RISING TO THE CHALLENGES: Gender-Responsive Policy Options For COVID-19 & Other Emergencies

For
The Government of Sindh
November, 2020
Rising to the Challenges: Gender-Responsive Policy Options for COVID-19 & Other Emergencies

Sindh Commission on the Status of Women & Shirkat Gah – Women’s Resource Centre
With 24 institutions and 62 experts

November 19, 2020

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Rising to the Challenges: Gender-Responsive Policy Options for COVID-19 & Other Emergencies
Rising to the Challenges: Gender-Responsive Policy Options for COVID-19 & Other Emergencies is the result of a collaborative effort that brought together input and feedback from experts in the fields of reproductive health, gender-based violence, education and economic resilience, as well as government stakeholders in those fields and those working on the rights and empowerment of women and girls.

The Sindh Commission on the Status of Women and Shirkat Gah–Women’s Resource Centre would especially like to thank Dr. Azra Pechuho, the Minister for Health & Population Welfare, Government of Sindh, for guiding the consultative process for the reproductive health needs of women and girls in Sindh; Dr. Fouzia Khan, Chief Advisor at School Education & Literacy Department, Government of Sindh for her valuable input and guidance for preparing the policy recommendations for girls education in Sindh.

We would also like to acknowledge the efforts of and thank Pathfinder International, the Legal Aid Society, Mr. Qasim Aslam (Beyond The Classroom), Dr. Azra Talat and Dr. Muhammad Sabir for facilitating the policy consultations respectively on reproductive health, gender-based violence, education and economic resilience.

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FOREWORD

I am proud that the Sindh Commission on the Status of Women, Government of Sindh has continued to work proactively during the COVID-19 pandemic to fulfil its mandate to promote gender equality as per Pakistan’s commitments under Agenda 2030 and its Sustainable Development Goals (SDGs).

When the province of Sindh went into complete lockdown in March 2020, all government offices including the Social Welfare Department (SWD), Women Development Department (WDD) and the Women Protection Cells as well as legal aid organisations shut down. Women Police Stations and other emergency services were strained and unresponsive to the needs of women and girls. In light of these sudden changes, the Sindh Commission on the Status of Women (SCSW) stepped up to respond to the emergency needs of women and girls in Sindh, creating a WhatsApp group with its members to continue operations.

As Chairperson of SCSW, I shared my personal WhatsApp number with the public and personally responded to complaints and conducted monitoring visits to shelter homes, service providers and women affected by the pandemic. Most of the complaints received related to loss of employment, interrupted access to healthcare, lack of food supplies and increased domestic violence. Shelter homes were unable to admit women at night while women who approached shelter homes during the day were required to provide COVID-19 testing documents and could only be admitted through a court order.

In addition, the SCSW distributed hygiene kits to police women as well as women in jails and shelter homes. SCSW assisted women in need of food and other essential supplies through welfare organisations working for relief provision while regularly monitoring the situation.

A large majority of urban and rural women in Sindh work in informal and unregulated sectors with no documentation. With cities in Sindh under lockdown, most of these women lost their means of livelihood. The Government of Sindh had not announced a financial stimulus package for these vulnerable workers. SCSW and its members noted that there was no official policy or contingency plan in place to ensure that women, girls and the transgender community – three of the most vulnerable groups of society – continued to have uninterrupted access to essential services during local, national or international emergencies.

To rectify this situation, the SCSW rallied civil society organisations and experts to collaborate and draft a policy for women during emergency situations. Shirkat Gah – Women’s Resource Centre accepted SCSW’s request to help draft a policy to address the challenges posed by the COVID-19 pandemic and other such emergencies. For this, I am thankful to Ms. Farida Shaheed, Executive Director, Shirkat Gah for her prompt response.

SCSW, facilitated by Shirkat Gah organised a series of policy consultations with policy experts, CSOs and government stakeholders to discuss and debate the severity of the issues being faced...
by women and girls during this emergency situation, and on this basis formulated policy options to be presented to the Government of Sindh.

I would like to stress the importance and novelty of this policy plan, as no such policy exists, and that the SCSW is fully committed to its mandate to ensure that women’s needs are accommodated during hours of national crises and emergencies. We expect that services for women will become a part of essential services through this policy.

SCSW and Shirkat Gah identified that calamities such as the COVID-19 pandemic result in considerable threats to women’s economic, physical, legal and social security. The lack of emergency services especially exacerbates issues of access and relief for women and girls across the following four areas:

1. Reproductive Health
2. Gender-Based Violence
3. Education
4. Economic Resilience

The combination of health systems focusing on containing the virus and a fear of contracting the disease deprived women of access to reproductive healthcare, putting many directly in harm’s way. The lockdown that ensued further deteriorated educational opportunities for girls. The confinement within households led to increased incidents of domestic violence. One key observation was how the economic setbacks and lockdown resulted in layoffs of female employees from women-specific industries, companies and institutions. Despite all of these challenges, there was no policy, governmental or otherwise, to address and mitigate the fallouts of these new conditions.

*Rising to the Challenges: Gender-Responsive Policy Options for COVID-19 & Other Emergencies* was drafted after multiple comprehensive and collaborative consultations by SCSW and Shirkat Gah.

The SCSW is extremely grateful to Shirkat Gah whose contributions were monumental in drafting this policy. As the Chairperson of the SCSW, I am personally appreciative of all the efforts of Shirkat Gah, commending their services and diligence throughout the process.

Nuzhat Shirin
Chairperson
Sindh Commission on the Status of Women (SCSW)
### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CEF:</td>
<td>Coronavirus Emergency Fund</td>
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<tr>
<td>CNIC:</td>
<td>Computerised National Identity Card</td>
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<td>CPLC:</td>
<td>Citizen-Police Liaison Committee</td>
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<td>CSO:</td>
<td>Civil Society Organisation</td>
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<tr>
<td>COVID-19:</td>
<td>Coronavirus disease-19</td>
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<td>EIE:</td>
<td>Education in Emergency</td>
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<td>EOB:</td>
<td>Employees’ Old-Age Benefits Institution</td>
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<td>FIR:</td>
<td>First Information Report</td>
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<td>FP:</td>
<td>Family Planning</td>
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<td>FPRH:</td>
<td>Family Planning And Reproductive Health</td>
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<td>GBV:</td>
<td>Gender-Based Violence</td>
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<td>GoS:</td>
<td>Government of Sindh</td>
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<td>HBW:</td>
<td>Home-Based Worker</td>
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<td>MLO:</td>
<td>Medico-Legal Officer</td>
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<td>LFPR:</td>
<td>Labour Force Participation Rate</td>
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<td>LHW:</td>
<td>Lady Health Worker</td>
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<td>PAC:</td>
<td>Post-Abortion Care</td>
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<td>PPE:</td>
<td>Personal Protective Equipment</td>
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<td>PTC:</td>
<td>Parent Teacher Committees</td>
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<td>RH:</td>
<td>Reproductive Health</td>
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<td>SCSW:</td>
<td>Sindh Commission on the Status of Women</td>
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<td>SCHR:</td>
<td>Sindh Commission on Human Rights</td>
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<td>SDG:</td>
<td>Sustainable Development Goals</td>
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<td>SED:</td>
<td>Special Education Department</td>
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<td>SELD:</td>
<td>School Education and Literacy Department</td>
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<td>SESP&amp;R:</td>
<td>School Education Sector Plan and Roadmap 2019-2024</td>
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<td>SHRD:</td>
<td>Sindh Human Rights Department</td>
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<td>SLACC:</td>
<td>Sindh Legal Advisory Call Centre</td>
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<td>SMC:</td>
<td>School Management Committee</td>
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<td>SMES:</td>
<td>Small and medium-sized enterprises</td>
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<td>SOP:</td>
<td>Standard Operational Procedure</td>
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<td>SVRF:</td>
<td>Sexual Violence Response Framework</td>
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<td>SWD:</td>
<td>Social Welfare Department</td>
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<td>WASH:</td>
<td>Water, Sanitation and Hygiene</td>
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<td>WMLO:</td>
<td>Woman Medico-Legal Officer</td>
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<td>WPC:</td>
<td>Women Protection Cell</td>
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<td>Women Development Department</td>
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<td>UNICEF:</td>
<td>United Nations Children’s Fund</td>
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<td>UNFPA:</td>
<td>United Nations Population Fund</td>
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<td>UNDP:</td>
<td>United Nations Development Programme</td>
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COMMITMENTS & CHALLENGES

The Government of Sindh is committed to achieving gender equitable development as enshrined in the Constitution of Pakistan, for which it has enacted numerous laws and put into place important policies. It is also committed to achieving targets under the Sustainable Development Goals (SDGs) of the UN Agenda 2030. However, gender imbalances are directly obstructing progress on four of the seven SDGs classified by Pakistan as Category 1 priorities and Pakistan is still at the bottom of the gender inequality index of the World Economic Forum’s Global Gap Report: ranked at 151 out of 153 countries. Moreover, the COVID-19 pandemic and its fallout are seriously threatening progress achieved to date.

By the end of September, 2020, more than 35.7 million confirmed cases of COVID-19 and over a million deaths had been recorded across the globe. Pakistan fared better than many other countries with a far lower number of recorded cases and deaths than initially feared. Still, COVID-19 had infected more than 315,000 people and caused 6,535 deaths. Sindh, which conducted the highest number of tests, recorded 139,000 confirmed coronavirus cases and 2,531 deaths – accounting for 44 percent of total cases and 39 percent of recorded deaths. Pakistan has been able to curtail the disease considerably, but a spike in cases followed the reopening of educational institutions and other activities and a vaccine is yet to reach the market. Even after vaccines become available, ensuring access to the entire public will remain a challenge for some years to come.

The pandemic has profoundly impacted social, economic and cultural life in Pakistan, as elsewhere. While the federal and provincial governments have been responsive to the health aspect of the emergency – establishing isolation centres, and ensuring access to ventilators and increased testing – the disease has had a synergistic impact because of lockdown, radically altering the ways in which people engage socially, earn their livelihoods, study and access services. Led by the Sindh government, lockdowns were essential steps taken to contain the virus, but the very measures taken to contain the deadly virus produced a new series of challenges in various aspects of life. From the perspective of women and girls, challenges in particular included the following:

☐ As medical institutions and staff focused on responding to the dire challenges of COVID-19, **access to healthcare became problematic for all other medical needs.** **Reproductive healthcare was especially impacted,** seriously threatening the important gains made by Sindh in terms of maternal health indicators over the past few years, thanks to the efforts of the Health and Population Welfare Departments. Importantly, the health-related SDG 3 is a Category 1 priority for Pakistan.

☐ **Gender-based violence increased,** as is frequently the case in emergency and disaster situations, along with domestic violence as a whole. A new twist was that prohibitions on movement locked women (and other survivors) inside their homes with the perpetrators and **closed off from avenues for relief** and access to redress.

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1 These are: SDG 2 (Zero Hunger), SDG 3 (Good health and Well-being), SDG 4 (Quality Education) and SDG 8 (Decent Work & Economic Growth). Other Goals in Category 1 priority are SDG 6 (Clean Water and Sanitation) SDG 7 (Affordable and Clean Energy) and SDG 16 (Peace Justice and Strong Institutions)
3 https://www.google.com/search?q=covid+confirmed+cases+in+pakistan&oq=covid+confirmed+&aqs=chrome.1.69i57j0l7.161098j0j15&sourceid=chrome&ie=UTF-8
Education, also identified as a Category I SDG priority by Pakistan, was completely disrupted as schools and educational institutions were closed. In Sindh, 4.5 million public-sector students were deprived of education for nearly six months as 42,383 schools closed: 38,132 primary, 1640 middle, 601 elementary, 1719 secondary, and 291 higher secondary schools. Only exceptionally did some institutions manage to continue teaching by switching to virtual classes or adopting new strategies. The unequal access to digital learning devices and services risks deepening existing inequalities in access to education, especially of girls. This is of particular concern given that the overall literacy rate in Sindh marginally decreased between 2014 and 2018 according to the Economic Survey of Pakistan, disproportionately impacting girls.

Lockdowns helped stop the spread of COVID-19 but seriously impacted economic wellbeing. Sindh contributes up to 33 percent of Pakistan’s GDP, but the urban-rural divide in economic productivity is stark: the poverty rate in rural Sindh is nearly 40 percent. Pakistan’s second-largest province, Sindh has a population of 47.9 million (48 percent female), half of which is under 19 years of age. The official female labour force participation is a meagre 6.9 percent compared with the 67 percent male labour force participation. Concentrated in the low wage end and unregulated sectors of the economy, women’s livelihoods have been impacted and women are likely to confront even greater obstacles for re-entering the labour force than men.

The Sindh Commission on the Status of Women (SCSW), pursuing its mandate to promote gender equality and propose measures for women’s rights and development has reviewed the particular gendered impact of COVID-19 with Shirkat Gah – Women’s Resource Centre. A series of interactions and formal consultations with a host of policy experts, senior officials and service-providers provide the basis for this holistic compendium of Gender-Responsive Policy Options for consideration by the Government of Sindh to mitigate the impact of COVID-19 on women, girls and the transgender community in terms of Reproductive Health, Gender-Based Violence, Education and Economic Resilience. These Policy Options can also serve to mitigate the risks and fallout of other future emergency situations.

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4 Source: WDD, Sindh.gov.pk
5 Pakistan Bureau of Statistics, Population Census, 2017
6 Source: WDD, Sindh.gov.pk
Sindh’s maternal health indicators have seen marked improvement over the past few years, particularly due to the efforts of the Departments of Health and Population Welfare. The challenge is that contraception uptake has remained stagnant, and the unmet need for FP remains high. Women are increasingly accessing facilities, but the adoption of modern contraception is still low at 24 percent, indicating that much more remains to be done in the realm of family planning and reproductive health.

Education directly impacts contraceptive use and fertility rates: increased education rates correlate with a drop in fertility rates and with an increased use of contraception and other health seeking behaviour. It is therefore of considerable concern that instead of growing, the overall literacy in Sindh actually dropped in recent years, particularly amongst girls; the overall dropout rate in Sindh is 23 percent; 21.6 percent of children are not enrolled in school.

Remedial measures taken by the government include the Sindh Reproductive Healthcare Act 2019 that supports the access of reproductive health (RH) services and rights for all women and men in Pakistan. This positive step by the Government of Sindh enshrines the protection of reproductive rights and its non-discriminatory access for all, but it has now confronted challenges due to COVID-19.

In March 2020, immediately following the detection of COVID-19 in Pakistan, the Government of Sindh issued its Guidelines on Family Planning & Reproductive Health (FPRH) During COVID-19 in Sindh, a document developed and supported by development partners and diverse stakeholders. The Guidelines formed the basis of interventions the Government would undertake as measures to mitigate the family planning and reproductive health (FPRH) impact on women and girls.

Recognising reproductive rights as a means of achieving gender equality and justice, these Guidelines emphasise the gendered implication of COVID-19, with the reproductive health policy focusing on the provision of and access to reproductive health (RH) services, choices and information for the realisation of reproductive rights. The specific

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8 Sindh shows significant improvement in maternal & child health, children survival
10 From 63.0% in 2014 to 62.2 % in 2018 according to the Pakistan Economic Survey 2019-20
indicators targeting reproductive health and gender fall under Goal 3, but the SDG framework stresses gender as a crosscutting theme across all 17 Goals.

Building on these inter-linkages and taking forward the Government of Sindh’s Guidelines and RH policies, the gender-responsive policy options proposed here suggest concrete measures to mitigate the impact of COVID-19 and other emergencies on women, girls and the transgender community in Sindh with respect to reproductive health. These draw upon a number of interactions as well as two formal consultations on reproductive health in the specific context of Sindh conducted by the SCSW and Shirkat Gah. Both formal consultations underscored the need for a coherent national response on FPRH at a broader level, with interdepartmental coordination. Consequently, this section highlights specific evidence-based recommendations to:

i. Reinforce the effective roll out of the Government’s FPRH Guidelines
ii. Ensure reproductive health and family planning access to all women and girls through the integration of FPRH into Essential Services
iii. Expedite the implementation of the Sindh Reproductive Healthcare Rights Act 2019

Early on, UNFPA anticipated that COVID-19 would negatively impact on emergency maternal and reproductive health, aggravate and expand unmet needs and increase gender-based violence against women at home. Reports from the field suggested that the pandemic was leading to health resources being diverted from family planning and reproductive health to other care services, leaving a gap in the provision of RH services.

It was also felt that the lack of access to RH and family planning (FP) services and commodities would lead to an increase in unintended pregnancies, as well as unsafe abortions. Furthermore, reports from the field indicate that pregnant women have been fearful of approaching facilities and that there is an increase in out-of-institution/at home births.

The commodities’ supply chain was impacted, leading to shortages. Furthermore, the United Nations Development Programme (UNDP) warned that global lockdowns could lead to import restrictions. Constraints on community engagement activities may result in lower demand for FP methods as well. Furthermore, the reallocation of assignments by district administrations, such as in Karachi, of lady health workers (LHWs) from promoting RH knowledge and practices to spreading awareness regarding COVID-19, negatively impacts family planning service delivery. Given that 5.5 million births are expected in Pakistan over the next year, this is of immediate concern.

Other key considerations relate to community health workers, such as the Lady Health Workers (LHWs). Budget constraints during a pandemic – or other emergency – can impact their economic security while the very nature of their job exposes them to higher risks. In the case of COVID-19, this may encompass violent behaviour and stigma, as well as infection and for example, Shirkat Gah found that in district Larkana, many LHWs had stopped conducting home visits because the community was not letting them into their homes for fear of contracting COVID-19 from the workers.

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11Ensure healthy lives and promote well-being for all at all ages
12The first consultation included the Minister of Health and Population Welfare, the CIP secretariat and the Chairperson of SCSW; the second consultation included development partners Marie Stopes, HANDS, Aman Foundation, Sehat Kahani, Indus Health Network, Aga Khan University, Integrated Health Services Pakistan, Gender Interactive Alliance
18Ibid
Using Sindh’s *FPRH Guidelines* as the framework document, the following policy recommendations are intended to improve implementation and to ensure maximum possible adherence to the Government’s commitments in the areas of sexual and reproductive health of women and girls in the province. They are based on findings from research and the consultative process outlined earlier. Overall, all the recommendations envision that the policy will work towards the fulfilment of the different and varied needs of all women and girls, transgender people as well as women and girls with disabilities. These recommendations are valid not only for the COVID-19 pandemic but for all emergency situations.

**A. INTEGRATED REPRODUCTIVE HEALTH SERVICES**

To cater to and safeguard the reproductive health needs of women in the troubling COVID-19 context requires adopting a seamless service delivery model. Such an integrated model will also ensure effective and continued delivery in other emergency situations, such as the recent floods. It is therefore recommended that the Government of Sindh:

1. **Expand the definition of essential services** to include all reproductive health services so as to ensure continuity of FPRH services in any kind of emergency;

2. **Develop and adopt an Integrated Service Delivery model** for FPRH service provision in Sindh that effectively integrates Inter-Personal Communication, reproductive health and family planning services with Post-Abortion Care (PAC), and gender-based Violence (GBV). For this, take all necessary steps to:
   - Strengthen the capacity and number of service providers and
   - Integrate and prioritise RH at both the health management and policy levels;

3. **Develop digital and innovative solutions** and platforms for virtual trainings and mentorship of frontline providers;

4. **Ensure high quality services** are readily available, accessible and acceptable to women and girls round the clock;

5. **Promote self-care to enhance women’s and girl’s agency** by ensuring the availability of supplies and commodities on the one hand and proactively addressing the socio-economic barriers women face when they seek services and resources;

6. **Prioritise the collection and use of appropriate data** for all RH and GBV services.

**B. SAFETY OF HEALTHCARE PROVIDERS**

Women constitute a majority of the frontline health workforce as cadres of the LHWs, Community Mid-Wives, Lady Health Visitors (LHVs), Family Welfare Workers, and Family Welfare Assistants who confront additional risks of complications resulting from COVID-19. For healthcare workers to provide client-centred services in the challenging circumstances of the pandemic, requires ensuring their physical health and protection as well as psychosocial wellbeing and a sense of economic and social security. The provision of quality Personal Protective Equipment (PPE) kits, training on usage and disposal and personal protection, and supportive supervision for providers and health workers would enhance their capacity,
motivational levels and possibly also address those provider-biases that stem from work circumstances and systems.

For the foreseeable future, the safety of service providers, patients and communities must remain a top priority. To ensure the needs of service providers, patients and communities are met in times of crisis, it is **recommended that the Government of Sindh:**

1. Develop clear culturally appropriate protocols for each level of health service provider (in particular, LHWs, midwives, nurses, doctors) and provide COVID-19 education and PPEs to all, including community-based workers in the immediate term; and for the longer-term, consider possible emergency situations, such as floods, and devise appropriate strategies and disaster preparedness beforehand;

2. **Invest in research** to understand the knowledge, attitude and practices of women and girls during the COVID-19 pandemic so as to inform policy and gender-integrated programming responsive to ground realities. This should include, but is not limited to, understanding the disproportionate impact and implications on the health of women and girls,
   a. Research must inform interventions, cost-benefit analyses, critical process reviews and the creation of feedback loops in the health systems;

3. **Develop a monitoring system** for the correct usage and disposal of infectious equipment; inventory of consumption/usage/stocking for COVID-19-related matters and other emergency situations;

4. **Involve the private sector** in ensuring an uninterrupted supply of commodities as well as in the monitoring and evaluation of protocols, and in the communication strategy;

5. **Consider using digital platforms and channels to** enhance distribution and supply lines for commodities related to reproductive health service provision. These could virtually connect providers, chemists, wholesalers, retailers and distributors for communication and coordination;

6. **Increase community buy-in** through using pre-existing networks and organisations to develop appropriate safety measures, monitoring and evaluation of services in emergency situations.

### C. Telehealth Legislative And Policy Framework

The pandemic emergency has brought telehealth into the forefront of service provision not only as a means of providing remote services, referrals and advice, but also as a way to minimise the risk to healthcare workers. While there is a global surge of such services, in Sindh as elsewhere in Pakistan, there is no legal framework to govern the emergent sector. There is an urgent need for a strong legislative and policy framework to regularise such models and enforce adherence to ethical and quality standards. Telehealth should be multi-purposed, catering holistically to the varied needs of women, girls and transgender persons, including demand generation, appointment scheduling and reminders; provision of information on contraception, antenatal checks, and immunisation routine. In regard to the important expanding area of telehealth and telemedicine, it is **recommended that the Government of Sindh:**

1. **Urgently develop a robust gender sensitive and client-centred legislative and policy framework** to make telehealth part of an integrated service delivery framework. This should, *inter alia*, cover:
   a. Legal medical prescriptions through telehealth providers using digital
signatures,

b. Confidentiality of patient data,
c. Protection of providers and those seeking advice from online harassment,
d. Virtual examination and consultations;

2. **Adopt legislation** that includes mandatory registration of telehealth service providers with clear criteria and allows for the provision of approved family planning and post-abortion care services;

3. **Develop guidelines for the scope of telehealth services that include** family planning, post-abortion care, screening protocols for high-risk pregnancies, and counselling and referral services for women seeking medical, psychological and legal support for domestic violence;

4. **Provide community-based providers**, such as LHWs and midwives with access to digital technology, and
   a. Integrate new technologies to facilitate the effective fulfilment of their specific mandates,
   b. Ensure necessary trainings on the use of digital technology and cyber security,
   c. Train community based providers to serve as a bridge for registration with approved telehealth providers.

**D. COMMUNICATION STRATEGY**

All emergency situations require a clear communication strategy that can guide citizens as well as service providers. Such a communication strategy needs to be put into place at the earliest possible. Specifically with respect to COVID-19, misinformation, prejudice and misunderstanding is widespread amongst communities and even amongst service providers in terms of how the disease spreads as well as how to maintain sexual and reproductive health without risking exposure to the disease. The Government of Sindh can lead the way in effective communication.

Recent experiences underscore the importance of mass media and digital technologies. To put into place an effective communication strategy, it is recommended that the Government of Sindh:

1. Develop a behaviour change and community strategy that ensures:
   a. **Clear messaging** to address the stigma, fear, and miscommunication around the COVID-19 pandemic and any future health emergencies, providing clarity on effective prevention measures and safety for the public at large coupled with district specific information of health facilities and services;
   b. **Integrated standardised FPRH and COVID-19 messaging** that takes into account the unique challenges faced by women, girls and transgender persons, including those living with disabilities;
   c. **Clear and updated information on infection and safety measurements**, is provided to communities, community FP providers and health workers, in particular the value of social distancing and wearing masks as well as other health-related matters especially in health emergencies such as COVID-19;
   d. **Messaging is adapted to the public’s responses, concerns and their evolving behaviour as well as the evolving situation of the disease itself.**

2. **Invest in and commit to the use of mass media and technology** to promote safety and wellbeing in all emergency situations, including COVID-19, such as:
   a. **Messaging on safe practices** for the pandemic and future health emergencies through launching a YouTube channel to provide first hand updates. The government should attempt massive youth engagement through messaging on digital
platforms and social media, such as Facebook/WhatsApp/Snapchat and consider allowing free airtime for advertisements, tax holiday for FP/RH Public Service Messages and exempt the mass awareness trucks (mobile hoardings) from excise duty as these are public service messages;

3. **Enhance training and technical assistance by using technology that can facilitate** private sector providers supporting female doctors in telehealth services.
   a. WhatsApp may be used to offer awareness sessions on COVID-19 for private sector providers through virtual training.

### E. Community Engagement

All emergency situations require pro-actively reaching out to the most vulnerable community members. It is vital to reach out to all women and girls, including those living with disabilities, as well as the vulnerable transgender community, so as to create robust community feedback mechanisms to modulate the province’s health response. This is especially important in the COVID-19 context given the uncertain and ever-changing environment but also in other emergencies. Policies need to be flexible and responsive to the needs of communities at the local level and evolving scenarios. In this regard, it is **recommended that the Government of Sindh:**

1. **Mobilise and motivate local community alternative medicine service providers**, such as hakeems, homeopaths, as well as commodity retailers that women and girls tend to access, as a referral mechanism to skilled public health providers, with a particular focus on uptake of Long Acting Reversible Contraception;


### G. Quarantine Centres

If quarantine centres are required, as in the case of COVID-19 or other disease-related emergencies, it is vital to put into place adequate safeguards to counter any possible risks to physical safety and reproductive health such spaces may entail women and girls. In establishing such centres, it is therefore **recommended that the Government of Sindh:**

1. **Ensure special desks** in quarantine centres that provide contraceptive, PAC, pregnancy testing, and menstrual hygiene products;

2. **Establish complaint cells** for women and children to report sexual harassment, child sexual abuse, and violence with protective measures in place in cases of crisis in quarantine centres;

3. **Take measures to meet the specific nutritional needs of pregnant and lactating women**;

4. **Ensure segregation** in quarantine centres with strict safety protocols, particularly in rural areas;

5. **Provide safety and care protocols for trans women**;

6. **Ensure that women living with disabilities and transgender persons** have access to RH services;

7. **Institute emergency mental health care training** to community providers.
I. Supply of Commodities

To address the growing crisis in the supply of reproductive health in the COVID-19 emergency situation and prepare for possible future emergencies, FP commodities must be accorded urgent policy priority. In addition to steps already taken, it is recommended that the Government of Sindh:

1. Prioritise the maintenance of the supply lines of contraceptive commodities at the provincial level, and engage with the Drug Regulation Authority Pakistan (DRAP) to facilitate issues related to commodities, set time lines and a follow-up mechanism at the national and international levels;

2. Review the policy of import duties on contraceptive products, in particular categorising condoms as a medical device and removal of the import duty for private sector, and allow it to officially stock commodities for family planning and PAC;

3. Include contraception commodities in all disaster emergency kits and;

4. Adopt regulations to allow community workers to stock up without pharmacy licenses during emergencies, such as the Covid-19 pandemic;

5. Expedite the training of community health workers to administer longer term FP commodities, conduct comprehensive family planning counselling, and teach self-care to women in communities.

J. Systems Strengthening

Finally, to reinforce the Government of Sindh’s policy commitments and further institutionalise these for the future, three additional aspects need to be addressed and it is recommended that the Government:

1. Strengthen data collection and information flow: Gender-based violence data should be integrated into health systems information. The District Health Information System (DHIS) currently captures some reproductive health data, but its scope needs to be broadened. For example, it captures post-abortion complications but does not capture other dimensions of the abortion-related information;

2. Amend the Sexual Harassment at the Workplace Act to encompass the protection of medical staff harassed by patients and visitors;

3. Fully integrate gender-based violence issues into health service provision, inter alia by:
   a. Training to identify cases of GBV and implement care protocols by LHWs, community-based midwives and facility-based health care providers,
   b. Provide community bystander training on how to respond to GBV issues; recruit more women in health management at the district level to improve gender mainstreaming and balance in the workforce.
Rising to the Challenges: Gender-Responsive Policy Options for COVID-19 & Other Emergencies
Pakistan has a high incidence of gender-based violence (GBV) and is deemed the sixth most risky country in the world for women. The lack of comprehensive data and statistics is a challenge to effective planning, while existing data indicate the widespread culturally acceptability of and systemically embedded nature of GBV. The Pakistan Demographic Health Survey (PDHS) 2017-18 evidences that 28 percent of women and girls aged 15-49 years have experienced physical violence – 3 percent reported having had an abortion, miscarriage or other health problems because of the violence. In Sindh, according to DIG Investigations, 516 cases of sexual violence in 2018 and 196 cases of rape between January-November 2019 were reported to the Police. Official figures on overall pendency in court rooms indicate that fast track procedures in Gender-based Violence Courts remain to be fully utilised.

The province of Sindh, cognisant of the problem, has passed some of the most progressive legislation in the country to protect women and punish perpetrators of GBV such as, in particular, the Domestic Violence (Prevention and Protection) Act 2013, Sindh Child Marriages Restraint Act 2013, Sindh Commission on the Status of Women Act 2015 and Criminal Law (Amendment) (Offence of Rape) Act 2016. Furthermore, in 2019 the Sindh Women Development Department (WDD) in collaboration with the Legal Aid Society (LAS) developed the Sexual Violence Response Framework (SVRF) that outlines various recommended actions for the robust implementation of the law and fulfilment of legal obligations geared towards eliminating sexual violence in the province. The framework’s five-year action plan to improve the State’s response to GBV aligns with the Sindh Rule of Law Road Map’s strategic priority area on GBV. Other protection measures and strategies include the Darul Aman shelter homes; the Panah shelter home operating under a public-private partnership; Women Crisis Centres; the Sindh Commission on the Status of Women (SCSW); police and Law Department’s legal advisory helpline run in partnership with LAS; and the provision of legal aid-related protection measures in different government departments including WDD, Social Welfare Department (SWD) and Sindh Human Rights Department (SHRD). In addition, innovative police-linked Women Protection Cells have been rolled out in some districts.

Nevertheless, the existing framework and measures have been seriously challenged by the COVID-19 pandemic that also brought to light some gaps in policies and legislation. These challenges are not unique to Sindh, to Pakistan or even to COVID-19. Data evidences that all health and other emergencies exacerbate vulnerability to all forms of gender-based violence. COVID-19 has seen spiralling incidences of GBV against women, girls and persons of non-binary gender identities and a
disruption of protection systems everywhere. In Pakistan, too, the loss or disruption of livelihood sources triggered deep anxiety about how to put food on the table, pay the rent and meet other expenses such as school fees and medical needs. This combined with rising tensions stemming from protracted confinement in often cramped living spaces due to lockdown. The combined outcome was a spike in domestic violence and GBV in particular as reported by all community-based initiatives that also observed that fewer women and girls were seeking help and reporting cases during lockdown as they were confined to the same physical space as their abusers. Unable to leave their homes, survivors were cut off from people and resources that could help; far fewer women and girls have mobile phones than men and boys, and those with phones had no privacy to make calls.

Fewer women sought shelter. In Karachi, for example, the Panah shelter reported that during the lockdown only 5 percent of women seeking shelter were walk-in cases compared to 50 percent of cases prior to COVID-19.\textsuperscript{25} In the initial months, shelter homes in Sindh were unable to admit new women as staff had no protective gear or testing facilities and few were adequately equipped for isolation. Subsequently, shelters require new admissions to provide a recent PCR test report to obtain shelter, further obstructing access to such essential services. In contrast, services with helpline facilities reported increased calls.\textsuperscript{26} The Women Protection Cells (WPC), that stands out as a best practice that should be up-scaled and strengthened, for example, saw a 70 percent increase in requests from survivors since the COVID-19 outbreak.\textsuperscript{27} The lockdown led to many cases reported via phone calls and WhatsApp to the SCSW, which had mobilised all its Members to respond to women requiring access to GBV response services. Adding to the problem of accessing justice in cases of GBV, courts were only processing urgent matters, excluding both GBV and family law cases. Finally, life-saving care and support to survivors of violence – such as clinical management of rape and mental health and psycho-social support – were disrupted as over-burdened health service providers devoted their energies to handling COVID-19 cases.

A UN Women survey indicates that the disruption of women’s access to means of incomes, especially in low-income households, resulted in rising levels of GBV, exacerbating physical and mental burdens.\textsuperscript{28} Even where basic essential services are maintained, a collapse in a coordinated response between different sectors, i.e., health, police and justice, and social services response, and social distancing has meant that each sector encountered challenges in providing meaningful and relevant support to women and girls experiencing violence.

The recognition of these issues and responses was relatively slow. The Government of Sindh led the way in starting a helpline for mental stress – a main driver of increased domestic violence – but was unable to ensure that systems remained operational and met the needs of those most at risk of violence. The WDD, SHRD and SWD were amongst the 25 administrative departments to close down on March 19, 2020 as part of precautionary measures in pursuance of the Sindh Epidemic Diseases Act 2014. No new measures and policy directives to respond to the breakdown of essential response services to victims of GBV could be taken without official notification or guidance from the WDD or SWD. During the lockdown, while staff remained available on call, the WDD crisis centres and complaint cells confronted challenges. Lacking protective gear, shelter homes were obliged to suspend visitation rights for all residents as precautionary measures. The three state-run Darul Aman

\textsuperscript{25}SCSW & SG Policy Consultation on Mitigating the Impact of COVID-19 on Women & Girls in Sindh - GBV, July 27th, 2020
\textsuperscript{27}Ibid.
\textsuperscript{28}https://data.unwomen.org/resources/surveys-show-covid-19-has-gendered-effects-asia-and-pacific
shelter homes in Larkana, Hyderabad and Sukkur continued to accept new admissions through direct court orders with mandatory medical screening conducted in coordination with the district health departments. SCSW played a crucial part in ensuring testing was available. The lessons of the COVID-19 pandemic provide an opportunity to improve the implementation of criminal justice system’s protocols and procedures. Evidently, the criminal justice system is finding it difficult to follow the set standards and is therefore relying upon discretionary powers. Courts remained suspended for months; matters proceeding only where they were deemed ‘urgent’. GBV cases were not prioritised in this category hence it is assumed that many cases have fallen off the formal grid of justice. FIRs related to GBV are being lodged but are only followed through at the discretion of the police which too often means survivors/victims being referred to other channels of legal support. With the exception of Panah, shelter homes for women do not have extra space to isolate new entrants. Moreover, the Sindh High Courts’ order that all new entrants to shelter homes for women must be tested first, has put an additional burden on both the victims and shelter providers. While institutions such as Law Department, SCSW, LAS, SCHR, and CPLC have continued to facilitate victims’ access to necessary services, stricter protocols would strengthen mechanisms under the existing legal framework for effective responses to GBV during COVID-19 and other crises.

It is crucial that the province’s system of laws and protection mechanisms be able to holistically tackle all facets of GBV in emergency situations such as the COVID-19 pandemic. The challenges surfacing during the COVID-19 crisis underscore how vital it is that policies and plans are chalked out to reinforce existing GBV response systems and services such that the needs of women, girls and transgender persons facing violence become an integral part of national response plans for the current and future emergency situations. To prepare such a policy framework, the SCSW and Shirkat Gah conducted a series of interactions, including a formal webinar on GBV with a host of policy experts and service-providers from the public and private sectors.

The conclusion of the various consultations is the need for a comprehensive response plan to make GBV services better able to cope with emergencies with robust coordination between the various justice system actors that include the followin:

i. Strengthening services and ensuring access for GBV survivors during all emergencies, including COVID-19;

ii. Building the capacity of key services and improving departmental coordination to prevent impunity and improve quality of response;

iii. Allocating additional resources and including evidence-based measures to address violence against women and girls (VAWG) in COVID-19 and other emergency national and provincial response plans;

iv. Expediting the implementation of laws and policies as well as other forums of dispensation of justice for victims and survivors such as operationalising GBV Courts.

29Voices from the Field: Living With COVID-19 in Pakistan - Issues & Recommended Actions, Shirkat Gah - Women’s Resource Center, Issue 4
30SCSW & SG Policy Consultation for Mitigating the Impact of COVID-19 on Women & Girls in Sindh - GBV July 16, 2020
31The SCSW and Shirkat Gah policy consultation was held on July 16, 2020, and was attended by Legal Aid Society, independent law and gender experts, Sindh Human Rights Commission, Panah Shelter, Sindh Police representatives, WPC, Home Department, Pathfinder, and SCSW board members
The following set of recommendations is based on research as well as the grounded experiences of diverse service providers shared in consultations. All recommendations envision a policy of prevention and redress tailored to fulfil the different and varied needs of all women, girls and transgender people, including persons living with disabilities during the COVID-19 pandemic as well as in any future emergency situations. The recommendations aim to ensure continuity and further strengthen the services of the police and law enforcement actors and the judiciary.

The lessons learnt from the impact of COVID-19 on the fragile ecosystem of GBV response services in Sindh provide guidance for devising more robust and survivor-focused mechanisms for future emergencies and crises. As a first step it is strongly recommended that the Government of Sindh:

- Expand the definition of Essential Services to include all GBV response services and mechanisms to safeguard against any disruption of services during any emergency.

Other vital steps include: reinforcing remote, medico-legal and shelter services; providing a one-stop model for GBV survivors; allocating adequate and specific funding for GBV-related services; campaigns to increase awareness about existing services and justice forums including GBV Courts; bolstering first-response systems for domestic violence; expanding shelters and temporary housing for survivors; bolstering mental health care; and robust messaging to reduce the perception of impunity for perpetrators. Actions for particular sectors are given below.

**A. Police And Law Enforcement**

The police are a vital element of the justice system - their response often determines whether complaints are pursued or not. For the system to work for women, girls and transgender persons, the police force must be gender-sensitised, especially around GBV and the needs of persons with disabilities. In Pakistan, 56 percent of women experiencing GBV do not seek help or even talk to anyone about resisting or stopping the violence. Women who do take action are more likely to approach their natal or husband’s family rather than seek help from the police for fear of being shamed or pressured to keep quiet to maintain ‘family honour’. There are also reports of habitual inaction and in some instances even harassment by the police. During the pandemic, the attention of police and other law enforcement agencies was re-directed towards enforcing lockdown and quarantine measures and the monitoring of social distancing rules, reducing effective responsiveness to reports/incidents of GBV. As a rule, but especially during emergencies, it is crucial to implement measures to improve police response to GBV so that women see the police as first responders and not as a last resort. An important aspect of this is increasing the number of women in the police force as women are more likely to report GBV to a female officer. It is therefore recommended that the Government of Sindh:

1. Take immediate steps to realise the 10 percent quota for women in the Sindh Police force as women still only comprise 4 percent of the police force and ensure that a trained police woman is present during the investigation procedure;

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33 Country Policy and Information Note Pakistan: Women fearing gender-based violence, February 2020, justice.gov/eoir/page/file/1250691/download
34 https://www.dawn.com/news/1468407
2. Institute gender sensitised responsiveness and survivor-centric communication training for police officials at all cadres, especially at the constable level who deal with complainants directly;

3. Notify special cadres of well trained and sensitised Investigation Officers to investigate all cases relating to GBV;

4. Build the capacity of the Citizen-Police Liaison Committee (CPLC) and all Helpline operators such as the 15 Madadgar Helpline, to provide counselling services as well as referrals for legal aid, psycho-social and medical support;

5. Introduce a specialised rapid response Police force, specifically trained for dealing with GBV with the assistance of the Home Department;

6. Establish robust monitoring mechanisms with the requisite human and financial resources to evaluate police performance and ensure accountability for officers responding to GBV cases as well as assess the effectiveness of Helplines and monitor the length of trials in GBV courts.

B. ONE STOP CENTRES – BUILDING ON BEST PRACTICES

The policy consultations held by SCSW and Shirkat Gah underscored the remarkable success of the WPCs in Hyderabad and Sukkur in responding to GBV prior to and during COVID-19. Underlying this success is robust data collection and the provision of a complete set of gender-sensitive support services to women within a system that lacks women friendly practices. Recently, the WPC has introduced a new district-specific Helpline, with WPC members sanctioned to provide support even after regular office hours.

In light of the success of the WPC model, it is recommended that the Government of Sindh:

1. Replicate the WPC model in all districts; strengthen and scale up similar existing systems. Towards this:
   a. Build the capacity of WPC and similar initiatives to function as One Stop Crisis Centres where victims and survivors can receive a host of services,
   b. Appoint officers with sanctioned posts operating under and reporting to the Sindh Police in the WPCs,
   c. Appoint a female case-worker in each centre who will also be responsible for coordinating all matters regarding each case with other departments, and train the said officer in the criminal justice system and procedures as well as survivor/victim handling and case management, especially for sensitive cases such as rape and other forms of sexual violence (SV);

2. Conduct regular trainings for all service-provider officers involved in responding to and handling of GBV cases, including those appointed to WPCs/One-stop Centres to ensure the effective and satisfactory handling of GBV cases by promoting awareness of laws and procedures as well as communication and gender-sensitisation;

3. Improve referral mechanisms and develop follow up methods to ensure that the responsibility of service providers does not end at the lodging of the FIR but extends to courts and legal aid;

4. Launch mass awareness campaigns to inform the public of GBV-related laws and services and how to approach the police, including the WPCs and ‘One Stop Crisis Centre’, especially during emergencies; a. Widely promote such campaigns via

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35Multiple amendments to the Cr.PC have meant that a failure to carry out an investigation properly or diligently is now a punishable offence, as is intentionally hampering, misleading, jeopardising or defeating an investigation, inquiry, or prosecution - Section 172 & 173, The Code of Criminal Procedure, 1898
multiple channels (e.g. TV, radio, internet, and social media) and in all major languages spoken in the community.

C. REMOTE SERVICE PROVISION

The COVID-19 emergency lockdowns and protocols of social distancing, office closures and work-from-home brought telephone helplines and online systems of accessing GBV services into the spotlight in Sindh, Pakistan and the world. The need to minimise person-to-person contact greatly intensified the reliance on the use of phone, internet and email services to reach GBV support services.

In Sindh, the Law Department (through the Sindh Legal Advisory Call Centre), SCSW, SCHR and CPLC all reported an increased number of cases reported via phone calls, underscoring the need to strengthen remote services. But such modalities come with their own set of challenges. Globally, women are still 38 percent less likely than men to own a mobile and 49 percent less likely to use mobile internet.36 In Pakistan, the gender gap in terms of internet usage is 49 percent and for mobile phones 38 percent – a gap that is higher than in Bangladesh (29%) and India (20%).37 In addition, women and girls in rural Sindh and those living with disabilities are even less likely to have access. A further consideration is that even if survivors have access to a phone, they may find using it difficult and very unsafe when confined at home and closely monitored by abusers. It is therefore recommended that the Government of Sindh:

1. Pool resources and amalgamate various government helplines into one central hotline for the Sindh province with clearly defined SOPs along the lines of the 1043 Helpline operated by the Punjab Commission on the Status of Women (PCSW). This should be housed within the WDD or SCSW;

2. Ensure that all helpline services are toll-free to avoid costs to survivors/victims, and that government helplines are Internet (WhatsApp & Facebook) and SMS enabled;

3. Train operators of helpline services for GBV responses and preparedness, case management, psychosocial support, legal counselling and ensure operators are well versed in external referral mechanisms;

4. Develop, update and publicise available services. For this:
   a. Clearly define referral pathways for a host of GBV remote response services,
   b. Referral directories for remote response services as well as other available services,
   c. Encourage and support the development of telephone apps for GBV by taking forward and building upon existing work of directories, referral pathways and telephone apps, such as Shirkat Gah’s Humqadam mobile app38 and directories prepared by LAS39.

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37Ibid.
38The Humqadam telephone app has been developed by Shirkat Gah - Women’s Resource Centre and the Democratic Commission for Human Development in collaboration with the Lahore University of Management Sciences (LUMS) and the support of the European Union. The app aims to facilitate access to response services for GBV in a timely manner by providing a referral directory in selected districts, and a step-by-step guidance module.
D. MEDICO-LEGAL SERVICE PROVISION

The number of sufficiently trained medico-legal officers (MLOs) to deal with GBV cases is inadequate and despite sanctioned posts, there is a real paucity of women medico-legal officers (WMLOs). Medico-legal evidence lies at the intersection of the medical and justice processes, and greatly impacts prosecution. To strengthen and build existing systems of evidence collection it is recommended that the Government of Sindh:

1. Incentivise and induct more WMLOs against all sanctioned posts throughout the province to ensure rapid response to GBV survivors/victims;
   a. Ensure that women doctors appointed as MLOs are sufficiently trained on the procedures for examination and recording of reports,
   b. Adopt measures to ensure the work of new recruits is supervised or monitored by qualified medical professionals;

2. Establish a wide network of medico-legal services across all districts in the province:
   a. Fast-track the development of proposed forensic science laboratories, one in Karachi and one in Sukkur, the Medico-legal Directorate in Karachi to cater to all of Sindh, and upgradation of Medico Legal Centres/mortuaries

3. Establish Female Medico-Legal Examination Centres to effectively cater to the needs of female and transgender GBV survivors/victims;

4. Prioritise approval of SOPs and manual for WMLOs/MLOs on the process and procedures of conducting medical examinations of victims/survivors of sexual violence, including rape. Ensure that the Medico-Legal Reform Committee’s recommendations encompass:
   a. Obtaining the informed consent of survivors
   b. Ensuring the medical examination of the accused is done as per the 2016 Criminal Law amendments;

5. Develop a robust monitoring and review mechanism of post-mortem and forensic reports to ensure credibility and quality of medico-legal reporting and evidence taken to court;

6. Adopt measures to improve coordination between the diverse actors and sectors involved in the prevention of and response to GBV, including health and social services, forensic medicine and lab services, police/investigation, and the legal system, including lawyers and judges as well as the WDD;

7. Take steps to enhance capacity within and across existing systems of justice and law enforcement to ensure the proper collection, storage, analysis and use of the evidence. This should include trainings, provision of equipment and technology as well as awareness about the importance of medico-legal services and its challenges.

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40 New seats for WMLOs sanctioned posts by the DoH, brings the total of notified WMLO posts in Karachi to 29; with an additional 20 posts proposed for Karachi. A summary has been moved through Secretary Health for adding 371 additional seats to the current number of 221 MLO seats of all grades to run the system, and changing of nomenclature from Medical Officers to Medico-Legal officers.

41 Only five female MLOs working in a city of 7.6 million women, https://www.thenews.com.pk/print/363903-only-five-female-mlos-working-in-a-city-of-7-6-million-women

42 Four Female Medico-Legal Examination Centres are to be established at Dr Ruth Pfau Civil Hospital Karachi, Sindh Government Qatar Hospital Orangi Town, Sindh Government Hospital Saudabad and Sindh Government Hospital Korangi, https://www.pakistantoday.com.pk/2019/10/26/female-medico-legal-examination-centres-being-setup-in-more-hospitals/

43 S164A and 164B, The Criminal Law (Amendment) (Offences Relating to Rape), 2016
E. SHELTER HOMES

Managing a continuity of services by shelter homes for women – including the government-run Darul Amans and public-private partnership Panah shelter – has been a challenge during the COVID-19 pandemic. Most shelter homes were unable to develop timely SOPs and put into place systems to guarantee isolation and testing for new arrivals. Consequently, many women were unable to access shelters. The suspension of public and private transport compounded the problems as few women were able to reach shelter homes, especially from far-flung areas; the requirement of a court order for admission was problematic as only urgent matters were being heard in court. Consequently, women were unable to access resources to help them to cope with or escape situations of violence. Therefore it is recommended that Government of Sindh:

1. **In the COVID-19 specific context:**
   a. Expand the capacity of shelters, including by repurposing other spaces, such as empty government offices, or education institutions, to accommodate emergency needs of isolation/quarantine – a practice successfully adopted in Khyber Pakhtunkhwa during the pandemic,
   b. Enhance financial, infrastructural and technical capacity to deal with asymptomatic COVID-19 positive GBV survivors, including by ensuring channels of communication and coordination between various sectors;

2. **Strengthen shelter services** through:
   a. Assessing capacity and risks,
   b. Instituting safety planning and case management adapted to the crisis context, to ensure survivors’ access to support;

3. **Appoint trained professionals and strengthen support referral pathways** to ensure that shelters are able to meet the needs of especially vulnerable women and girls, those with disabilities and mental health problems;

4. **Increase resourcing for civil society organisations that respond to GBV** by providing assistance, including shelter, counselling and legal aid to survivors, so they can remain open in all crises;

5. **Ensure that women and girls subject to violence** can leave their house to escape abuse without being subject to any type of sanctions or limitations. For this, institute mechanisms to increase cooperation between the Police and CSOs so that victims can safely make their way to the shelter.

F. JUDICIARY

In Sindh, as the rest of Pakistan, the lockdown in March 2020 caused the suspension of most planned court sessions. Despite the notification of specialised GBV courts across Sindh in 2019, cases of violence were adjourned, creating a huge backlog of pending cases as matters classified as urgent matters continued to be heard. Under the current classification, this excludes matters pertaining to GBV, as well as family law matters that are often connected with GBV. Only a handful of district judges in the province treated GBV cases as urgent and granted some form of relief or redress to survivors/victims. Strategies and tools to address the slowdowns in the justice system because of institutional closures and social distancing measures are important to avoid impunity for perpetrators of VAWG and to reduce the average trial in rape cases from a currently estimated 16-18 months. Therefore to recalibrate justice delivery to GBV survivors/victims in Sindh, it is recommended that the Chief Justice of the Honourable Sindh High Court may:

1. **Redefine urgent court matters to encompass GBV and family law matters**
for all future emergency and crisis settings and include these in standard operating procedures notified for GBV Courts determining their jurisdiction;

2. **Operationalise the 27 GBV courts notified in Sindh.** These courts need to ensure special protection measures for witnesses and victims are put in place. The following steps are needed:
   a. **Publicise the functions of GBV courts and special procedures** amongst litigators, victims and survivors,
   b. **Adopt measures to ensure close monitoring** of rape cases along the lines of monitoring and evaluation which was set into place for the model courts handling murder trials by the senior judiciary,
   c. **Ensure the continuation of ethnographical assessments** by SCSW of court room atmosphere and infrastructure to measure changes if any over time;

3. **Ensure increase in user satisfaction levels of victims and survivors of GBV in courts through uninterrupted availability and accessibility of special protection measures** during trial by using flexibility in existing procedures, such as, allowing remote applications for protection and restraining orders and automatically extending existing orders; enabling the submission of statements and other evidence through electronic means; ensure screens are effectively used to shield witnesses and victims and separate waiting rooms are allocated for witnesses and victims in courts;

4. **Instuct measures to keep the courts running during emergencies**, for urgent and non-urgent matters through information and communications technology (ICT) for remote access, including via video or telephone hearings;

5. **Ensure adherence to the 3-months trial time line under the law for GBV cases**; for this:
   a. Allocate **sufficient funding** to enable the justice system to **reduce delays in judicial procedure**;

6. **Digitalise case management systems.**

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44There are at present eight functioning shelter homes in Sindh which are run either by the SWD or local NGOs. Of these, four are located in Karachi and there is one Dar ul Aman each in Sukkur, Larkana and Hyderabad, and a private shelter home in Hyderabad.
46SCSW & SG Policy Consultation for Mitigating the Impact of COVID-19 on Women & Girls in Sindh - GBV July 16, 2020
47A Gap Analysis commissioned by FCDO and LAS identifying baselines and defects in investigation of rape and sodomy cases.
49SCSW & SG Policy Consultation for Mitigating the Impact of COVID-19 on Women & Girls in Sindh - GBV July 16, 2020
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Economic Survey of Pakistan, 2020. Gender disaggregated figures are not available in this report.


Pakistan Economic Survey 2019

SDG 4 focuses on education and aims to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

This figure includes 38,132 primary schools, 1640 middle schools, 601 elementary schools, 1719 secondary schools, and 291 higher secondary schools.

While the National Education Policy (NEP) 2009 addresses EiE, prolonged school closures in a pandemic, and associated policy measures for a gender-specific response, are not considered. Such preparedness is thus not reflected in provincial plans as well.
Sustainability Development Goal 4 on education is a Category-1 priority for Pakistan and free and compulsory education for all children between the ages of 5 and 16 is guaranteed under Article 25-A of the Constitution of Pakistan, for which the provinces are responsible. This responsibility is rightly reflected in the Sindh Right of Children to Free and Compulsory Education Act 2013/Rules 2017. The overall literacy rate in Sindh is 58 percent whereas female literacy rate is only 44 percent. Female enrolment levels decrease as grade levels increase. All-girl schools constitute only 16 percent of total schools in Sindh. There is stark disparity between the literacy rates for rural and urban Sindh – respectively 21 and 64 percent. OF deep concern is that according to the Pakistan Economic Survey, the literacy rate in Sindh has actually decreased from 63.0 percent in 2014 to 62.2 percent in 2018, particularly amongst girls. The key to achieving the targets under SDG 4 in Pakistan, therefore, is to address gender – as well as other – disparities in the education sector.

Responding to the challenge, the Government of Sindh has aligned its School Education Sector Plan and Roadmap 2019-2024 (SESP&R) with key education challenges in the province. The Roadmap aims to achieve equitable access to education, quality in learning, and best practices in governance and management. Importantly, the SESP&R prioritises the enrolment and retention of female students. The delivery of education at the primary and secondary levels is managed by the School Education and Literacy Department (SELD) and the Special Education Department (SED). Education standards and respective responsibilities for curriculum development are governed by the Sindh Curriculum and Standards Act 2014. The Public Private Partnership Act 2010 and its amendment in 2014-15 govern public private partnerships (PPP) in education.

The COVID-19 pandemic profoundly disrupted education in Sindh, Pakistan and the world at large. In February 2020, as the number of confirmed cases started to rise, the Government of Sindh announced the closure of all schools in the province. The persistent increase of confirmed cases led to school closure being extended until September 15, 2020. This resulted in 42,383 schools being closed and the disruption of the formal learning process for nearly 4.5 million students enrolled in Sindh’s public sector schools. It should be noted that schools and teachers have not been able to equitably support students’ distance learning since school closure.

Preparedness for COVID-19 and similar pandemics is missing from education plans and policies across Pakistan. In Sindh, while the SESP&R incorporates gender considerations across key goals, these are not cross-cutting. For instance, the Education in Emergency (EiE) section does not take into account the gendered impact that prolonged...
school closures may have on reopening plans and the subsequent return and retention of girls, among other things. Neither the National Education Policy 2009 nor the SESP&R 2019-2024 provide plans for continued education amidst prolonged school closures due to a public health crisis or other emergency situations.

Across the globe the education measures in response to COVID-19 school closures have been devised, adopted, and scaled up in real time. In Pakistan, to mitigate the impact of school closures, strategies to continue education via distance learning were devised by the Federal as well as Sindh governments. The federal government initiated the Teleschool channel, which runs programmes for children /students from Kindergarten to Grade 12 from 8 a.m. to 6 p.m., seven days a week. While this is commendable, it would be essential to gauge whether programmes are engaging enough to hold students’ attention; if parents are sufficiently motivated and equipped to ensure children are watching; and assess the level of learning achieved through these programmes.

The Government of Sindh adopted a two-pronged approach, implementing short-term as well as long-term initiatives. Short-term initiatives include distance learning measures, and the digitisation of classes. For digital learning platforms, SELD is collaborating with UNICEF, Microsoft, Mera Sabaq Pvt. Ltd., Sabaq Foundation Trust, and Sindh Education Foundation. Digital learning platforms in place include the Muse SELD Learning App for grades KG to 5, and an online repository of teaching and learning material for grades 6 to 12. All the aforementioned measures require access to equipment – a cellular phone, a television, Internet connectivity – that are not equally available amongst the 4.5 million public school students. SELD, in collaboration with regional directorates and districts, has established a Digital Classroom Platform for grades 6 to 12 for 21 districts. For seamless delivery of online education via MS Teams and Digital Classroom Platform, a training of 524 Master Trainers within the province was conducted but included only 141 women (27%). To date, this Platform has been piloted in just 3 schools in Karachi with 81 teachers (37 female) catering to 1,980 students (30% female) and the results are yet to be gauged.

The long-term plan includes the establishment of a Steering Committee by SELD, in order to govern, expand, and keep track of the Digital Classroom Project. SELD intends to devise a Digital Learning Strategy in order to ensure that students, teachers, and management have access to prerequisite devices and services. The Sindh education budget for the current financial year is higher than in the previous year but the budget allocation for the COVID-19 contingency plan was pending at the time of writing.

This is an opportunity for policymakers to adopt measures to more effectively implement Sindh’s existing gender-responsive policies for education in emergencies and formulate new initiatives in line with the goals set out in the SESP&R 2019-2024. This would mitigate the impact on girls’ education of COVID-19 and lay the grounds for preparedness for other potential emergencies in the future, such as the damage to girls’ schools due to floods in Karachi.

To identify critical issues resulting from school closures in Sindh, especially for female students and consider strategies, the SCSW and Shirkat Gah hosted a series of consultations

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57Only 34.5 per cent of Pakistan’s population has access to the Internet. A breakdown of access to the Internet by province is as yet unavailable.
58Coverage includes: 2262 schools, 20,997 teachers, and 512,279 students (grades 6 to 12). The content and outcomes of this platform are not available.
59The increase was from PKR 212.4bn in 2019-20 to PKR 244.5bn in 2020-21.
with policymakers, educationists, civil society organisations working in the field as well as with UNICEF that is collaborating with the Government of Sindh. The consultations identified the following key issues that must be addressed:

i. The safe reopening of schools (especially for female students) in Sindh,

ii. 100% retention of students, especially girls\(61\), and

iii. How to make up for the 4.5 months of learning losses.

Experts at the consultations stressed that given the challenges of reopening schools, it is important to devise a comprehensive policy tailored for, and responsive to, particular local conditions. On September 4, 2020, the SELD apprised relevant bodies of the Post COVID-19 SOPs for operating Public and Private Educational Institutions, laying down the responsibilities for school management, teachers, students, parents, parent-teacher associations, civil society, and the community. A phased reopening of public and private schools started on September 15, 2020, with 9th and 10th grade students. However, 2.41\(62\) percent of students and teachers tested positive for COVID-19\(63\) against the desired positivity rate of close to 1 percent to effectively control the disease. Moreover, spot-checking revealed that not all schools were following prescribed protocols. Consequently, Sindh once again postponed the reopening of schools for lower secondary and primary levels. Primary and lower secondary schools were reopened on September 28, 2020 following a situational review. However, in November, in view of the second wave of the coronavirus pandemic, it was explained that educational institutions throughout the country should opt for home learning and online classes to keep students out of harm’s way.

Using the SESP&R 2019-2024 as the framework document, the following policy recommendations are intended to address the aforementioned key points raised during the consultations. The aim of these gender-responsive policy options is to use existing systems and notifications in order to overcome the disruption to education caused by COVID-19 in Sindh, and to provide a blueprint for gender-responsive education policy during public health and other crises.

\(61\)A significant percentage of girls leave school due to unavailability of funds, lack of interest, or due to early marriages. Unless a reopening policy addresses retention for such female students, COVID-19 may increase early dropouts for these students.


\(63\)In addition, the Sindh Minister for Health and Population, Dr. Azra Pechuho, revealed that Sindh’s overall COVID-19 positivity rate had doubled, from 1.5% to 3%.
Experts and practitioners concur that measures must be tailored according to the local contexts of schools at the District and Taluka level, as well as in terms of age-group/level of education and rural-urban settings. This means that for each aspect, minimum standards will need to be established at the provincial level but allow flexibility and further tailoring of District/Taluka-level policies that should be the responsibility of relevant district- or Taluka-education officers.

While experts had different ideas on concrete measures to be adopted, it was generally agreed that:

☐ A differentiated approach was needed for different age-groups, rural-urban locations and level of school and student resource base;

☐ A minimum standard should be established for each level to determine who should be promoted to the next grade and modalities must worked out for assessing learning;

☐ The best practices should be taken into account from within the province and country but also from across the world as schools begin to reopen.

The recommendations provided here only focus on public schools and grades KG to 10th for which the key institution is for implementation is SELD. For the recommendations to be implemented successfully, however, requires engagement with key stakeholders at each stage. These include: SELD officials, District Education Officers (DEOs), Taluka Education Officers (TEOs), students, parents, teachers, head-teachers, and local communities, as well as the WDD, SCSW and CSOs working for girls’ education and gender equality. The transparent sharing of comprehensive information and SOP plans will enable maximum engagement.

A. INCENTIVISING GIRLS’ RETURN TO SCHOOLS

It is important to ensure equitable access and 100 percent retention of girls in schools and to guard against the risk that students deprived of formal schooling since February 2020 may no longer be interested in studying. Other pandemic-related factors may impede girls’ return to schools such as the increased rates of early age marriages, families becoming dependent on the added responsibilities of housework assumed by girls, and a greater reluctance to spend reduced incomes on girls’ education. As gender inequalities are holding Sindh back from meeting targets under SDG 4, it is important to incentivise girls’ return to schools, it is therefore recommended that the Government of Sindh:

1. Synthesise data on girls most at risk of dropping out of/not returning to schools so as to identify specific Talukas and even Union Councils where targeted incentivisation programming is most required;

2. Expand the Girls’ Stipend Programme towards the population of female students most at risk of dropping out/being forced away from education;

3. Secure sufficient funds for this purpose by reallocating existing budgets wherever possible and apportioning some amount from the COVID-19 Emergency Funds.

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B. COMMUNICATION STRATEGY  
**Promoting Girls Education**

An effective communication strategy is needed to mitigate the risk of girls not returning to school after the prolonged closures or dropping out soon after re-joining. The communication strategy must be comprehensive as well as engaging; emphasise the vitality of girls’ education for the well-being of the entire family and future generations; aim to inform families and communities about the opportunities and arrangements put into place by the Government, especially for girls. With respect to such a communication strategy, it is recommended that the Government of Sindh:

1. **Prepare a communication strategy to widely promote girls’ education, publicise information pertaining to school reopening, and make explicit how to avail of incentives being offered such as stipends.** For this:
   a. Include the WDD, SCSW and CSOs working in the area of girls’ education and gender equality as partners in developing the overall narrative and specific messages,
   b. Align information with SELD’s SOPs in the Post COVID-19 SOPs for operating public and private educational institutions,
   c. Develop posters and flyers to be shared with parents through household-level distribution, and displayed in public spaces including at shopping centres,
   d. Use mass media to initiate a back to school narrative campaign promoting girls’ return to and retention in schools. The campaign must emphasise the likeness between the intended viewer and the vehicle of the narrative (such as story or animation);

2. **SELD and SED to pilot and test the information packs, narratives, SOPs, and other measures indicated above to determine useful approaches and possible limitations, and stay responsive to the fluid on-the-ground situation due to COVID-19 (and adjust for future emergencies).** Piloting will further allow for adjustments where necessary. This piloting can be done in collaboration with civil society groups with expertise in communication and/or the private sector communication entities;

3. **SELD to closely liaise with the Department of Health for all messaging on COVID-19 and health related matters,** to ensure key decision makers are on the same page prior to information dissemination;

4. **Engage with parents:**
   a. Hold meetings with parents in discussions about schools’ reopening at the Taluka level where questions may be answered by the TEOs. Meetings should share details of school reopening plans, SOPs to be followed and steps to be taken should the student/household member develop symptoms of COVID-19,
   b. Consider engaging district-level Master Trainers to train parents on how to support their child’s education, especially in terms of distance learning,
   c. Utilise and seek support from Parent-Teacher Committees (PTCs) and School Management Committees (SMCs) regarding provision of technological facilities such as the Internet, etc. Monitoring responsibilities can also be extended.

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65The recommended narrative campaign would be modeled after the successful Meena Ki Kahani animated series run by UNICEF.
C. REIMAGINING SCHOOLS & TEACHING

The COVID-19 pandemic has forced the education sector to reimagine how schools function including what ‘infrastructure’ entails. In the COVID-19 context, the availability of equipment necessary for distance learning proved to be more crucial for ensuring continuity in learning than the availability of physical classrooms. The Government of Sindh is to be commended for quickly responding to the shift in mode of teaching to online platforms by conducting trainings of teachers. It is recommended that the Government:

1. Collect baseline data on the availability of technological resources in schools, including teachers with IT expertise in each school/district and student data with similar capabilities in each school/district for future planning and proper utilisation of existing expertise with the full involvement of the Reform Support Unit;

2. Maintain momentum and scale up teacher training on using online platforms and modalities and enable them to adapt to the fast-changing context of education delivery; Inter alia:
   a. Form a provincial team of experts to develop level-wise curriculum in each subject area for distance learning classes,
   b. Disseminate updated lesson plans based on the standardised minimum competencies,
   c. Accelerate teacher trainings on distance learning methods. For this:
      i. Create a team of experts (seeking support from Microsoft) to train Master Trainers on the developed curriculum,
      ii. Create a Training Plan at the district level based on gathered data on schools and teachers,
   d. Expanding the piloting of Digital Classroom Platform to other cities and also by testing and implementing it in rural areas.

In addition, schools are likely to confront constraints in implementing the mandated guidelines and SOPs. There will inevitably also be instances of students catching the virus or forced to isolate after close interaction with someone testing positive. These students will have to miss out on at least two weeks of in-class instruction. At present, SELD’s directives do not include measures to address such issues and pre-emptive measures will help prevent learning losses. In light of the changing environment and likely challenges, it is recommended that the Government of Sindh:

1. Redirect part of the Annual Development Plan budget towards the provision of distance learning equipment among students at the greatest risk of exclusion;
2. Roll out regular teachers training in how to use new technologies to conduct lessons and assessments;
3. Collect and document best practices in the absence of digital technologies adopted by schools in Sindh, review these for lessons, replication and scaling up;
4. Develop and adopt comprehensive blended learning models where all students cannot be accommodated safely in a limited number of classrooms;
5. Prioritise scaling up the Mera Sabaq programme and the Muse SELD application for broader coverage;
6. Mobilise Master Trainers in each district to expand the training of teachers on MS Teams and the Digital Classroom Platform;

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66Such as laptops/tablets.
7. Dedicate a few days each month for regular “catch up/revision sessions” in order to accommodate students who may have to miss out on in-class learning due to the virus;

8. Consider incentives for teachers who do well in this and establish monitoring and assessment systems for this.

D. ENSURING OPTIMAL RECOVERY OF LEARNING LOSSES WITHOUT OVERBURDENSING STUDENTS

There is a need to ensure minimum standards in curriculum and competencies. In doing so, the goal of ensuring quality learning needs to bear in mind the different needs of:

- Students with no access to distance-learning devices during closures
- Students with limited access for distance learning (e.g. television-based Tele-schools and radio programmes)
- Students with full access to distance learning devices and options

It is recommended that the Government of Sindh:

1. Develop minimum standards/competencies for each grade level (primary until Matric) in the previous and current academic year, keeping in view what can be achieved by students with no access to distance learning devices and experience;

2. Develop simple assessment strategies and adopt immediate measures to ensure uniform achievement of minimum standards for promotion to the next grade and for promotion by the end of the new academic year;

3. Restrict inclusion of additional competencies to schools where distance learning has made this achievement possible;

4. Deploy SEMIS to monitor the extent of distance learning coverage during closures at the district and Taluka levels to enable a more tailored adaptation of the curriculum to the local context;

5. Introduce ‘remedial’ classes over the summer vacations in 2021 to make up learning losses of the previous academic year so as to avoid overburdening students without access to distance learning means rather than cramming extensive curricula into the remaining months of the academic year.

G. ENSURING SAFE REOPENING OF SCHOOLS FOR ALL

Given that the COVID-19 pandemic situation remains fluid and unpredictable, a high priority for education departments must be the safe reopening of schools, with comprehensive SOPs in place to prevent or minimise the spread of the virus among students and their household. The Minister of Education’s commendable initiative to proactively monitor the implementation of SOPs as schools re-opened must be regularised. Robust monitoring mechanisms providing real time assessments of health and safety in every school will facilitate decisions pertaining to the logistics of reopening and targeted closures only if and where needed. Should a school – or schools in a particular location - need to close such a monitoring system will enable swift decisions for distance learning. This is especially important in the short-term, as much policymaking will require iterative changes responsive to emerging needs within specific girls’ and mixed schools. In short, careful monitoring will allow for more data-driven evidence responsive reopening plans fine-tuned to the local contexts. Finally, a considerable number of low-cost, low-fee schools have struggled to continue functioning following the school closures due to non-payment of fees and the decision for reducing fees. Assisting these schools reopen is essential as private schools...
account for some 13 percent of all students in Sindh aged 6-16 years. In this regard, it is recommended that the Government of Sindh:

1. Revise existing SOPs as per the Post COVID-19 SOPs for operating Public and Private Educational Institutions with more specific information on the maintenance of WASH facilities, adjustment of academic calendar, measures for non-compliance with SOPs;

2. Adopt measures to facilitate students who may not have the means to adhere to SOPs, such as not sharing personal belongings or bringing homemade lunches, to ensure attendance and retention;

3. Tailor responses to specific needs:
   a. Establish minimum standards to be followed at the provincial level while providing for some needs-based flexibility in implementation at the Taluka level and put into place a mechanism to engage Taluka and District Education Officers for developing localized SOPs, including by determining how many students can be accommodated in one classroom with sufficient distancing,
   b. Develop outbreak escalation and response mechanisms at the District and Taluka levels and mandate District and Taluka-specific monitoring and decision-making,
      i. Devise an MIS based on gender-specific log frame indicators to be used by key implementing partners, District Education Officers (DEOs), Taluka Education Officers (TEOs), and other parties for spot checks to ensure adherence to SOPs;
   c. Use existing data via SEMIS to determine data-driven school reopening models. Such models may include staggered opening, recess, and closing times; double shifts, alternating of school days or fewer students per classroom; depending on the availability of classrooms and the number of students;

4. Redouble efforts and make additional funds available for random COVID-19 testing of students and staff to help contain the virus beyond the existing SOPs for regular temperature screening of students as scientific evidence-based research shows that most children are asymptomatic;

5. Direct funds towards the provision of hygiene kits that include hand sanitizers and face masks among all students in schools with limited WASH facilities;

6. Develop a contingency/response plan for a potential outbreak in a district/taluka or specific school so that only a limited number of schools are closed across, rather than across the province;

7. Introduce financial assistance programs for low-fee schools along the lines of assistance made available for SMES so that they may continue to thrive and accommodate students, especially girls;

8. Include as key stakeholders for planning and feedback the WDD, SCSW and relevant CSOs working in the area of education and women and girls’ empowerment.

68These needs may stem from the local/community contexts, as well as the local viral load at any given point.
69During consultations, respondents shared instances where schools/students in rural areas suffered from closures, even though there were negligible positive cases of COVID-19.
J. Engaging the SELD Gender Unit to Mainstream Gender Concerns

Currently, there is insufficient gender-disaggregated data to accurately gauge the impact of the disruption in education for girls in Sindh. However, research on previous public health crises indicate that female students face more disadvantages when school closures are implemented.\textsuperscript{70} There is a risk, then, that school reopening after such a considerable length of time may worsen the already dire gender disparity in education in Sindh. In safeguard against such an eventuality, it is imperative that gender concerns are mainstreamed, and that these concerns inform deliberations and decisions on education policy. Therefore, it is recommended that the Sindh Government:

1. Task the SELD Gender Unit to identify possible gender-related gaps in existing education and school reopening policy, as well as the long-term roadmap in collaboration with the WDD, SCSW and relevant CSOs;

2. Engage and coordinate with civil society organisations and academia on a regular basis with immediate effect so as to ensure that the policy is responsive to the concerns and experiences of female students in a post-pandemic context and includes preparedness for other emergency situations;

3. Ensure that SELD’s long-term Digital Learning Strategy incorporates gender-specific inputs from the above two;

4. Include the SELD Gender Unit in the Steering Committee for SELD’s long-term plans associated with distance learning.\textsuperscript{71}


\textsuperscript{71}This Committee is tasked with governing and tracking progress of the Digital Classroom Platform.
GENDER-RESPONSIVE POLICY OPTIONS FOR WOMEN’S ECONOMIC RESILIENCE

SITUATION OVERVIEW

The havoc created by COVID-19 has had a synergistic impact. The lockdown – a critical step taken by governments to curb the spread of the virus – negatively impacted the economic wellbeing of countries, especially struggling economies such as Pakistan. In Sindh province, the economic ramifications have been significant, affecting the income stream of masses in at least two ways:\(^{12}\) the reduction in jobs and economic revenue streams for the self-employed, daily wage earners, and those employed informally; and retrenchments that have pushed more people into the informal sector with low wages and without social protection. Outsized effects have been most acutely felt by the most vulnerable employees, of which women comprise the bulk.

Women’s access to decent livelihood is not equitable anywhere, including in a resource-constrained country like Pakistan, where women are gainfully employed in fewer sectors than men; work largely in low-paid and informal jobs; and make up the bulk of unpaid family workers. Even formal sector enterprises have a large number of women employed as contractual or piece-rate workers. The COVID-19 pandemic impacted such sectors heavily, pushing these women into unemployment or under-employment with greatly reduced salaries. For instance, the closure of all educational institutions rendered many women working as primary schoolteachers on a contractual basis in private schools un- or underemployed overnight without compensation. The SCSW was also approached by women made redundant in the personal care economy and others in similar situations. The livelihood of women piece-rate workers in garment factories abruptly ended due to factories closing. In rural areas too, women face added layers of discrimination and marginalisation as the agriculture sector is the biggest source of livelihood with a majority being small farmers or landless labourers.

The Government of Sindh adopted a three-pronged strategy to address COVID-19 related challenges: (1) availability of financial resources for health sector to establish COVID-19 isolation wards, free-of-cost testing facilities and block allocation for preventive measures such as hand sanitisers, face shield and other medical supplies; (2) distribution of rations; and (3) administrative orders to protect employees in vulnerable sectors from lay-offs.

The Government of Sindh also established a Coronavirus Emergency Fund (CEF) to mobilise resources to fight the endemic with an initial amount of PKR 3 billion to be raised through an emergency grant of PKR 1.3 billion from Social Relief Fund of the Government of Sindh (GoS) and PKR 1.7 billion through deductions from the salaries of ministers/advisors/parliamentarians and the employees of GoS.\(^{73}\) According to the Government,

“The fund is fully operative and has already started supporting various efforts of GoS. The provisioning of funds is evaluated and approved by a Committee headed by Chief Secretary Sindh with a strong representation from the private sector for the sake of transparency and neutrality.”\(^{74}\)

Much of the CEF has been used to meet the healthcare aspects of the virus.\(^{75}\) Two particular disbursements on March 26, and April 4, 2020 are noteworthy as they were for ‘distribution of ration for daily wagers,’


\(^{74}\)Ibid.

\(^{75}\)Ibid.
and ‘distribution of ration to poor/daily wagers (sic) who are economically affected by spread of Coronavirus’. This data is gender blind, however, and it is therefore unclear what percentage – if any – of the beneficiaries were women. No additional information on the Sindh Government policies and their implementation with respect to economic resilience initiatives in response to COVID-19 are publicly available. In parallel, the negligible presence of women in the National Action Plan for COVID-19 set up by the federal government has been noted as a concern.76

To protect workers, the Sindh Home Department did issue an order under the Sindh Epidemic Diseases Act 2014,77 stating that: 1) no worker shall be laid off; 2) all kinds of workers shall be paid salaries, remunerations or wages in full by their respective employers and the said period of closure would be counted as paid leave; and 3) any person disobeying any direction or order by the government under this Order shall be deemed to have committed an offence under Section 8 of the Penal Code as provided in Section 4 of the Epidemic Act. In addition, the Directorate of Inspection and Registration of Private Institutions in Sindh (DIRIS) issued a circular for private school owners in the province to pay full salaries of teachers and non-teaching staffers regardless of the virus lockdown. Despite the Federal and Sindh governments decreeing that company and business owners must not lay off workers and continue to pay them salaries or minimum wages, unemployment has spiralled as many factory workers, contractual workers and private school teachers (both women and men), have been laid off or denied wages. Furthermore, vast numbers of female workers were working without any formal written contract (see Table 2 below), which further increased their vulnerability and excluded them from any protections afforded by the Sindh government directives or other social protection schemes.

The dire circumstances faced by the working class, especially women, necessitate a coherent set of policies to be urgently developed to address the added impact of COVID-19 in various sectors. An important step in this direction is to gauge the gendered impact of COVID-19 on the economic well-being of women.

As part of the joint initiative of the Sindh Commission on the Status of Women (SCSW) and Shirkat Gah, this section of the Policy Brief report addresses the key area of Economic Resilience of women to ensure that the impact of COVID-19 as well as the steps taken to address the pandemic do not further exacerbate the already existing inequities faced by women in society.

WOMEN’S ECONOMIC ACTIVITIES & IMPACT OF COVID-19

The Labour Force Survey (LFS) 2017-18 reveals that the gender gap in labour force participation in Sindh is sharper than in Pakistan as a whole, indicating that even before COVID-19, the labour market in Sindh had a significant gender gap. The gender gap is more prominent in adults compared to youth.78 (See Table 1)

<table>
<thead>
<tr>
<th>Table 1: Labour Force Participation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sindh</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Child (10-14)</td>
</tr>
<tr>
<td>Youth (15-24)</td>
</tr>
<tr>
<td>Adult (25 and above)</td>
</tr>
<tr>
<td>Total (10 and above)</td>
</tr>
<tr>
<td>Source: Labour Force Survey 2017-18</td>
</tr>
</tbody>
</table>
A comparison of the labour force participation rate (LFPR) in urban and rural Sindh shows a higher LFPR in rural areas compared to urban areas. For instance, the female LFPR in urban areas is only 9 percent, while in rural areas the female LFPR is almost 20 percent. Contributing to the low urban female LFPR is the higher female unemployment rate: in 2017-18, this was almost 25 percent in urban areas of Sindh, suggesting that many women desiring to join the labour force in urban Sindh fail to find employment.

In 2017-18, around 1.8 million girls and women aged 15 years and above were employed. The vast majority (around 1.3 million) were employed in rural areas; more than half a million in urban areas. The majority of rural women were employed in agriculture (85.8%) followed by mining and manufacturing (9.5%), education (1.8%) and health services (1.2%). In urban areas, mining and manufacturing, education and health services are the major industrial sectors employing women accounting for 31 percent, 23 percent and 11 percent respectively. Apart from agriculture, 82 percent of women in rural areas and almost 81 percent in urban areas were employed in the private sector.

### Table 2: Distribution of Employed Female in Sindh

<table>
<thead>
<tr>
<th></th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Employed (in thousands)</strong></td>
<td>1,257</td>
<td>536</td>
<td>1,792</td>
</tr>
<tr>
<td><strong>Major Industry Divisions (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agriculture, forestry and fishing</td>
<td>85.8</td>
<td>13.1</td>
<td>64.1</td>
</tr>
<tr>
<td>Mining and Manufacturing</td>
<td>9.5</td>
<td>30.7</td>
<td>15.8</td>
</tr>
<tr>
<td>Education</td>
<td>1.8</td>
<td>23.2</td>
<td>8.2</td>
</tr>
<tr>
<td>Human health</td>
<td>1.2</td>
<td>11.0</td>
<td>4.1</td>
</tr>
<tr>
<td>Households Employers</td>
<td>0.5</td>
<td>8.9</td>
<td>3.0</td>
</tr>
<tr>
<td>Wholesale and Retail Trade</td>
<td>0.3</td>
<td>4.1</td>
<td>1.5</td>
</tr>
<tr>
<td>Public Administration</td>
<td>0.0</td>
<td>2.2</td>
<td>0.7</td>
</tr>
<tr>
<td>Other Service Activities</td>
<td>0.8</td>
<td>6.9</td>
<td>2.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td><strong>Non-Agriculture Public and Private Employment (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Sector</td>
<td>82.1</td>
<td>80.7</td>
<td>81.1</td>
</tr>
<tr>
<td>Public Sector</td>
<td>17.9</td>
<td>19.3</td>
<td>18.9</td>
</tr>
<tr>
<td><strong>Employment Status (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-employed</td>
<td>8.6</td>
<td>13.6</td>
<td>10.1</td>
</tr>
<tr>
<td>Contributing family worker</td>
<td>71.7</td>
<td>13.2</td>
<td>54.2</td>
</tr>
<tr>
<td>Employee</td>
<td>19.7</td>
<td>73.1</td>
<td>35.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td><strong>Job Status of Employees (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanent/ Pensionable Job</td>
<td>10.7</td>
<td>24.2</td>
<td>19.0</td>
</tr>
<tr>
<td>Contractual Employees</td>
<td>3.0</td>
<td>10.8</td>
<td>7.7</td>
</tr>
<tr>
<td>Without Contract/ Agreement</td>
<td>86.3</td>
<td>65.0</td>
<td>73.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

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79The ratio of labour force (employed and unemployed but seeking work) to the population of respective age cohort
In rural areas, the majority of women contribute as unpaid family workers; in urban areas, the majority receive remuneration. However, 65 percent of urban working women have no written contract or agreement and are therefore especially vulnerable to any external or internal shock in the economy. In rural areas, more than 86 percent of working women also have no contract or agreement, but most work as unpaid/contributing family workers.

Table 3 presents the magnitude of females employed in five sectors affected by the COVID-19 lockdown – some are still not fully operational. These sectors are: textile and associated sectors, education, health, retail sale and sale of prepared food items including restaurants. Our estimates indicate that, excluding the agriculture sector, around 370,000 women working in the private sector were fully or partially affected by the measures taken to address COVID-19. In urban areas, around 260,000 employed women were likely to have faced employment challenges while more than 110,000 women working for pay in rural areas faced similar challenges.

<table>
<thead>
<tr>
<th>Table 3: Female Vulnerable Employees in Sindh (in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Vulnerable Female Employed</strong></td>
</tr>
<tr>
<td>Rural</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>110.1</td>
</tr>
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</table>

**Manufacturing (in thousands)**

<table>
<thead>
<tr>
<th></th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>Wearing Apparel</td>
<td>55.3</td>
<td>83.7</td>
<td>139.0</td>
</tr>
<tr>
<td>Other Textiles</td>
<td>41.8</td>
<td>29.4</td>
<td>71.1</td>
</tr>
<tr>
<td>Spinning</td>
<td>1.8</td>
<td>3.8</td>
<td>5.6</td>
</tr>
<tr>
<td>Knitted and Crocheted Apparel</td>
<td>0.4</td>
<td>3.0</td>
<td>3.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>99.3</strong></td>
<td><strong>119.9</strong></td>
<td><strong>219.2</strong></td>
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</table>

**Education (in thousands)**

<table>
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<tbody>
<tr>
<td>Pre-primary and primary education</td>
<td>3.8</td>
<td>56.9</td>
<td>60.7</td>
</tr>
<tr>
<td>General secondary education</td>
<td>1.1</td>
<td>10.5</td>
<td>11.7</td>
</tr>
<tr>
<td>Higher education</td>
<td>0.0</td>
<td>2.1</td>
<td>2.1</td>
</tr>
<tr>
<td>Other</td>
<td>0.8</td>
<td>9.6</td>
<td>10.4</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>5.8</strong></td>
<td><strong>79.2</strong></td>
<td><strong>85.0</strong></td>
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**Health and Grooming (in thousands)**

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<tr>
<td>Hospital Activities</td>
<td>0.7</td>
<td>13.4</td>
<td>14.0</td>
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<td>Medical and Dental Practice</td>
<td>0.3</td>
<td>10.8</td>
<td>11.1</td>
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<td>Hairdressing and Other Beauty Treatment</td>
<td>0.0</td>
<td>8.7</td>
<td>8.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1.0</strong></td>
<td><strong>32.8</strong></td>
<td><strong>33.8</strong></td>
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**Retail Sale (in thousands)**

<table>
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<tr>
<td>Textiles in Specialized Stores</td>
<td>0.0</td>
<td>0.9</td>
<td>0.9</td>
</tr>
<tr>
<td>Clothing, footwear, and leather articles</td>
<td>0.3</td>
<td>4.2</td>
<td>4.5</td>
</tr>
<tr>
<td>Second-Hand Goods</td>
<td>0.0</td>
<td>2.1</td>
<td>2.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>0.3</strong></td>
<td><strong>7.1</strong></td>
<td><strong>7.5</strong></td>
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**Sale of Food Items (in thousands)**

<table>
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<th></th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food in Specialized Stores</td>
<td>0.0</td>
<td>4.2</td>
<td>4.2</td>
</tr>
<tr>
<td>Food, Beverages or Tobacco</td>
<td>2.7</td>
<td>9.1</td>
<td>11.8</td>
</tr>
<tr>
<td>Restaurants and mobile food service activities</td>
<td>1.0</td>
<td>5.6</td>
<td>6.6</td>
</tr>
<tr>
<td>Event catering</td>
<td>0.0</td>
<td>1.9</td>
<td>1.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3.7</strong></td>
<td><strong>20.9</strong></td>
<td><strong>24.5</strong></td>
</tr>
</tbody>
</table>
COVID-19 dented the fiscal health of provinces in Pakistan including Sindh in two ways: (1) it reduced the revenues due to low tax collection and declined transfers, and (2) additional resources were required to provide much needed relief to the masses. To consider how best to promote women’s economic resilience during this crisis, the impact of which is likely to continue for at least the next year or two, SCSW and Shirkat Gah conducted two formal policy consultations on the economic resilience of women in the specific context of Sindh. Both formal consultations ultimately suggested that there is a need to deploy gender-responsive budgeting to bring about equity, efficiency and effectiveness to Government’s COVID-19 response measures. These build upon existing measures undertaken by the Government of Sindh and also propose new initiatives to be considered. These recommendations can also serve as guidelines for future crises that may have similar impacts. Thereby, it is recommended that the Government of Sindh:

i. Ensure that the informal economy is documented and regularised to assure worker rights protection;

ii. Work closely with UN specialised organisations such as the ILO, as well as with CSOs and the private sector to develop a comprehensive action plan for ensuring the rights of informal and home-based workers;

iii. Make coverage of social safety nets for employees in the informal sector compulsory, allowing them to self-register with key social security schemes;

iv. Ensure equal and minimum wage for all workers, male and female, without discrimination.

A. IMPLEMENTATION OF EXISTING POLICIES & LEGISLATION

The Government of Sindh has passed a series of progressive laws to support the rights of workers, especially women, in both the formal and informal sectors. According to various stakeholders present at the SCSW-Shirkat Gah policy consultations, while some gaps still need to be closed in the statutory frameworks, it is the lack of implementation that leaves many female workers at risk in the workplace and disadvantaged in the labour market. Legal protections are often ignored in some formal sector workplaces and across the informal economy, leaving women vulnerable to breaches ranging from minimum wage protections to working conditions – as evidenced in the disregard of directives issued specifically to safeguard workers against the impact of COVID-19 circumstances. Some areas that need to be addressed are the disparities in the wages of men and women seen across all sectors in the province and denial of minimum wages: 83 percent of all workers receive much less than the minimum wage, especially women. Ensuring regularised employment has been highlighted during the COVID-19 crisis, when factory owners and employers have clearly protected their financial interests at the expense of their responsibility to their workers. In the past, mechanized wheat harvesting has led to women losing their means of livelihood for work sometimes compensated in kind (wheat grains), increasing food insecurity for such households. Finally, it is also of concern that currently, only a few factories in Sindh have a functional Anti-Harassment Committee in place.

To ensure the female labour force enjoys their rights as workers and significant contributors to the economy, it is **recommended that the Government of Sindh take the following immediate steps:**

1. **Ensure all female workers receive equal minimum wage and implement the penalties** prescribed by Sindh in its Minimum Wage Act 2015 in relation to gender discrimination in the payment of minimum wages;\(^8^0\)

2. **Take immediate steps to develop and approve Rules of Business** for the effective implementation of the Sindh Home-Based Workers Act 2018 to protect the rights of HBWs;

3. **Enact enabling legislation** for the Sindh Industrial Relations Act to ensure that rural and agricultural workers are counted as workers and thus benefit from all associated rights. For this:
   a. Publicise and make widely available the proper procedures for worker registration;

4. **In line with the above, ensure workers get hired on a permanent basis only,** instead of contracted for piece work or shorter durations, inter alia by:
   a. Enacting legislation to give effect to December 2017 Supreme Court ruling that the third-party contract system is unconstitutional and in violation of fundamental rights;

5. **Adopt all necessary measures for the effective implementation of employment security guidelines** issued under the Epidemic Diseases Act for COVID-19 response, including robust monitoring mechanisms for the labour complaint cells developed under the Sindh Tripartite Labour Standing Committee;\(^8^1\)

6. **Legislate to ensure equitable representation of female employees in the formal sector,** inter alia by fixing a quota for women and instituting penalties for businesses/workplaces that fail to meet the requirement;

7. **Ensure that all workplaces/factories have Anti-Harassment Committees** in place as per the rules set out in the Protection Against Harassment of Women at the Workplace Act 2010.

**B. Safeguarding women in the rural economy**

Women workers are highly active in Pakistan’s rural economy, including in Sindh, engaged in various activities in the food and agriculture sector including livestock and dairy. A large majority of the rural population consists of landless families in which women are responsible for a range of productive activities in the food and agriculture sector including: land preparation for agricultural production, sowing, daily routine care of land, and harvesting. In addition, women are engaged in multi-sector activities, working not only as agriculture workers but also as home-based workers.

It is critical to assess and address the impact on women in rural areas as women have not only been impacted by COVID-19 but also by the locust attack followed by heavy rainfall and flooding; cotton crop is now also under danger of a pest attack.\(^8^2\) The cotton harvest has suffered major damage which means that in the post-pandemic period women face continued livelihood issues. Cotton-picking is a major source of livelihood for female agriculture workers, and a major loss of the crop will be a major setback for the large number of women engaged in this sector. It is therefore **recommended that the Government of Sindh:**

\(^8^0\)The Sindh Minimum Wages Act, 2015 s15(4)
\(^8^1\)Notification No. L-II-2-31/2017
\(^8^2\)DAWN. “Sindh loses 0.5m bales to rain.” August 30, 2020. Accessed on September 24, 2020 from https://www.dawn.com/news/1577115
1. Initiate a short-term land allotment (5 years) for ensuring food security and livelihood for the most marginalised landless sectors (women, men, Hindu and Christian minorities);

2. Adopt regulations to make the basis for sharecropping 50 percent, that is, 50 percent share in the produce from the land to go to the grower;

3. Provide subsidised inputs directly to the landless provided with land, sharecroppers and small farmers with less than 12.5 acres – or 5 acres – of land. For this,
   a. **Explore and consider different mechanisms** to ensure input subsidy is given exclusively to the landless and sharecroppers and to safeguard against bigger landlords trying to benefit from such a subsidy;

4. Institute measures to provide **direct market access to small and landless farmers**, including by proactively **encouraging women’s cooperatives/women-headed cooperatives**;

5. **Pass temporary relief measures** such as:
   a. Only food crops can be grown for a fixed percent of land for those owning/cultivating more than 12.5 acres of land,
   b. A minimum wage for agricultural workers; in-kind payments can also be equivalent to minimum wage;

6. **Provide market space in urban centres to cottage industry goods produced by rural women**, especially in Karachi;

7. **Institute long-term loans to self-employed women workers** with easy instalments for repayments and without or with minimum interest rates in collaboration with First Women’s Bank Limited and other Micro-Finance institutions;

8. **Consider how to support non-mechanized harvesting** as well as other agricultural production activities;

9. **Consider economic relief/resilience packages** for women such as:
   a. Food for work – especially for women,
   b. Distribution of livestock for women agricultural workers;

10. **Provide subsidy on organic inputs** (such as animal manure, compost, seeds, others) to promote sustainable agro-ecological based food production, and consider providing market access to organic and inorganic farmers with higher market prices for organic products as part of medium and long term strategic planning;

Place a temporary moratorium on sugarcane production or regulation that only a fixed percentage of land can be used for sugarcane production. More land can be used for cotton – which while highly toxic uses less water, and has a spin-off effect of providing more livelihoods for women agricultural workers. This will also allow a decrease in cotton imports, and increased livelihood in other textile related industries.

**C. Recognising Informal and Home-Based Workers**

One of the challenges of supporting women’s economic resilience and mitigating the impact of disasters, such as COVID-19, is that women are hugely underreported in economic quantitative data – this includes the number of domestic and home-based women workers (HBW), home tutors, salon workers, etc. At present, there is no data available for unregulated labour.83 Women make up a large part of this unregulated and informal labour force, and most of them work without any documentation. HBWs, domestic workers and others in the informal sector must enjoy an unconditional right of association. At present, the conditionality of registering unions

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84There is no up-to-date official data regarding women members of labour unions. However, in 2005 women accounted for less than two percent of trade union members across the country (2,226)
and collective bargaining agents severely comprises the right to organise, especially for women. Most of the Sindh’s organised workers are in the formal sectors, where women have a very limited presence. Under the Sindh COVID-19 Emergency Relief Ordinance, 2020, non-formal sector workers started being registered but the process is far from complete and the Provincial Council for HBWs, responsible for collecting data from all over Sindh, has still not been notified. Sindh is also home to a large population of immigrants, who continue to remain unregistered and work on short contracts. Finally, at present In order to safeguard the rights of and extend social protection to informal and home-based workers, it is recommended that the Government of Sindh:

1. **Ratify ILO Convention No.177** and recognise all home-based workers and informal workers as ‘workers’. For this:
   a. Revise labour force survey methodology to include all workers (male, female and transgender persons),
   b. Implement the 2017 Supreme Court ruling declaring third party contracts unconstitutional and in violation of fundamental rights. In the long-term, this can lead to increased documentation of workers and can have an immense impact on the conditions for women workers in the informal sector and allow them access to various social safety nets,

2. **Develop and adopt legislative frameworks around HBWs** to provide them protection and to promote their skills for national and international markets;

3. **Adopt the provincial policy on HBWs** and take measures to ensure proper implementation that guarantee women’s access to social security benefits, and measures to ensure the policy is implemented at all levels across the province;

4. **Provide HBWs visibility** and opportunity for an organised voice to articulate their concerns and demands through registration and certification as Collective Bargaining Units (CBU)/Collection Bargaining Agents (CBA), for this revise the requirements for registering collective bargaining agents;

5. **Initiate well-thought out actions to register all informal sector workers** on an urgent basis, starting with the notification of the Provincial Council for HBWs;

6. **Simplify the procedures for obtaining CNICs**, especially for immigrant workers and facilitate the process.

### D. Universal Social Security Coverage

While a workers’ welfare fund and a social security institution exist, none of these cover more than 5 percent of workers anywhere in Pakistan. Currently, there are some 40 million workers in Sindh of whom only five percent are registered with social security institutions such as the Employees Old Age Benefits Institutions (EOBIs). These institutions need to be strengthened and universalised. Two years ago, the Government of Sindh initiated the groundwork for providing universal social security to its citizens, but the policy is yet to materialise. The economic ramifications of the COVID-19 induced lockdown has underscored the dire need for such a universal social security programme for all to ensure that all citizens are protected against the consequences of such emergency situations. Employment opportunities have decreased drastically over the last few years and the situation is going to worsen now more than ever before. None of the existing social security schemes has any protections/benefits available against unemployment. As the closure of industries and businesses created extreme hardships for workers, the government (both federal and provincial) announced various

85Sindh Home-Based Workers Policy 2017
schemes to provide food ration or cash grants to the people, however, a majority of workers failed to benefit from these schemes due to various reasons. The Sindh government, in addition, reserved Rs34 billion for its Pro-poor Social Protection and Economic Sustainability Initiative to financially support economically disadvantaged sectors because of the pandemic. A major component of the programme is the distribution of PKR20 billion among the affected population in the shape of cash transfers. In order to ensure universal coverage of social security schemes, it is recommended that the Government of Sindh:

1. **Reorient and redefine the parameters of existing social protection structures** as most of the informal sector (including HBWs) is excluded from such schemes despite its huge contribution to the GDP and employment. This would allow a majority of women workers to access state labour welfare institutional benefits. If such policy mechanisms had existed prior to COVID-19, women workers across the board could have been easily identified as well as supported during the COVID-19 crisis and its fallout;

2. **Redefine existing social protection schemes to include an unemployment allowance**, by for example, restructuring and strengthening the Employees Old Age Benefits Institutions (EOBI) to function as an unemployment fund, in addition to being a pension fund;

3. **Extend the social scheme funds** such as EOBI and the Sindh Employees’ Social Security Institution (SESSI) to self-employed workers and HBWs. This will allow for indirect increase in income and will especially help informal sector workers, and allow women workers to access pensions and health cover for their families;

4. **Develop a robust monitoring mechanism** to ensure universal coverage through increased registrations;

5. **Institute transparent mechanisms to develop an updated and reliable database** about the socio-economic condition of the people of the province. Ensure all data collected through this database is gender disaggregated to ensure success of social security schemes.

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90ibid.
The information related to financial response to address COVID-19 is gender blind, the detailed information provided contains block allocations for deputy commissioners, establishment of COVID-19 isolation centres, purchase of medical supplies and distribution of ration. However, it did not contain any information about the beneficiaries.
91Currently, the only database about people’s socioeconomic condition is available through the Benazir Bhutto Income Support Programme (BISP), which is not reliable anymore because it has not been updated for many years. https://tribune.com.pk/story/2261412/sindh-to-create-database-for-social-protection-programme
### ANNEXURE

## List of Consultation Participants

<table>
<thead>
<tr>
<th>Reproductive Health</th>
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<tbody>
<tr>
<td>1 Dr. Azra Afzal Pechucho</td>
</tr>
<tr>
<td>2 Dr. Talib Lashari</td>
</tr>
<tr>
<td>3 Ayesha Khan</td>
</tr>
<tr>
<td>4 Bayramgul Garabeyava</td>
</tr>
<tr>
<td>5 Bushra Arain</td>
</tr>
<tr>
<td>6 Dr. Yasmeen Qazi</td>
</tr>
<tr>
<td>7 Dr. Tabinda Sarosh</td>
</tr>
<tr>
<td>8 Madiha Latif</td>
</tr>
<tr>
<td>9 Dr. Shama Dossa</td>
</tr>
<tr>
<td>10 Rahal Saeed</td>
</tr>
<tr>
<td>11 Raheema Panhwar,</td>
</tr>
<tr>
<td>12 Dr. Sana Durvesh</td>
</tr>
<tr>
<td>13 Dr. Ghulam Shabbir</td>
</tr>
<tr>
<td>14 Dr. Khurram Azmat</td>
</tr>
<tr>
<td>15 Dr. Sheikh Tanveer</td>
</tr>
<tr>
<td>16 Dr. Kausar S. Khan</td>
</tr>
<tr>
<td>17 Dr. Sara Saeed Khurram</td>
</tr>
<tr>
<td>18 Erum Adnan</td>
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# Gender-based Violence (GBV)

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Haya Zahid</td>
<td>CEO, Legal Aid Society (LAS)</td>
</tr>
<tr>
<td>2</td>
<td>Maliha Zia Lari</td>
<td>Associate Director, Legal Aid Society (LAS)</td>
</tr>
<tr>
<td>3</td>
<td>Sohail Warraich</td>
<td>Independent Expert, Gender and Law</td>
</tr>
<tr>
<td>4</td>
<td>Sarah Zaman</td>
<td>Independent Researcher</td>
</tr>
<tr>
<td>5</td>
<td>Representatives of Sindh Human Rights Commission</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Uzma Noorani</td>
<td>Founder trustee, Panah Shelter Home</td>
</tr>
<tr>
<td>7</td>
<td>Madiha Latif</td>
<td>Programme Manager, Pathfinder International</td>
</tr>
<tr>
<td>8</td>
<td>Shahla Qureshi</td>
<td>Assistant Superintendent of Police, Sindh</td>
</tr>
<tr>
<td>9</td>
<td>Javed Akbar Riaz</td>
<td>Deputy Inspector General of Police, Karachi South</td>
</tr>
<tr>
<td>10</td>
<td>Anis Haroon</td>
<td>Former Chairperson, National Commission on the Status of Women</td>
</tr>
<tr>
<td>11</td>
<td>Wajiha Gillani</td>
<td>Legal Aid Society (LAS)</td>
</tr>
<tr>
<td>12</td>
<td>Afzal Sheikh</td>
<td>Delivery Unit, Home Department</td>
</tr>
<tr>
<td>13</td>
<td>Ashraf Nizamani</td>
<td>Deputy Inspector General of Police – Prisons, Sindh</td>
</tr>
<tr>
<td>14</td>
<td>Marvi Awan</td>
<td>Executive Director, Women Protection Centre, Sindh</td>
</tr>
<tr>
<td>15</td>
<td>Sarah Malkani</td>
<td>Advocacy Advisor, Centre for Reproductive Rights, Asia</td>
</tr>
<tr>
<td>16</td>
<td>Malka Khan</td>
<td>Member, Sindh Commission on the Status of Women (SCSW)</td>
</tr>
<tr>
<td>17</td>
<td>Sharjeel Kharal</td>
<td>Deputy Inspector General- South, Sindh Police</td>
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### Education

<table>
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<tbody>
<tr>
<td>1</td>
<td>Dr. Fouzia Khan</td>
<td>Head of Curriculum and Communication Wings, School Education and Literacy Department,</td>
</tr>
<tr>
<td>2</td>
<td>Shahnzaz Wazir Ali</td>
<td>President, Shaheed Zulfikar Ali Bhutto Institute of Science and Technology (SZABIST)</td>
</tr>
<tr>
<td>3</td>
<td>Sadiqa Salahuddin</td>
<td>Founder &amp; Executive Director, Indus Resource Center</td>
</tr>
<tr>
<td>4</td>
<td>Qasim Aslam</td>
<td>CEO, Beyond the Classroom (BTC)</td>
</tr>
<tr>
<td>5</td>
<td>Sana Farooq</td>
<td>Director, The e-Learning Network (ELN)</td>
</tr>
<tr>
<td>6</td>
<td>Salma Alam</td>
<td>CEO, Durbeen</td>
</tr>
<tr>
<td>7</td>
<td>Aisha Aijaz</td>
<td>Program Manager, Aahung</td>
</tr>
<tr>
<td>8</td>
<td>Huma Baqai</td>
<td>Associate Professor, Social Sciences Department, IBA</td>
</tr>
<tr>
<td>9</td>
<td>Hina Amjad</td>
<td>Head of Academics and Teacher Trainer, SABAQ</td>
</tr>
<tr>
<td>10</td>
<td>Rabea Minai</td>
<td>Teacher, AMI School</td>
</tr>
<tr>
<td>11</td>
<td>Nasira Faiz</td>
<td>Principal, AMI School Nursery Branch</td>
</tr>
<tr>
<td>12</td>
<td>Asif Abrar</td>
<td>Education Officer – Sindh, UNICEF Pakistan</td>
</tr>
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## Economic Resilience

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Role/Position</th>
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<tbody>
<tr>
<td>1</td>
<td>Dr. Kaiser Bengali</td>
<td>Economist</td>
</tr>
<tr>
<td>2</td>
<td>Karamat Ali</td>
<td>Executive Director, Pakistan Institute of Labour Education and Research (PILER)</td>
</tr>
<tr>
<td>3</td>
<td>Zeenat Hisam</td>
<td>Senior Research Associate, Pakistan Institute of Labour Education and Research (PILER)</td>
</tr>
<tr>
<td>4</td>
<td>Dr. Azra Talat</td>
<td>Founder, Roots for Equity</td>
</tr>
<tr>
<td>5</td>
<td>Dr. Muhammad Sabir</td>
<td>Economist</td>
</tr>
<tr>
<td>6</td>
<td>Zehra Akbar Khan</td>
<td>General Secretary, Home Based Women Workers Federation</td>
</tr>
<tr>
<td>7</td>
<td>Raja Mujeeb</td>
<td>Pakistan Kisan Mazdoor Tehreek (PKMT), Gotki</td>
</tr>
<tr>
<td>8</td>
<td>Tariq Mehmood</td>
<td>Pakistan Kisan Mazdoor Tehreek (PKMT), KPK</td>
</tr>
<tr>
<td>9</td>
<td>Nasir Mansoor</td>
<td>Deputy General Secretary of National Trade Union Federation Pakistan (NTUF)</td>
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<td>10</td>
<td>Zeenia Shaukat</td>
<td>Independent Researcher</td>
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<td>11</td>
<td>Mahar Safdar Ali</td>
<td>Executive Director, BLLF</td>
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<td>12</td>
<td>Ume Laila Azhar</td>
<td>Executive Director, HomeNet Pakistan</td>
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<td>13</td>
<td>Sidra Adil</td>
<td>Research Associate Collective of Social Science Research (CSSR)</td>
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<td>14</td>
<td>Dr. Lubna Mahmood Rizvi</td>
<td>Deputy Director Health &amp; Hygiene, Sindh Technical Education and Vocational Training Authority, STEVTA</td>
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<td>15</td>
<td>Farhat Parveen</td>
<td>Executive Director, NOW Communities</td>
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