Voices from the Field: Living With Covid-19 in Pakistan

Issues & Recommended Actions

Update May 4 2020

Fear & Stigma of Covid-19

The reluctance to admit symptoms and seek treatment is so great it has resulted in deaths.¹ There is a fear of being relocated far from home for convalescence, of not knowing what treatment may entail, and conditions of isolation centres (rumours are circulating of bad food and poor toilet facilities). The fear is so great that one man ran from Punjab to Balochistan and then Sindh to avoid ‘being caught’; eventually his condition deteriorated so much that he was admitted in a Karachi hospital. Having the corona virus has become a huge stigma. In part this stems from witnessing or hearing about a posse of strangely dressed people including a police detail, arrive in the neighbourhood and cart off someone suspected to have the disease. The stigma intensifies as both community and family members shun any family known to have a corona-positive person. This enhances the reluctance to report illness or go for testing. There is also a huge fear of the disease itself, as exemplified by the testimony of a health worker (See box).

Testimony from Lyari, Karachi

On 11, April 2020, a man who works in the trauma center of Civil Hospital Karachi started running a temperature. The staff told him that he had a virus, and called the police and ambulance because of which he left in a hurry. Half an hour later, the suspected person saw the police mobile arrive at his house. Some two days after he was taken away, it was discovered he didn’t have corona, just a fever. He relates:

“I came home early because I was tired. But what did the neighbours do? Stopped talking to me and my parents. A neighbour asked, ‘Doesn’t everyone in your family need to be tested?’ … the family was living a life of great fear and dread. The family stopped talking to the neighbors for a long time.

People are afraid of such incidents. I work in a hospital myself. I understand these feelings and if I see this kind of symptom, I will not let myself fall down, but go and get tested…Yet the attitude of my colleagues has changed, it is not the same. I [feel] that these people have lost trust in me. It is the attitude of the people; there is a fear and [loss of] self-esteem.

I wrote this report because you’re talking to people [and] because people

¹ Shirkat Gah Field Coordinator Reports, Sindh.

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Disregard of social distancing & lack of belief: Too many people remain unconvinced of the severity of this highly contagious disease, despite messaging on television, social media and telephones. The lack of clarity in the government narrative of whether to continue lockdown or not and the partial opening of some economic activities, is unhelpful and misleading.

Food Insecurity/loss of livelihood
Food insecurity and the fear of facing this, is high leading to new criminal activities. In Nankana Sahib (Punjab) vegetable crops are being stolen; one woman’s entire onion crop was stolen during the night. Armed robbers broke into the house of a poor woman and stole the wheat flour she received as relief from Shirkat Gah.2 In Sargodha (Punjab), field labourers are asking for payment in kind not cash for first time in living memory, fearing they will not be able to purchase at market rates.3 The World Bank warns that South Asia will be particularly hard-hit with gains made to alleviate poverty wiped out.4 Often the cases of violence against women and children are directly related to the abrupt loss of livelihood (see below). Mitigating strategies need to be worked out now.

Specific Impacts on Women
Statistics suggesting significantly fewer women than men having contracted and died from Covid-195 is likely due to fewer women being tested. An alarming number of pregnant women coming to hospitals for deliveries have the virus – 28 pregnant women (approximately 10% of the total) tested positive in just one hospital: Government Maternity Hospital, Gujrat. The GMH and several other maternity wards have been closed for disinfection either because patients or staff tested positive.6 The Lady Reading Hospital in Peshawar was closed after an emergency delivery was carried out and the woman found to be corona positive - the family ran away.

No standarised access to healthcare & policy inconsistencies
Inconsistencies persist: some OPDs are open, others closed; some BHBUs functional and delivering babies, others not operational; there is a huge disparity in the availability of PPEs and who it is issued to. Some doctors and Lady Health Visitors (LHVs) have PPEs but no support staff seems to

2 Shirkat Gah Field Report, Nankana Sahib, Punjab
3 Interview with an agricuturalist.
5 http://covid.gov.pk.stats/pakistan
6 This includes Lady Reading Hospital in Peshawar, PIMS in Islamabad. See https://www.youtube.com/watch?v=R63TWVSgcD4

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be adequately equipped; very few Lady Health Workers (LHWs) tasked with engaging with the community have been provided any protective gear; hardly any sanitation workers (women and men) or those disinfecting communities/places have proper gear.

**Lack of services is especially impacting pregnant women.** Fearing contracting Covid-19, women are reluctant to go for ante- and post-natal check-ups and deliveries; those trying to access healthcare find many OPDs closed. Health service providers too fear close contact and many do not have the PPE (or of the required specifications). A likely outcome is a significant rise in the number of deliveries outside health institutions.

To ensure continued family planning and reproductive health services in these difficult times, the **Sindh Government has issued its Guidelines On FPRH During Covid-19**, but it is the only province to have done so.

**PPEs:** Evidencing the inadequate number of PPEs, Shirkat Gah has received *requests* for and will provide PPEs in districts it works in across provinces, including for public and private sector doctors (the latter are referral partners in the field), nurses, ward boys, maternity wards (that also require isolation rooms), quarantine staff and those involved in testing. Other personnel requiring PPEs in **Vehari**: traffic police and municipal workers; in **Swat**: LHWs and LHWs, the Social Welfare Department, Women Police Desks, Traffic police; in **Hyderabad** medico-legal Unit, MLOs; in **Quetta**: Civil Hospital Lab workers, staff of trauma centre & SICU; Fatima Jinnah Hospital; staff in isolation wards & SICU; in **Peshawar**: the Civil Hospital staff and quarantine centre.

A challenge is that **available protective gear** is essentially a one-piece jumpsuit - something women working in and with communities may be reluctant to wear. These may also not be suited for the high temperatures of the summer months.

**Gender Based Violence**

Police records confirm that Covid-19 has led to a spike of GBV cases. Violence directly related to Covid-19 is linked to the overnight loss of livelihood (e.g. testimonies of women being beaten for asking what they should cook in Punjab). In one case, violence ensued after the tragic death of a child in the chaos of trying to get Government Ehaas Programme relief (Balochistan). Violence is also related to the stress of women, men and children all being confined in small spaces - increasing violence against children too, such as a man who killed his niece for

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[For example, “a quick overview of Pakistan’s nationwide police records show a rising trend in domestic and child abuse during the lockdown.”](https://www.msn.com/en-xl/news/other/domestic-violence-during-covid-19/ar-BBi3vnmP)

[Shirkat Gah Field reports Vehari & Nankana Sahib.](Shirkat Gah Field Reports, Vehari & Nankana Sahib)

[Shirkat Gah Field Reports, Jaffarabad](Shirkat Gah Field Reports, Jaffarabad)
making too much noise. Testimonies from the field suggest that there may be less gender-based violence in families managing basic food compared than in highly food insecure households.

Seeking shelter remains problematic; only two government-run Darul Amans are known to be admitting new women because they can provide isolation for newcomers. In Quetta the total number of women coming to the Darul Aman is small enough that it can provide isolation within the premises; in Peshawar, the Social Welfare Department has provided unused offices to accommodate new arrivals. Other public and private shelter homes for women still do not have isolation facilities or testing capacity. No staff has PPEs.

Opportunity for Positive New Normals:
Ironically, amongst those able to manage food, a significant number of women are reporting improved relations with their husbands as well as children due to the lockdown. In part, improved spousal relations are the result of men witnessing the endless tasks of running the household shouldered by women every day. This suggests an opportunity to alter intra-family gender dynamics.

Facing Adversity Women Show Leadership & Solidarity
In Hyderabad, where Shirkat Gah has started Gup Shup (chit-chat) sessions, encouraging stories are emerging of women and families helping others and being responsible citizens. One woman shared her relief food package with 3 other women who had nothing to feed their small children. In village Bachal Bhatti, a woman noticing that only 5 packages of government relief were distributed out of the intended 20, took this up with the official in question, threatening to report the incident to the Prime Minister’s complaint Portal. A couple of days later the remaining 15 packages – albeit with some items missing - were distributed. Women have been mobilising local people to support the food needs of people in their localities. Several have provided cooked meals to needy neighbours who have lost all source of income and received no relief. A self-employed doctor has been seeing patients at very low costs (Rs.30-40) and free for women who cannot even afford this minimum cost and provided them free medicines from her stock.

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11 Shirkat Gah Field Reports, Hyderabad

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Recommended Actions:

**Government’s Narrative & Covid-19 Response**

- **Accelerate mass messaging initiatives** to counter misinformation with special efforts to reach people in communities with little/no access to any form of media, and include messages that
  - **De-stigmatise** people having Covid-19 & **demystify** what treatment entails and what to expect in isolation centres
  - **Condemn all forms of violence**, especially against women and girls
  - Emphasis the care needed in **removing** masks and gloves
  - Provide **alternatives for water-scarce** poor communities

- Establish protocols and orient workers to the special needs of persons with disabilities

- Ensure that all sanitation workers and those disinfecting localities have proper protective gear

- Enhance monitoring of government relief initiatives

- Accelerate testing in all provinces

- Develop guidelines to ensure
  - Continued family planning and reproductive healthcare as done in Sindh,
  - Continued services around gender-based violence including shelters, helpdesks, helplines and GBV courts,
  - Consider making masks mandatory

- Include CSOs with strong community links to reach vulnerable groups and establish a formalised system for including CSOs in forums deliberating and guiding Covid-19 responses.

**Gender-based Violence**

- All **shelter homes** for women should be provided appropriate PPEs and have capacity for isolating new arrivals. For isolation outside the shelter, ensure extra staff and security to protect women who are often at risk of further violence from family members/perpetrators
  - Shelters should at least have temperature-testing equipment and be facilitated to take women to and from testing facilities
Expand the capacity and number of Helplines with texting possibilities to meet increased demands & build capacity for this

Mobilise & support community-based CSOs and those with an established presence in communities to reach marginalised women

Initiate and expand psycho-social counseling with community women and men to prevent GBV

**Healthcare**

- All staff at all health facilities and LHWs, Community Health Workers and midwives must be issued PPEs
- All OPDs, maternity wards and other healthcare facilities must be functional, and have protocols for safe physical examinations, and a robust monitoring system in place
- The possibilities of expanding tele-medicine services should be explored
- Private sector doctors willing to see patients/pregnant women should be supported and provided safety equipment
- Develop a strategy for the likely increase in out-of-hospital deliveries

**Resetting Norms**

- Undertake Research to
  - Identify and understand the specific impact of Covid-19 on women and girls
  - Pinpoint opportunities for resetting norms towards gender equality
  - Assess the likely impact on longer-term livelihood options of the marginalised

On the basis of the above

- Run campaigns promoting the resetting of community norms towards greater gender equality and inclusiveness
- Formulate a mitigating strategy for economic resilience