEN AND GIRLS

The mobilization of resources for the COVID-19 emergency response led to disruptions in the provision of key health services for women and girls, including reproductive and sexual health. Confinement led to *unwanted pregnancies* and home deliveries by unskilled birth attendants. While the numbers are not readily available, closure of healthcare facilities and disruption of services was reported in different documents reviewed with implications for safe deliveries.⁶ The limited access to family planning was exacerbated by the closure of hospital outpatient departments (OPDs), which resulted in a lack of treatment for complicated cases, post-abortion care and emergencies, causing complications and deaths, especially in rural areas. According to participants of consultation in

Balochistan, the emphasis was on rations, whereas women's health and delivery needs were overlooked, especially as hospital OPDs were shut.

Health facilities and hospitals focused on dealing with virus-infected patients. Thus, women's reproductive health needs – of safe delivery, post and prenatal check-ups, family planning could not be attended to. Lady Health Workers (LHWs) and Community Midwives (CMWs) who were without protective gear at the onset of the pandemic were scared for their protection, and people also avoided letting them into their homes. The UN anticipated an increase in unwanted pregnancies and unsafe abortions due to disruptions in access to family planning products and reproductive health services.⁷

IMPACT ON MENTAL HEALTH

The dimension of mental stress that usually does not receive due attention as a medical problem reportedly worsened according to data shared by the helplines. There was a rise in the psychological impact of COVID-19 on women due to the increase in depression and anxiety, constant surveillance in crowded homes and lack of privacy and control.

Mental health complaints rose by 25%, according to Digital Rights Foundation's (DRF) Helpline.⁸ The increase in the number of Helplines that became operational during the pandemic indicates the need to address mental health concerns (details in Section 4 and 5).

⁶ Rising to the Challenges: Gender-Responsive Policy. Government of Sindh. 2020. p. 4. Naya Qadam Gender Strategy Report. Pathfinder and Shirkat Gah. 2020. p. 54

⁷ UN COVID-19 Response 2020

⁸ Digital Rights Foundation

OPPORTUNITIES

Management of COVID-19, however, has not been entirely unfavourable. Although not systemic, certain opportunities to economically empower women were noticed. Some organizations found that economic opportunities increased for women who were earlier constrained due to cultural barriers or multiple other

reasons (e.g. men's job loss in Punjab). Women could explore economic opportunities, and the community accepted this. They did stitching of masks and PPE and were facilitated in linkages to the market. This, however, also increased their workload - an issue that remained unaddressed, reports an organization.

03



COVID-19 AND GENDER BASED VIOLENCE

Official figures indicate that around 34% of married women in Pakistan have experienced intimate partner violence at some point in their lives. Pakistan Demographic and Health Survey (PDHS) 2017-2018 reports that 42% of women and 40% of men justify wife-beating and hence the widely accepted tolerance of violence against women and girls (VAWG). Gender-based violence (GBV) also comes with high economic costs. According to a study by Social Policy Development Centre (SPDC), the estimated social and economic cost of VAWG at the individual and household level is significant. Extrapolating the individual and household level findings, it was estimated that the national loss in productivity due to VAWG in Pakistan is "80 million days annually, which is equivalent to 2.2% of employed women in effect not working." Days of absenteeism from work due to VAWG incur an estimated loss of US\$146m in income annually. The cost of services (health, police, court expenses etc.) to women survivors of violence is US\$52 annually, which is equivalent to approximately 19% of per capita annual expenditure on the non-food expenditure of the household.⁹

The cultural dimension of GBV is equally important to consider. For example, DV, a form of GBV, varies in its definition in different settings, which had implications for the nature of the response to GBV. KP has a conservative social fibre with a strict demarcation of gender roles. When men are not providing for family and cannot fulfil their family's expectations, they express their frustrations through violence. Data paucity in KP is similar to other provinces. Still, given KP's culture, women, especially in rural areas, bear with the violence and compromise and GBV cases are therefore not reported. Similarly, Balochistan's culture is conservative. Therefore, women do not report GBV and information about it is not easily found. Tribune Balochistan reported 118 GBV incidents in the province since COVID-19 struck. This is equally true of rural areas across provinces; women do not talk about DV as they do not consider it violence. Living in restrictive socio-cultural environments, the lack of livelihood is considered a more significant problem as related opportunities in rural areas have been minimized, and food insecurity has worsened. DV gets attention if it leaves signs of physical abuse and may get reported. Many believe it is a private matter and should remain so as talking about DV creates problems for women.

Official figures indicate that around

34%



of married women in Pakistan have experienced intimate partner violence at some point in their lives.

Pakistan Demographic and Health Survey (PDHS) 2017-2018 reports that

42%



WOMEN

&

40%



MEN

justify wife-beating and hence the widely accepted tolerance of violence against women and girls (VAWG).

⁹ Economic and Social Costs of VAWG (violence against women and Girls) Pakistan. A Summary Report. April 2019. SPDC, Karachi. P.7

INCREASE IN GBV DURING COVID-19

Various consultations revealed that GBV cases increased throughout the provinces since the spread of COVID-19. Based on research by Shirkat Gah and RSPN, it was also noted that a rise in violence was not just gender based but was also linked to uncertainty regarding employment, duration of the pandemic and its other related social and economic impacts. But overall, GBV was exacerbated. In some areas, complaints of GBV doubled (150% increase according to Group Development Pakistan (GDP) in their work area in KP) except in rural areas from where these were relatively low (Muzaffargarh reportedly was an exception). An increase in both online and offline cases of GBV was recorded during the pandemic by the Digital Rights Foundation (DRF)

that runs a national Helpline for online harassment. It received GBV complaints largely from Lahore and its environs.¹⁰

There was general agreement that one of the underpinnings of violence was economic pressure on families. Unemployment was the cause of anxiety and tensions, and the increase in violence on women and children was seen to be the result of loss of income rather than due to other, e.g. health reasons. Moreover, as women, men, and children remained confined and isolated in homes, increased workload on women, financial stress and frustration felt by men were expressed in the form of mental and physical abuse of women and children.

REPORTING GBV

Cases of domestic violence (DV) were widely reported. In the case of Rahim Yar Khan, women were also murdered due to stress and domestic conflict. The psychological impact of COVID-19 on GBV survivors worsened with women experiencing severe anxiety, depression and fear. This led to decreased ability of women to report cases of GBV. For example, the Peshawar High Court record revealed 200% fewer reported cases of violence against women compared to the pre-COVID-19 period in Peshawar. A **decrease in reporting to the police** was also noted. According to LAS data in Sindh, there were only 5% walk-in cases compared to 50% during pre-COVID-19 times. Reasons identified for non-reporting were limited access to the internet and mobile phones and women's unawareness of helplines during COVID-19. Another reason was the inability to report where the perpetrator was a family member and a lack of privacy to make phone calls.

Across Punjab, as courts were closed during the complete lockdown, no legal recourse was available. Once the lockdown was eased, courts, including the Model GBV court in Lahore, Violence against Women Centre in Multan and police desks began functioning again. Child sexual abuse cases were

also reported, where 49 out of 50 survivors were of girls. The Child Protection Bureau's centres in nine districts of Punjab remained open full time since the onset of COVID-19 and, as reported by its officials, responded to complaints of violations. The Bureau filed 196 FIRs on the illegal employment of underage children during this period.¹¹ Domestic workers who faced GBV and needed psychological help prioritized financial help because of disruption in work due to COVID-19.¹²

Human trafficking was also reported. Two significant cases shared during the KP Consultation were reported and highlighted by the media, including cases of early marriage and the selling of daughters for marriages. In one case of selling girls, the Police were involved, and the father was barred from making that transaction. The second case of an underage marriage resulted in the death of the girl. Child Rights Movement took up the case with the relevant department. The role of the police was limited to arresting. There was no change in the policing system of responding as long as there was public pressure. However, it was stopped after the follow up once the voices of civil society and media stopped.

¹⁰ Digital Rights Foundation and Chayn. 2020

¹¹ Reported by DG Child Protection Bureau in Aavaz II Provincial Forum Meeting, 1 March 2021

¹² In 2019 Punjab had passed a law to protect domestic workers with provision for registration of domestic workers and enabling access to social, security and health services. Registration is proceeding at a very slow pace. Government says it does not have finances, and most domestic workers are not aware of the law nor are the employers.

VIOLENCE AND TRANSGENDER PERSONS

Reporting particularly decreased for transgender persons who did not know where to go in the event of violence. Blue Veins, a CSO working with transgender persons in KP researched the effect of COVID-19 on them and also reviewed Peshawar High Court reports for GBV cases. Data showed that there were issues of access for transgender people and ID cards not always establishing their identity. While there was a decrease in reporting of VAW cases, there were no reports of violence against transgender people in KP, according to the Peshawar High Court record for the COVID-19 period under review. The assumption is that the interactions of sex workers in the transgender community had declined, and hence lower incidence of violence was reported. But suspended services and lack of knowledge was also considered possible reason.

SOPs introduced for shelters limited women's access as a negative COVID-19 test was a precondition,

and all shelters did not have quarantine facilities either. Similarly, police could not be accessed for complaints during COVID-19 and police stations did not have space to keep women in protection, nor could women be referred to crisis centres/shelters as admissions were closed. Thus fewer cases were reported to the police during this period.

An increase in both online and offline cases of GBV was recorded during the pandemic by the Digital Rights Foundation (DRF) that runs a national Helpline for online harassment and received GBV complaints.¹³ Most of the complaints received were from Lahore and its environs. The DRF data confirms the general trend of increase. According to a report by the Karachi based Legal Aid Society (LAS), there was a 25% increase in domestic violence cases in Eastern Punjab during the lockdown.¹⁴ There was a reported 700% increase in *khula* in urban areas of Sindh due to the rise in GBV.

¹³ Digital Rights Foundation and Chayn. 2020

¹⁴ Legal Aid Society, July 2020

04



RESPONDING TO GENDER BASED VIOLENCE IN THE CONTEXT OF COVID-19

GOVERNMENT POLICIES: DESIGN AND IMPLEMENTATION

No general policy for GBV response was issued after the outbreak of COVID-19. As the subject falls in the provincial domain following the 18th Constitutional Amendment 2010, the responsibility was with provinces to design policy frameworks. SCSW and Government of Sindh's Policy titled *Rising to the Challenges: Gender – Responsive Policy Options for COVID-19 & Other Emergencies* was launched on 11 November 2020. The policy covers issues of Reproductive Health, GBV, Education and Economic Resilience. Each of the sections, contributed by a subject specialist, is based on the review of the gendered impact of COVID-19 and identification of gaps in existing systems and puts forward policy options. The GBV section in this policy document proposes options for Reinforcing Response Systems of police and law enforcement, establishing one-stop centres, providing remote

services, medico-legal services, shelter homes, and the judicial process. Earlier, Sindh Family Planning 2020 Working Group, in its meeting on 28 April 2020, announced the "Guidelines on Family Planning and Reproductive Health (FPRH) During COVID-19" that included addressing GBV.

Punjab Government developed a new framework, RISE (Responsive Investment and Social Protection and Economic Stimulation), for annual development planning to address the situation resulting from the pandemic and its implementation. The framework focuses primarily on the problem of poverty and lack of livelihoods for marginalized communities and women. Still, it does not factor in GBV, which is so routinized in women's lives (for domestic workers, too, the work was more important than dealing with violence).

GOVERNMENT SERVICES

While specific needs and problems of women isolated at home, particularly those affected by gender-based violence, did not receive initial attention, the government had some positive interventions. For instance, the Punjab Government's upgrade, in partnership with UNFPA, of Punjab Safe Cities Authority's Women Safety App (introduced two years ago for reporting violence and harassment) to better respond to the COVID-19 crisis. The App was promoted, and the staff was trained on psychosocial

support for the survivors.¹⁵ In Khyber Pakhtunkhwa, psychosocial support and GBV services are provided at five health facilities in Khyber and Peshawar districts. In Sindh, the Legal Advisory Call Center (SLACC) provides support services to survivors of GBV. Federal Ministry of Human Rights ran nationwide awareness campaigns on TV and radio against GBV and violence against children and produced videos on the subject. The early focus remained on relief provision. The media and

organisations working with communities (e.g., NRSP) raised awareness about the pandemic, including protection through social distancing, washing hands, and wearing masks.

As the Government's support mechanisms were mostly suspended, response to GBV and the already weak support services were disrupted. Given the restrictions on movement during the pandemic, communication and information dissemination with vulnerable communities, including transgender persons, had to be virtual, leaving behind a swathe of people without access to mobile phones or internet connections. For instance, in the Peshawar area, 51% of the population, have internet connectivity,¹⁶ figures for transgender persons are reportedly worse and they already suffer from have higher rates of violence. Disrupted services meant their availability was further reduced.

Shelter homes

Shelter homes were not ready to take clients after the virus was identified as a national emergency. These homes were not well equipped to deal with social distancing, thus leaving women with no option but to live with perpetrators. As mentioned earlier, the condition of the COVID-19 negative test as a prerequisite for admission was an additional deterrent to seeking refuge. Management of *Panah* (shelter in Karachi) decided to keep it open and declared it an emergency shelter. However, the number of survivors dropped drastically because of the COVID-19 negative test condition, with only 5% walk-in cases compared to 50% during pre-COVID-19 times. No woman who came to *Panah* was turned away, since *Panah* has enough space for quarantine.

In Balochistan, the Social Welfare Department's (SWD) Child Protection Unit became functional in 2020, Cases were reported, case management and referral services were operational, and a Helpline service in collaboration with UNICEF and CSO Danesh was provided to enable telephonic psychosocial support and face to face service, where possible. According to the department officials, most of the work in response to COVID-19 was happening in pockets. Whereas child protection committees were active at the district level, women-specific SOPs were not present in hospitals and educational institutions. In service delivery organizations, women and child-specific needs were neglected as the focus

was mostly on families and family heads. Women did not feel that they benefitted from supplies.

Unlike other provinces, Women Development Department (WDD), Balochistan, kept its three crisis centres open and functioning round the clock. It also launched a helpline for reporting GBV cases during COVID-19. During the lockdown, 43 cases of DV were received. Women's restricted mobility limited their access to the crisis centres. Therefore, fewer cases were reported. At the same time, police stations were not linked to the crisis centres nor had space for women, and consequently were unable to protect if women came to the police. The increase in poverty, heightened frustration and violence on women resulted in a shift - and cases were reported from the Pashtun belt. In contrast, previously GBV cases were mostly reported in areas that bordered Sindh. For example, cases of honor killings, a suicide attempt by a nurse in a military hospital, the killing of sisters by a brother because they weren't getting married, and a mother killing herself and her daughters, were reported.

An impactful intervention was that of PPHI, for which UNFPA supported the Balochistan Rural Support Programme (BRSP) to establish three women-friendly spaces. Issues of GBV came up when cases of depression and ill health were probed, and hidden cases of violence and early marriages were thus found. During the lockdown, the outreach program increased, and training was provided to health care providers to reach out to women with access issues. A similar exercise to discuss GBV issues was conducted in the urban areas of Quetta in informal settings. It was found that restraints and boundaries come in for reporting because of fear of consequences; however, reporting leads to improved livelihood and a relatively better mental state for those experiencing depression.

Frontline workers

The first contact of GBV survivors is usually health providers, CMWs or LHWs. However, it was found that they do not have the tools to respond to GBV nor to record data. In addition, the healthcare facilities are not considered user friendly by GBV survivors as there is no dedicated section or SOPs for dealing with violence. At the same time, healthcare personnel are unclear about their role regarding GBV. Healthcare workers are not provided training to deal with it and

¹⁶ In KP internet connectivity excluding Merged Areas is 44%; mobile ownership is 16% in the non-Merged areas https://www.pbs.gov.pk/sites/default/files/pplm/publications/pplm_district_2019-20/Key_Finding_Report_of_PSLM_District_Level_Survey_2019-20.pdf as seen on 9/11/2021

consider it the responsibility of the Social Welfare Department, hence not their priority. Likewise, police stations were not equipped to take cases except Women Protection Centres in Sindh, which the Police Department runs. A case was reported in which police played the role of mediator because of lack of space to protect women and laws not being strict enough to place offenders in jail.

Implementation of laws, like the Domestic Violence Act passed by the KP Assembly in 2019, faced implementation challenges, e.g. district committees could not be formed due to the pressure of COVID-19. Data paucity in KP is similar to other provinces, but given KP's culture, women, especially in rural areas, compromise with the situation and bear with the violence; thus, GBV cases are not reported.

HELPLINES

A widely used and perhaps a timely mechanism across all provinces and ICT was telephone helplines for counselling and helping women manage their stress. However, poor telecommunication coverage in remote areas rendered women outside the ambit of helplines. CSOs with expertise in dealing with harassment and violence-related complaints, Bedari (ICT), Rozan (ICT), DRF (Lahore) and Danesh (Quetta), implemented funded projects to provide referrals and psychosocial support. Rozan's Helpline offered critically needed counselling services and reportedly helped save the life of a girl who was on the brink of committing suicide. In partnership with the National Forum of Women with Disabilities (NFWWD), Rozan trained 10 women with disabilities to support each other on the telephone and targeted 300 women with disabilities. Rozan's specially produced videos were shared by KP-based organizations to deal with anxiety. These had high up-take and were very popular in communities and were further shared with others. Danesh's Helpline service, established in collaboration with UNICEF, enabled telephonic psychosocial support and, where possible face to face service in Balochistan.

MOHR's Helpline (# 1049)

MOHR's Helpline (# 1049), accessible nationally, provides counselling to resolve issues and creates linkages with police and health facilities for women's protection. SWD, KP also started a toll-free helpline.

Punjab PCSW-WDD Helpline

Punjab PCSW-WDD Helpline, established by PCSW a few years ago, remained active during the pandemic. It is backed by three lawyers (one male; two female) and eleven call agents. All are

well versed and updated on laws. The Helpline has received over 173,000 calls from across Punjab since its establishment. It provides information and advice as well as links cases of violations with the police (#15) and follows up with them. Online harassment is referred to FIA as there is an MOU for action to be taken within thirty days. At the time of writing this report, the MOU had reportedly expired, and FIA had not come forward to renew it. During the lockdown, Helpline staff found both police and health departments not readily available. The Helpline is not empowered to apprehend offenders and can only provide referrals. It is noteworthy that that PCSW has been operating without a Chairperson since June 2019.

Sindh Legal Advisory Call Centre (SLACC)

The Government of Sindh's Centre managed by Legal Aid Society (LAS) found that reporting of GBV incidents declined during the lockdown so a mass media campaign was conducted by LAS aimed to raise awareness about the SLACC hotline and services which doubled the reporting. The majority of the survivors learned about the hotline from mobile phone messages and cases referred to the police by SLACC were taken up. At the same time WDD Sindh put in a helpline with the support of UNDP, and SCSW established a hotline for GBV cases during COVID-9 lockdown and coordinated with civil society organizations to respond to them.

DRF National Helpline

DRF National Helpline operates out of Lahore and was already in place when the virus struck. Its primary focus is on cyber harassment. Prior to COVID-19, it worked from 9 am to 5 pm for five

days a week, but during COVID-19, it experienced an increase in calls and emails especially in the evening and night. So, the helpline hours were opened for 7 days and 24 hours (with donor support). In 2019, the total number of complaints received were 2,193. During lockdown from March to August 2020, there was a 180% increase. Cyber harassment claims included blackmailing over intimate images and videos with perpetrators mostly from within the families. Of the 1,000 complaints received from Punjab most were from Lahore including some from men too. The reason for more complaints

from Lahore to a national Helpline is that DRF is Lahore-based and has the facility of lawyers to provide support. Women are aware of this. However they are hesitant to share their data with FIA, the agency mandated to deal with cyber harassment crime. FIA requires evidence and procedures followed by lawyers and prosecutors that are ad hoc and arbitrary, so often, women don't register their complaints. In addition, women reportedly face violence at home through continuous monitoring of their devices and online activity.

CSO RESPONSE

One of the common tasks undertaken by organizations working in communities was awareness-raising. In Punjab, while reaching out to men and women was the focus for increasing awareness, the Local Support Organizations (LSOs) played a significant role. They also motivated people to stop early marriages of school-going girls who were at home due to the pandemic. HANDS, an organization from Sindh working in community-level interventions in 56 districts of Punjab, started psychosocial counselling during COVID-19 and made available hygiene kits for women and women prisoners. CSO awareness-raising complemented government radio and TV awareness programmes, especially by CSOs working with communities and at the grassroots (e.g. NRSP, TRDP, SRSO, etc.).

CSOs, owing to their greater operational flexibility, adapted to the unexpected COVID-19 situation to address emerging needs and adopted varied approaches for engaging with the communities they had been working with. Blue Veins, a CSO working in KP, created village forums with 250 young volunteers. Case referral services were provided, and these services remained active all the time. Networking with other organizations such as human rights and government organizations was also undertaken, and work with transgender people continued. Others like OAKDF provided relief and humanitarian assistance focused on women-focused in both phases of the

pandemic. Awareness of COVID-19 related protective measures was spread through banners, billboards, and telephone.

SPO focused on awareness-raising for dealing with COVID-19 in their work areas and addressed psychological issues in Quetta, Peshawar and Karachi. Their strategy was to make groups of 35 and interview each member individually to provide specific assistance/support.

SRSP trained people from the community as paralegals who could be trusted, and women began to report instances of violence. As stated earlier, many consider GBV and VAW a norm and therefore do not report or challenge it. In the absence of safety, security and accountability of services, women do not speak up. However, because of the paralegal training project, 1000 soft cases were received, out of which 100 were inheritance issues, and the rest were DV and family law issues indicating that DV increased in 3 districts of KP, including Chitral, Swat and Noushera.

RSPN, the network of rural support programmes, noted that engaging grassroots women, community institutions, and female leaders is very effective in responding to GBV cases. In Dadu, women activists are in contact with the female SHO and report sexual violence cases to her.

In Hyderabad, in the absence of available information about knowing who to contact for help in GBV

situations, social activists were called by neighbours (of survivors/victims) and were expected to resolve the issues. They acted as the connecting link between services and survivors and/or their families. Activists also reported being approached by fathers and brothers accusing GBV survivors of mental illness – a reflection perhaps of the psychological stress or abuse that women were experiencing.

National Forum of Women with Disabilities (NFWWD), with the help of UNFPA, distributed hygiene kits among women with disabilities all over the country and provided peer counselling virtually. The research was conducted on GBV and women with disabilities as well as service providers. Service provision was not found to be adequate, and gaps could be identified. A Bill has been passed, and a Special Committee on the rights of persons with disabilities has been formed. There is a need for more.

In Balochistan, during the pandemic, it was not possible for civil society organizations engaged in social mobilization at the community level (like BRSP) to function. They, therefore, shifted focus to the provision of relief in the areas of health, education and livelihood: Long term and COVID-19 related projects aimed to minimize the impact of GBV on women and children by providing income support and basic needs such as water and sanitation, hygiene and health in 27 districts as well as in schools and centres. Other than that, communities were engaged through awareness campaigns related to COVID-19 with the cooperation of the local government. IDPs, especially adolescent girls, were provided with hygiene kits.

A similar approach was taken by another organization, Innovative Development Organization (IDO), working in refugee villages in different pockets of Balochistan. In collaboration with UNHCR, it initiated a stipend-based project in refugee villages of the province to compensate for the loss of livelihoods as nearby, and distant markets (Lahore, Karachi) closed down. While women were not formally reporting violence but in informal gatherings, they, along with the males, shared the tensions being faced during COVID-19 times. From April to December 2020, apart from ration packs, Rs. 12,000 was given to every refugee family in Karachi to help mitigate risks due to the loss of income. Health and hygiene kits, sanitizers and masks, clothes and rations were also distributed, and information sessions and training were held on how to tackle COVID-19 and use limited resources.

Shirkat Gah, a women's rights CSO that works with women on different projects in all provinces, observed women's stressful daily routine taking a toll on their mental wellbeing. Due to the lack of communication during the pandemic, the CSO introduced an activity (*gup shup*) with women at the grassroots. The activity provided relief as women shared stories and experiences of their daily lives in COVID-19 times. Follow up research showed that women's need to access service delivery and medical assistance was reduced, and this activity of talking (*gup shup*) and unburdening helped them overcome stress.

Group Development Pakistan (GDP), working in KP, applied a multi-pronged approach to deal with the impact of COVID-19 and found the pandemic a learning and transformative point. It found that while support services shifted to digital form, they did not align with the structures of communities. GDP, therefore, adopted the strategy of providing referral and feedback mechanisms by identifying focal points, sensitizing and guiding women on how to access support services. It found a 150 percent increase in GBV and upscaling its response to the GDP engaged men who were already requesting sessions for women on COVID-19. The engagement made men realize that violence is wrong and, at the same time, created ownership of the project in the community.

Social media was used by GDP to address the denial of women's rights, especially for registration of complaints. ***“So at one point we see new technology and at another, risk of disenfranchising community and a need to promote access.”*** (Valerie Khan, GDP) Village leaders came for advice on how to convey appropriate messages to the community against GBV. Hence engagement of religious leaders was enhanced. Mosques, temples and churches were used to spread messages to counter GBV, COVID-19 and child marriages. It was also learnt that health as an entry point was easier for the community to accept. The lesson learnt was that a communication strategy should be framed according to the focus community. The pilot was successful in increasing indigenous acceptance and taking ownership. ***“We created an intersection between CEDAW and UNHCR and Islamic jurisprudence, so clerics were on board. This is how we can change the dynamic of thinking.”***

05



INNOVATIONS/SUCCESSFUL PRACTICE

There are several examples of successful practices and innovative interventions devised by both Government departments and CSOs. The primary responsibility in times of crises rests with the government and following the 18th Amendment with provincial governments. Still, it was found that, like in previous disasters, in this pandemic, the Government, CSOs and individuals mobilized to respond within the range of their respective outreach. Whereas the individual philanthropists' focus is local, the geographical coverage and outreach of CSOs may be greater but limited by their sectoral priorities. They do not have the means to cover all issues, and many of the large NGOs like HANDS, SPO (Small

Projects Office), and Rural Support Programmes (RSPs) with an outreach of hundreds of villages do not necessarily address GBV. Furthermore, CSOs work in a project mode; they provide services and can build capacity but do not become part of mainstream systems. They have skills and capacity to train, do research, document and many work in collaboration with the government, have demonstrated successful partnerships (e.g. Women Friendly Places in Balochistan, relief distribution, etc.) and provide models that may be replicated or scaled up for the developing, instituting and maintaining support systems for women.

This section looks at some of the interventions and approaches to addressing GBV concerns that came up during the consultations. Two initiatives based on technology are presented in the next page.

UTILIZING TECHNOLOGY

The transition to technology for holding meetings, at least where the internet facility is available, was fairly smooth in Pakistan. Two important initiatives, both with national outreach, one new and the other acknowledged and adopted for its huge potential, deserve to be highlighted.

Sehat Kahani

This intervention developed by Dr. Sara Saeed Khuram is a telemedicine programme whereby qualified female doctors who are at home and not working have been mobilized to provide online healthcare. Pakistan's primary healthcare system is not fully developed, with only 15% out of a total of 90,000 qualified doctors serving in rural areas where the majority of the country's population resides. The health system, which in any case is skewed in favour of the privileged, was rendered dysfunctional when the fast-paced pandemic arrived. OPDs were closed, and the urgent attention was on getting ready for the virus. Federal Government was the first to reach out to **Sehat Kahani**, endorsing the use of telemedicine for online response to physical and mental healthcare. 65,000 patients were treated in the first three months. Organizations without OPD coverage were identified, and the **Sehat Kahani** App was recommended to them for contacting the doctors. By the end of 2020, over 400,000 patients

had been treated through this service. MOUs have been signed with the Federal government and with Provincial governments to expand the service. An important dimension of this initiative, with implications for the future, is the successful mobilization of female medical graduates who, for a variety of reasons, are not practising nor utilizing their degrees (only 57% of women medical graduates practise medicine).

HamQadam

A resource and safety App for women across Pakistan, **HamQadam** was developed by Shirkat Gah and Democratic Commission for Human Development and launched in partnership with NCSW in February 2021. The App provides information regarding services that respond to cases of violence against women and girls (VAWG) and other human rights violations. Its unique feature is the coordinates of police and law enforcement agencies, government helplines, ministries, Commissions, and civil society organizations that provide legal aid, psycho-social support at the national and provincial levels. Presently, it covers eight districts (two from each province, including Peshawar, Mardan, Lahore, Vehari, Quetta, Jaffarabad, Karachi and Hyderabad) with plans to extend it across the country. The App is available to download in both English and Urdu.

SINDH

Transforming relationships

One unique example of an out-of-the-box intervention that succeeded in transforming relationships was **Kiran Foundation School** (see Box 1), set up 16 years ago by a social activist in Lyari, a congested and violence-prone neighbourhood of Karachi where a decrease in DV during COVID-19 was found. The school adopted a long-term strategy for engaging parents along with children. It required that mothers of admitted children also enrol and attend 2 hours of school every morning and fathers on Sundays. Equality of men and women, respect and dignity for each other were defining values, and the impact was demonstrated during the COVID-19 restrictions.

GBV incidents did not increase; in fact, the occurrences declined, and there were joint initiatives by husbands and wives for income generation.

Information generation

RSPN, a network of rural support organizations, felt the need to accurately assess the needs of the population in its project area in rural Sindh included GBV in its assessment of the impact of COVID-19 on women. The sample size was small but relevant for implementing its COVID-19 related project to identify the causes of GBV that required response. Yet another example of determining facts on the ground was the rapid assessment of GBV

services by LAS in Sindh. LAS implements the Government of Sindh's legal aid service for women. It had found that its helpline for DV survivors was underutilized. The rapid survey findings were used

to design its awareness campaign to make women cognizant of the helpline. The SMS campaign for DV survivors increased the number of reporting in Sindh (50% increase). (see Box below for methodology).

Box 1
Kiran Foundation

Kiran Foundation focused on long-term sustainable solutions for GBV that involve a change of culture and mindset and belief systems daily. In Lyari, a trauma-sensitive school system was created by the Kiran Foundation 16 years ago. This centred on trauma-sensitive child/parent education program with a particular focus on kindness. This was implemented through the youngest member of the family. A phenomenon-based approach was adopted – everything learnt in the classroom is applicable in one's own culture and context. From 2004 to 2020, around 2000 students and families have graduated from this school. Instead of an increase in DV during COVID-19, the opposite was observed in these families. Instead of husbands lashing out on their wives because of COVID-19 induced unemployment, the empowered husband and wife began to earn together through small scale businesses. They depended on each other for help as equals. In this way, they implemented their learnings. Because women felt empowered, they left abusive marriages and became happier and became leaders in their communities. They started their own awareness programs from home about conflict resolution and mental wellness. Therefore, schools should become community centres like this one and incorporate this type of learning for a long-term change in societal values.

(ED, Kiran Foundation)

Box 2
Rapid Assessment: Legal Aid Society

LAS conducted a rapid assessment on the current status of essential services for survivors. This rapid assessment was undertaken over 14 days in 3 districts of Sindh (Karachi, Hyderabad, and Sukkur) from 27th April 2020 to 11th May 2020. A qualitative approach was adopted in the analysis of the primary and secondary data. Primary data included a semi-structured questionnaire administered through the telephone with 11 Government, Quasi-Government, and public-private partnership essential services providers, which included Government Department representatives. These were cross-checked through discussion with non-Government organizations and activists working in the field through unstructured interviews. Secondary data included analysis of published materials regarding SGBV and SGBV in the context of COVID-19.

(LAS)

RSPN member organizations in Sindh mobilized already organized women (members of local support organizations and village organizations) in their project areas for relief provision. Community women activists distributed food and relief goods door to door to the most poverty-stricken households. In these areas, the incidence of DV was found to be lower. Interventions and mobilizations like these reinforce the finding that where the communities are organized, there is less violence against women and social networks are intact.

In Sindh, coordination between government functionaries and CSOs and social activists worked well. For example, in Hyderabad, complaints of violence were made to local activists who maintain direct contact with the police department, who respond swiftly to the complaints referred to them. The Government's Helpline in Sindh is linked to the police department and Women Protection Centres embedded in the department, which remained operational during COVID-19. Coordination between formal and informal institutions has brought better results.

PUNJAB

Finding solutions

Human Rights Crisis Centre Lahore: A public sector institution that opted for an innovative solution after the onset of COVID-19 was the Human Rights Crisis Centre, Lahore. The Centre, like all government-run shelters, had made admission conditional on a negative COVID-19 test. The Director of the Lahore Centre decided not to turn away women; she trained support staff on how to respond to GBV and contacted privately run shelters to find out how they were handling the situation. The Centre had to empty up spaces to admit women and manage everything without the government's help. It identified women who faced significant violence and provided ration and job placements. The Director arranged for COVID-19 tests with funds raised privately and placed some needy women in the private shelters. The Crisis Centre's budget had been cut (in all government institutions) but, the

Director's compassion for abused women propelled her to look for an alternative.

Punjab's Helplines

There were three helplines already functioning in the province – two were open to complaints from across the country (PCSW-WDD and DRF Helplines), and one was allocated for Lahore (Safe City App). The PCSW-WDD was backed by a team of lawyers and the CSO-run DRF helpline. An important element of these helplines was their data recording and documentation component, which helped track the increase in violence and its nature. In addition to giving information and referrals, the official helpline is linked to the police departments and FIA. DRF provides legal support, especially in cyber-harassment cases. (See Section 4 for details).

KHYBER PAKHTUNKHWA (KP)

Information generation

In KP, the absence of data and information about specific situations was strongly felt, and some organizations, therefore, collected on-ground data for new interventions. Blue Veins collected information about the situation of violence against transgender persons (discussed in Section 4). GDP, another CSO, collected data of women and girls who survived GBV and needed support and services in Peshawar and created a referral directory on its website. Shirkat Gah carried out a study to find out the impact of COVID-19 on women, including GBV. One of the findings was that a woman's status in the family was reduced due to losing her job. The denial of her rights at home, including that of food, was another form of violence.

Building awareness

As mentioned in Section 4, social media was used to address the denial of women's rights, especially for registration of complaints. Health was also found as an entry point acceptable to the community.

The pilot strategy to formulate an approach according to the social conditions of the community was successful. (see Section 4 for details)

Meaningful response

Approaches to respond meaningfully to the community were rapidly devised. Blue Veins set up village forums and trained 250 young volunteers for referrals of GBV survivors to functioning services (discussed in Section 4). Similarly, SRSP (KP) trained people from the community as paralegals who women could trust for reporting GBV incidents. Reportedly 1,000 complaints were made. GDP in KP took the intensive initiative of online messages on children and women's rights and helpline numbers that were shared with people through phone daily. Posters and brochures were made, and imams in mosques were motivated to make awareness announcements from mosques by GDP. Its approach of motivating religious leaders to use mosques and churches for awareness-raising was innovative.

BALUCHISTAN

Peoples Primary Healthcare Initiative Balochistan

This initiative involved setting up three women-friendly spaces for women Afghan refugees in partnership with BRSP (see Section 4 and

Box below). This was an example of a successful public, private partnership that took into account Balochistan's cultural context where women, as a rule, do not report GBV. The intervention coordinated with other institutions to facilitate support and/or services.

Box 3

Peoples Primary Healthcare Initiative Balochistan

"We gathered women and started with outreach and awareness building sessions on GBV, and through these, we identified cases of GBV. Through this, we found a lot of cases of depression and anxiety and cases of harassment, physical and verbal abuse. We increased psychosocial support and counselling. We had psychologists in all three spaces. We referred them to the Balochistan Institute of Psychiatry and Behavioral Sciences and secondary or tertiary care hospitals if we got higher-level cases. During COVID-19, we arranged trainings for frontline health care providers on how to provide psychosocial support. It has been effective and helpful. From Jan 2020 to Dec 2020, we provided psychosocial support services to 850 women, mostly cases of depression and anxiety. But there were a few cases of violence; a few of the 850 cases were high level and referred."

(PPHI Official)

Ensuring continuity of girls' education

One of the anticipated risks is that girls (and perhaps boys too) will not go back to school after the pandemic is over. Society, a CSO in Balochistan working with Afghan refugees on a UNHCR-funded education project, adopted the strategy of giving teachers stipends and retaining them, building

their capacity to follow SOPs and hold awareness sessions with them. As a result, when the schools reopened, girls surprisingly returned to school. The CSO also distributed protective material such as masks, soap, sanitizers etc. and health and hygiene kits to girls demonstrating that appropriate incentives can achieve results.

06



CONCLUSIONS AND CONSIDERATIONS FOR THE WAY FORWARD

CONCLUSIONS

The aim of the exercise carried out was to document the impact of COVID-19 on women with a special focus on GBV and the impact of the absence of essential services for GBV on women's access to GBV response services. Particular focus is on women, their communities and available services, or lack thereof in the context of COVID-19.

The most important finding was that the country was unprepared for such an unprecedented and fast-paced pandemic that had to be simultaneously contained, and its social and economic impact responded to. The government and the public were caught unaware. Depression and anxiety, constant surveillance in crowded homes, lack of privacy and control left women faced with isolation and unable to access services. While the government rallied support to address the immediate health crisis and consequent impacts on livelihoods from the measures needed to contain it, gaps in the system

came to the surface. The impact of the Coronavirus was differentiated by rural or urban location, socio-economic status and gender of those affected. The effect was greater and more robust in urban centres than rural areas, affecting more males than females. It resulted in higher levels of violence against women and girls and transgender people than men.

The government responded through SWD, WDD, Health, Police Departments and the Ehsaas programme. But public shelters, reproductive health services, schools and educational institutions, markets, and businesses, including courts, were closed. Jobs were lost, women's workloads increased, physical and mental stress and GBV increased, unplanned pregnancies and unsafe deliveries occurred. New approaches and out of the box interventions were devised, suggesting directions for the future. However, the gaps need to be highlighted to take immediate action and be prepared for the future.

Major gaps that were identified in this study:

1. The focus of the COVID-19 response has been on distributing relief packages and rations. Specific hygiene needs of women and girls were not factored in, nor were those of transgender persons or persons with disabilities.
2. Those without CNICs, including transgender persons, fell outside available safety nets or, in the case of other vulnerable groups (ethnic and religious minorities), were deliberately excluded in privately organized relief distribution. Also, no relief package was offered for private school teachers, parlour workers, and temporary and contract women workers.
3. Coordination and communication between departments was low, and work was being done in pockets. An integrated COVID-19 policy was only developed and adopted in Sindh.
4. Government shelters were inaccessible due to the distance and lack of transport and a negative COVID-19 test requirement as a precondition to admission. A woman seeking refuge is unlikely to have the money to pay for a test or have knowledge of the venue of testing. In addition, there were cuts in shelter budgets.
5. There was a lack of clarity among health care professionals about their role in handling GBV, which they consider as the responsibility of the Social Work Department. Specific SOPs for dealing with GBV survivors are also missing in hospitals.
6. Women's Commissions who could play a key role in coordinating and monitoring response to GBV are not in place. NCSW and PCSW-Punjab are both non-functional.
7. Data of the number of people, religious minorities, women or women-headed households that have been facilitated under COVID-19 relief or for GBV are not maintained.
8. There are official helplines in all provinces which only provide information or advice.



CONSIDERATIONS FOR THE WAY FORWARD

COVID-19 crisis has accentuated the challenges associated with the prevalence, frequency and severity of GBV and public support services afforded to victims. Managed through confinement and slow-down of economic activity, both causes for exacerbating GBV, COVID-19 is a unique disaster that has exposed the fault lines of the system where the family is not a safe place for women, and women experiencing or witnessing GBV may not know of available services, nor have access to a service or supporter. Currently, GBV response may come from the government through its departments, including WDD, SWD, Health, Police, Court or NGOs/CBOs with interventions for women, families and the community. However, the two main actors (government and CSOs) operate at different levels, the former at the macro and the latter at the micro-level, with no formal mechanism for synchronization and coordination. Thus, in the current administrative setting, departments have little or no connection with the women who suffer GBV and are not in communication with each other, rare exceptions notwithstanding. The NGO/CBOs

are connected with the women but not necessarily with a Government department. There is, in fact, a structural disconnect with shelters managed by SWD, prevention with the police and punishment of a GBV offender in the purview of courts. In this context, getting out of an abusive situation becomes a nightmare for a woman. The examples that the study has revealed provide insights for developing mechanisms for institutionalized cooperation and coordination between different actors.

Policy for Mainstreaming GBV

An overarching policy recommendation is for mainstreaming the issue of GBV. Any girl/woman whether married or not, can be at risk of violence or experiencing violence at her household level. Violence may not be part of her everyday life at one point in time (when she is in her maternal home) and violence may become part of her daily life in her husband's home, or it can be the other way round. State and non-state responses need to be fully aware of these shifting ground realities.

STEP 01

The first step is to establish the connectedness of the women/girls at risk and somebody who would support them. In short, every girl/woman should have somebody she can reach out to. This can be the police at the nearest police station, the health care worker at the nearest BHU/RHC; the nearest NGO; nearest school teacher; local councilor, to name some possible supporters. However, for them to be prepared for this role, this role would need to be integrated in their TORs.



Step 2 of mainstreaming GBV would be for the supporter of women/girls at risk to know the available services – immediate safety (shelters), protection (role of police), punishment of the perpetrator (law).

STEP 02

STEP 03

Step 3 would require coordination of the three key elements – safety, protection and law, which would require coordination between all the relevant government departments. A cue can be taken from WHO, which advocates placing GBV in every policy. Academia would need to be integrated into the coordination, especially their social science and research departments.



Finally, a central monitoring system would need to be established to coordinate the government and non-government responses and outcomes. This could be part of the Planning and Development departments of all the provinces.

STEP 04

Specific considerations:

The following specific considerations are based on the discussions held with stakeholders in the provinces and the challenges they identified for both the crisis response and the post-crisis recovery phase. These reflect both considerations for action at the federal level and specificities for provinces.

Promising practices furnished by consultations show that the government of Pakistan at the federal and provincial level has a number of tools and mechanisms at their disposal to build on to strengthen the response to GBV. The crisis has offered the governments the opportunity to do things differently and thereby improve the implementation of GBV response measures for a more equitable society for the most vulnerable. To do so:

In the short term:

- Declare GBV shelters and related services as essential services with SOPs to be developed and followed so that services remain open and accessible during the pandemic or other emergencies. Special budget allocation for present and future emergencies must also be ascertained.
- Equip LHWs, LHVs or Local Government Councilors with HamQadam App that provides coordinates for nearest support service, response institution (like police) and train them to become intermediaries between abused women/girls and services like shelter/crisis centre, psycho-social counselor (for example, PPHI Balochistan) and lawyer.
- Run awareness campaigns about available options of services and how to access them for victims and survivors of violence.
 - » Ensure that girls go back to school after the pandemic by retaining teachers during closure of schools and mobilising CSOs in the area to motivate parents to send daughters to school.

In the medium and long-term:

- Public action on tackling violence against women should adopt a whole-of-government perspective so that all public agencies are engaged in this issue in a closely coordinated manner. Improve inter-departmental coordination. Develop One Stop Centres on the model of the Violence against Women Centre, Multan, which houses coordinated services needed for a GBV survivor, i.e., police, legal support, medico-legal facility, psycho-social counsellor and accommodation
- To facilitate access to justice, given the peculiar nature of intimate partner violence/GBV in the context of confinement, applications and hearings in such cases could be prioritized to effectively tackle and prevent further abuse.
- GBV courts need to be operationalized. Appoint trained female Medico-Legal officers at District and Tehsil hospitals with proper Medico-Legal Service. Amalgamate multiple government helplines into a central line housed in the office of provincial CSWs. Train operators in procedures, referrals, and laws.
- Strengthen assistance and redressal for victims through regular sensitization and training for the police and legal actors as well as for all staff of GBV services.
- Run mass media awareness campaigns to empower survivors to raise their voices against violence, target men and boys to take equal responsibility for household work, and improve gender norms.
- Ensure remote psychosocial and referral services for survivors. Prior planning and capacity building of women to lessen the impact of disasters like the pandemic, strengthen their agency, and build resilience to the financial crisis, create alternate work opportunities for themselves.
- Strengthen women's agency and build resilience to the financial crisis by creating alternate work opportunities for themselves. Undertake, in partnership with CSOs, prior planning and capacity building of women to lessen the impact of disasters like the pandemic.

FUTURE RESEARCH

The above are measures aimed at making existing systems deliver in the short to medium term. For the long term, a transformative agenda is required premised on the belief that women possess agency and can be agents of change. That is, women 'can speak and know their conditions' and facilitate other women to empower themselves. For this, the lived experiences of women during COVID-19, particularly for survivors of GBV, must not be regarded as the 'other', as the objects to be studied or 'as informative ethnographic specimens'¹⁷ but as subjects with their own insightful, meaningful voices that are actually listened to.

In the current research, we used proxies to get some insights into the nature of violence that women reportedly were experiencing and the quality of services available in the context of COVID-19. Consultations indicated some successful interventions to respond to women's access and utilization of GBV services, alongside gaps in such response. However, for a response to be complete, an in-depth study is needed that attempts to understand women's daily lives in the context of crisis. Such a study, not done so far, may help reveal rich data on how COVID-19 and GBV have been impacting women in Pakistan and what needs to be done to counter it.

Consultations brought to light what has been done by various actors for the survivors. Of importance, the need now is to understand GBV as linked to all dimensions of women's lives such as health, employment, education, mobility, political participation and agentive capacity. Listening to women's stories and their everyday lives will allow us to move beyond a reductionist approach to understanding GBV, to demonstrate that GBV permeates all aspects of women's lives, and capture that empirical reality. This means that when community-based interventions are targeted to improve women's everyday lives, other aspects of their lives can subsequently improve.

To account for women's everyday experiences in COVID-19 and the different facets of their lives,

especially with regards to access to GBV services, it is essential to highlight their multiple identities and intersecting inequalities¹⁸ such as gender, economic status, education, age, ability, location, social capital which defines their vulnerability or privilege. There is a need for an intersectional analysis of the impact of COVID-19 and GBV on multiple groups of women based on their intersecting identities and inequalities and the impediments GBV imposes on them.

Given our theory of change, building women's social capital and strengthening their agency is achievable through participatory action research. Intersectionality in feminist discourse does not just involve recognizing and advocating for tolerance of differences between women. Still, it requires using the difference of age, class, ability etc., as a creative tool to foster interdependency between women.¹⁹ Conceiving intersectionality as a feminist tool to strengthen connection and interdependence between different kinds of women, who face different kinds of intersecting inequalities because of their location in history and culture, is a way to freedom, to generate new ways of being in the world and to have the courage to act and be creative.²⁰

This will be an opportunity to share aspirational or success stories of women during the pandemic who managed to prosper despite the COVID-19 lockdown, fight GBV and find respite and justice. These stories must also mention how they overcame challenges, especially those they faced at the hands of the men, to set a precedent so that other women are inspired to follow a similar path and strengthen their agency.

For designing the comprehensive participatory action research, setting up a technical working group is recommended as a first step comprised of individuals with expertise in quantitative and qualitative research, gender based violence, and an economist. Execution of the research would require partnering with an organization in each province that is already working at the field level. The research may be piloted in one province as a start.

¹⁷ Said quoted in Liddle and Rai 1993: p. 21

¹⁸ Crenshaw 1991

¹⁹ Lorde 2017: p.18

²⁰ Ibid

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ANNEX 1: TERMS OF REFERENCE

NATIONAL CONSULTANT ON IMPACT OF COVID-19 ON WOMEN WITH SPECIAL FOCUS ON ACCESS TO GBV SERVICES DURING COVID-19.

Background

PPakistan currently has four established provincial Commissions on the Status of Women (CSW). A 2000 Ordinance and later a unanimously approved 2012 legislation tilted the National Commission on the Status of Women (NCSW) Act mandated the establishment of a national commission with the aim to address gender discrimination and to promote gender equality. In Khyber Pakhtunkhwa (KP) the law was passed in 2009 (amended in 2016), in Punjab in

2014, in Sindh in 2015, and in Balochistan in 2017.

The preamble of 2012 legislation states that the National Commission will be set up for the “promotion of social, economic, political and legal rights of women as provided in the Constitution and in accordance with international Declarations, Conventions, Treaties and Agreements related to women including the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW).”

The broad mandate of the NCSW includes the following:

- Examine policies and measures by the federal government for gender equality and women’s empowerment;
- Review all federal laws, rules and regulations to ensure they are not discriminatory and align with the Constitution and the ratified international legal and policy framework;
- Sponsor and steer research that informs further recommendations and allows for the maintenance of a database on gender-related indicators;
- Mobilise grants to undertake work-related to NCSW priorities;
- Work and lobby with lawmakers, parliamentarians and other decision-makers for promotion of laws and regulations aimed at empowering women in the social, economic and political spheres;
- Advocate, lobby and build coalitions and network for promoting women’s rights;
- Liaise with provincial commissions and monitor redressal mechanisms and institutional procedures that deal with violations of women’s rights.

The realities of managing COVID-19 laid bare the dearth of data on the impact of the crisis on women and girls and especially vulnerabilities that fuel gender-based violence (GBV). NCSW, Ministry of Human Rights and UN Women produced a policy brief to put forth evidence on existing multidimensional gender inequalities, identified specific vulnerabilities of women and girls to COVID-19 transmission and impact, and provided broad policy recommendations to mitigate immediate risks for women and girls and prevent exacerbation of the existing gender gaps.

Almost eight months into the COVID-19 crisis NCSW in collaboration with UNFPA aims to take stock of the impact of COVID-19 on women with a special focus on Gender Based Violence (GBV). A series of consultations with provincial and federal stakeholders will document the experiences and recommendations for addressing the gaps in addressing GBV in a crisis like COVID-19. The report based on the findings from the consultations will facilitate NCSW advocacy efforts for ensuring that the services for GBV survivors remain a priority for the government and are functional.

Purpose of consultancy

The National Consultant at NCSW is expected to lead the process of conceptualizing, designing, coordinating, facilitating five consultative meetings to document the impact of COVID-19 on women with a special focus on GBV and the impact of the absence of essential services for GBV on women's access to GBV response services.

Scope of work

(Description of services, activities, or outputs)

Specific tasks

- Undertake desk review of already available material on impact of COVID-19 on women with special focus on GBV.

- Develop a concept note for undertaking the consultative process outlining the thematic areas for consultations, speakers, expected stakeholders and anticipated outcomes.
- Take lead in designing the agenda, supporting technical visibility materials for the consultations.
- Take lead in designing the outline framework for speakers for each consultation and support the outline and action plan for engaging senior bureaucracy and parliamentarians for the five consultations.
- Facilitate and document the process of the consultations and the recommendations shared during the consultations. Develop an end of consultancy report with recommendations for NCSW on further research scope and methodology for capturing the impact of COVID-19 on women with special focus on GBV.

Key Deliverables

Description of deliverable	Timeline
Concept note on consultations design and scope informed by a desk review of reports, research, articles written on the subject, and international reports, briefs produced on COVID-19 impact on women with special focus on GBV.	14-18 Dec
Outline of consultations with a plan for stakeholders and speakers.	
1 Consultations conducted.	18 Jan 2021
5 Consultations conducted	21 Jan – 17 Feb 2021
Draft Report on recommendations coming out of the 5 consultations.	1st week, March 2021
Final Report	31 March 2021

ANNEX 2: METHODOLOGY

This research exercise consisted of two key activities; literature review and consultations with various stakeholders.

Literature review

The literature review was carried out as a preparatory measure for the consultations. A total of over 22 research articles, policies and reports produced after the lockdown in March 2020 were critically reviewed to garner available information on the impact of COVID-19 on women and marginalized communities. A range of international and local organizations including Shirkat Gah, NCSW, Center of Gender and Policy Studies, UNFPA, UN Women, Ministry of Human Rights, Oxfam, Digital Rights Foundation, Chayn, UK Aid, Oxford Policy Management, RSPN, Naya Qadam, IFES, Planning and Development Board Government of the Punjab, among others had been prompt in examining the implications of the pandemic. A few of the studies which focused primarily on GBV and conducted primary qualitative and quantitative research, apart from secondary research, were most insightful. The literature review provided guidance for the areas to be further probed through consultations, deciding who to invite to the consultations, and the kind of questions to be framed for eliciting insights and capturing dimensions that may have been missed in the literature.

Stakeholder consultations

A series of consultations across provinces and Islamabad Capital Territory were undertaken to come up with recommendations that will facilitate NCSW in its advocacy efforts for ensuring functional and available services during the current and future crises indicate areas that need further research. Participation in webinars/consultations organized by other institutions complemented the information and knowledge on the subject. The Consultations, although not a substitute for a survey or comprehensive empirical study, provide insights and understanding of what works and provide models for policy recommendations and practical interventions.

Consultations: Objectives and Approach

A series of six consultations, including one each for stakeholders in Punjab, Sindh, Khyber Pakhtunkhwa and Balochistan, one for Islamabad Capital Territory and one with representatives of concerned provincial and federal departments were organized to seek insights on how the pandemic has impacted women and how they have dealt with the range of resultant issues.

The objectives of the consultations were to:

- Generate information and perspectives for recommendations to NCSW for its advocacy to ensure services that are functional and available during this and future such crises;
- Indicate areas of further research and propose the concept and methodology for an intersectional study to address GBV in crises and its integration in sectoral initiatives.

Consultations were designed to capture responses regarding initiatives around GBV during COVID-19 and to identify the variables that can help create safe spaces for women, or at the very least, reduce the violence in their lives. Given the restrictions on movement because of the pandemic and limits of online interaction with community women, organisations working at the grassroots and community level were invited to share their experiences of dealing with women's issues and related support services. Rural Support Programmes, other Civil Society Organisations working at the grassroots during COVID-19, health workers, women's rights groups and academics, and departments that have formulated policies for

women and the pandemic (e.g., PCSWs) participated in the consultations.

The approach used in the consultations facilitated reflection (a la Paolo Freire) in the framework of the *theory of change*. The *theory of change* used is based on the premise that women possess agency, that they can be agents of change in their lives, '**can speak and know their conditions**' (Spivak 1999: 269), and facilitate other women to empower themselves as well. Thus, the emphasis was on women's lived experiences during COVID-19, particularly those who faced GBV.

ANNEX 3: LIST OF CONSULTATIONS

Sindh Consultation: 18 January 2021

	Name	Gender	Organization	Position
Government entities	Ms. Khawar Mumtaz	Female	NCSW	Ex- Chairperson/Consultant
	Ms. Humera Azam Khan	Female	NCSW	Secretary
	Ms. Nuzhat Shirin	Female	Sindh Commission on the Status of Women	Chairperson
	Dr. Habiba Hassan	Female	NCSW	Member Sindh
	Dr. Sumiya	Female	JPMC	Additional Police Surgeon
	Ms. Shabana Arif	Female	NCSW	Gender Advisor
CSOs	Ms. Kausar S Khan	Female	Community Engagement Centre Indus Hospital	Consultant
	Ms. Farida Shaheed	Female	Shirkat Gah	ED
	Ms. Haya Zahid	Female	Legal Aid Society/SLACC/ NCSW	ED
	Mr. Amar Sindhu	Female	WAF Hyderabad	Coordinator
	Ms. Sadaf Dar	Female	RSPN	Researcher
	Ms. Rizwana Saghar	Female	UNFPA	
	Ms. Rahila Rahim	Female	HANDS	
	Ms. Aisha Hamid	Female	Research Assistant (KM)	
	Ms. Renuka Swami	Female	UNFPA	
	Dr. Tabinda Sarosh	Female	Pathfinder International	ED
	Ms. Sabina	Female	Kiran Foundation	ED
	Ms. Seema Jaffer	Female	Haqooq-e-Pakistan	
	Ms. Shama Dossa	Female	Habib University	Assistant Dean
	Mr. Khurram Shehzad	Male	RSPN	Representative
	Mr. M. Ali Azizi	Male	RSPN	Researcher
	Ms. Sadiqa Salahuddin	Female	Indus Resource Centre	ED
	Madiha Sheikhan	Female	Shirkat Gah	Karachi Office
	Ms. Uzma Noorani	Female	HRCP	Member
	Ms. Attiya Daud	Female	Writer/WAF	
	Dr. Amna Khan	Female	Aga Khan University	

Punjab Consultation: 21 January 2021

	Name	Gender	Organization	Position
Government entities CSOs	Ms. Khawar Mumtaz	Female	NCSW	Ex-Chairperson/Consultant
	Ms. Humera Azam Khan	Female	NCSW	Secretary
	Mr. Sohail Warriach	Male	Legal Expert	Former Member NCSW
	Dr. Rubina Sohail	Female	Services Hospital	Head of Gynae, Gender Focal Point for FICO
	Ms. Rabia Usman	Female	Women Crisis Centre	In-Charge
	Ms. Ruhi Syed	Female	APWA/NCSW	Member (Punjab)
	Ms. Shaista Bukhari	Female	NCSW	Member(Punjab)
	Ms. Shabana Arif	Female	NCSW	Gender Advisor
CSOs	Ms. Samina Ashraf	Female	NRSP	Rahim Yar Khan office
	Ms. Fauzia Viqar	Female	Rah-Centre for Management and Development	ED
	Ms. Mahnoor Moon Ali	Female	KSS	ED
	Ms. Farida Shaheed	Female	Shirkat Gah	ED
	Ms. Neelum Hussain	Female	WAF Lahore	Coordinator
	Ms. Kausar S Khan	Female	Community Engagement Centre Indus Hospital	Consultant
	Mr. Amir Naseem	Male	HANDS Lahore Office	
	Ms. Ambreen Fatima	Female	WAR Lahore	
	Mr. Imran Yonus	Male	SPO Representative	
	Ms. Shabnam Rasheed	Female	SAPPK	
	Mr. Shoaib Shahzad	Male	UNFPA	
	Mr. Sarfaraz Kazmi	Male	FPAP Lahore	Regional Director
	Ms. Aisha Hamid	Female	Research Assistant (KM)	
	Ms. Naila Naz	Female	WAF Lahore	Coordinator
	Ms. Tahira Habib	Female	HRCP	Programme Officer
	Mr. Iftikhar Mubarik	Male	Search for Justice	
	Ms. Rizwana	Female		

Khyber Pakhtunkhwa Consultation: 25 January 2021

	Name	Gender	Organization	Position
Government entities	Ms. Khawar Mumtaz	Female	NCSW	Ex-Chairperson/Consultant
	Ms. Humera Azam Khan	Female	NCSW	Secretary
	Ms. Rubina Naz	Female	NCSW	Member KP
CSOs	Ms. Sadia Yusufzai	Female		
	Ms. Sana Ahmed	Female	Blue Veins	Programme Officer
	Ms. Tauheed Bibi	Female	ORD, Organization for Rural Development Malakand	
	Ms. Tahira Kaleem	Female	The Enlight Lab, Peshawar	
	Ms. Aisha Hamid	Female	Research Assistant (KM)	
	Ms. Kausar S. Khan	Female	Community Engagement Centre Indus Hospital	Consultant
	Ms. Zakiya Majid	Female	Shirkat Gah	Peshawar Office
	Ms. Farida Shaheed	Female	Shirkat Gah	
	Ms. Rehana Khilji	Female	SCSPEB	
	Mr. Syed Ammar Haider	Male		
	Ms. Izbah Abbasi	Female	Saiban	
	Ms. Hajra Pasha	Female		
	Ms. Rashida Dohad	Female	Omar Asghar Khan Foundation	ED
	Mr. Riaz Khan	Male	OAKF	Programme Officer
Mr. Hidaytullah Gul	Male			

Balochistan Consultation: 29 January 2021

	Name	Gender	Organization	Position
Government entities	Ms. Khawar Mumtaz	Female	NCSW	Ex- Chairperson
	Ms. Humera Azam Khan	Female	NCSW	Secretary
	Ms. Fatima Iqbal	Female	NCSW	Member Balochistan
CSOs	Mr. Abdul Qadir	Male	BRSP	
	Ms. Kausar S. Khan	Female	CEC Indus Hospital, Karachi	Consultant
	Ms. Aneeta Aahooja	Female	UNFPA	
	Ms. Farida Shaheed	Female	Shirkat-Gah	ED
	Ms. Aisha Hamid	Female	Assistant (KM)	Gender Specialist
	Ms. Sana Arzak	Female	PDMA Balochistan	Senior Programme Officer
	Ms. Shumaila	Female	PPHI	Officer
	Mr. Abdul Sattar Baloch	Male	Social Welfare Department	ED
	Mr. Shakeel Anwar	Male	IDO	
	Ms. Huma Fouladi	Female	Rights activist/Lawyer	
	Ms. Rizwana Saghar	Female	UNFPA	
	Mr. Ammar Haider	Male	Society	ED

Islamabad Capital Territory Consultation: 10 February 2021

	Name	Gender	Organization	Position
Government entities	Ms. Khawar Mumtaz	Female	NCSW	Ex- Chairperson
	Ms. Humera Azam Khan	Female	NCSW	Secretary
	Ms. Arifa Mazhar	Female	SPO	ED
	Ms. Valerie Khan	Female	GDP (Group Development Pakistan)	ED
	Ms. Anbreen Ajaib	Female	BEDARI	ED
	Ms. Abia Akram	Female	National Forum of Women with Disabilities (Pakistan)	ED
	Ms. Naheed Akhtar Khan	Female	SRSP	Social Mobilisation and Women
	Ms. Fatima Atif	Female	Bytes for All	Programme Director
	Ms. Kausar S. Khan	Female	Community Engagement Centre Indus Hospital	Consultant
	Ms. Aisha Hamid	Female		Research Assistant (KM)
	Ms. Nighat Dad	Female	Digital Rights Foundation	ED
	Ms. Rizwana Saghar	Female	UNFPA	

National Consultation: 17 February 2021

	Name	Gender	Organization	Position
Government entities	Ms. Khawar Mumtaz	Female	NCSW	Ex- Chairperson/Consultant
	Ms. Humera Azam Khan	Female	NCSW	Secretary
	Ms. Rubina Zehri	Female	Women Crisis Centre	Balochistan
	Ms. Saira Furqan	Female	Federal Govt Crisis Centre and Shelter	Incharge
	Mr. Imran Javed Qureshi	Male	PCSW-WDD	Senior Legal Executive
	Ms. Rehaana Yaqoob	Female	Ministry of Human Rights, Islamabad	Deputy Director
	Ms. Salma Durrani	Female	Social Welfare Department & Special Education, Balochistan	Special Educator
	Ms. Rizwana Saghar	Female	UNFPA	
	Ms. Kausar S. Khan	Female	CEC Indus Hospital, Karachi	Consultant

National Consultation: 17 February 2021

	Name	Gender	Organization	Position
Government entities	Ms. Khawar Mumtaz	Female	NCSW	Ex- Chairperson/Consultant
	Ms. Humera Azam Khan	Female	NCSW	Secretary
	Ms. Rubina Zehri	Female	Women Crisis Centre	Balochistan
	Ms. Saira Furqan	Female	Federal Govt Crisis Centre and Shelter	Incharge
	Mr. Imran Javed Qureshi	Male	PCSW-WDD	Senior Legal Executive
	Ms. Rehaana Yaqoob	Female	Ministry of Human Rights, Islamabad	Deputy Director
	Ms. Salma Durrani	Female	Social Welfare Department & Special Education, Balochistan	Special Educator
	Ms. Rizwana Saghar	Female	UNFPA	
	Ms. Kausar S. Khan	Female	CEC Indus Hospital, Karachi	Consultant

