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

Issues & Recommended Actions
Update 15 June 2020

The Growing Threat of Covid-19

By 15 June, 2020, Pakistan was the sixth highest country reporting new cases and became the 3rd riskiest country in the world for Covid-19.¹ The World Health Organisation on 7 June advised the Government to double daily testing capacity to 50,000 to better gauge coronavirus prevalence, and impose a two-week lockdown to help contain massive accelerating transmission. More than 3,500 healthcare workers have tested positive and a small but significant number have lost their lives. Hospitals have reached near full capacity, especially in urban epicentres, including provincial capitals. The shortage of medical supplies includes Acterma injections and ventilators for the critically ill. Price hikes and the hoarding of medicines are being reported. Cases spiked following the easing of the lockdown during Ramzan and Eid as people stopped taking the threat seriously.

Addressing the Pandemic

Disbelief, Disregard & Myths: Too many people remain unconvincéd of the perils of this highly contagious disease despite incessant messaging on various media, and awareness raising including by CSOs, local women leaders and community activists using pamphlets, voice messages, door-to-door campaigns and during relief work. Individuals wearing masks are ridiculed.² Many rejecting masks say God will protect them. But awareness is not always enough. No messages tell people residing in densely populated and crowded urban tenements and areas how to implement social distancing;³ how to handwash when water is so scarce that people use ashes to clean utensils and hands⁴ or when food is more important than soap.

Safety protocols have not been imposed with seriousness; only very recently have businesses been shut down for not following SOPs. The wearing of masks in public spaces

² Shirkat Gah (SG) Field Reports, Mardan
³ SG Field Reports, Quetta
⁴ SG Field Reports, Hyderabad
was only made mandatory in June. In most districts, many shops\textsuperscript{5} only remained closed during lockdown when police were around, otherwise continuing to operate behind closed shutters. The ease in lockdown led to markets being flooded with people, with either the public or shopkeepers failing to observe any protocols.\textsuperscript{6}

The \textbf{vascillating narrative} of the \textbf{Federal Government} in grappling with the ‘life or livelihood’ dilemma is unhelpful and misleading. \textbf{Of concern} are \textbf{rumours and conspiracy theories} surrounding Covid-19 which include: Covid is a disease spread by the US to control the world’s population;\textsuperscript{7} the Government and hospitals are being paid for every recorded death\textsuperscript{8} and therefore exaggerating the numbers; the Government has instructed hospitals and doctors to attribute all deaths to Covid-19; it is an attack on our religion by the Government\textsuperscript{9} and that there is no such thing as Corona. Clerics help spread rumours, for example in Mardan, saying that Covid-19 is just a ruse to get debt relief.\textsuperscript{10}

\begin{quote}
\textbf{Good practice:} Using local languages to promote precautionary measures, as is being done by MPAs in Quetta and the District Government in Hyderabad and police in Peshawar.\textsuperscript{11}
\end{quote}

\textbf{Unabated Fear and Stigma:} The fear of being quarantined for long periods in unsafe settings, forcefully being relocated to another city for hospitalisation, being treated as an ‘untouchable’ or ‘criminal’ after testing positive,\textsuperscript{12} and incidents of mishandling of patients\textsuperscript{13} and their families all reinforce the great reluctance to get tested and the hiding of symptoms.

\textbf{Testing - inaccurate results & travel costs:} Many cases of contradictory test results have surfaced from across the country creating doubt as to the reliability of tests at government hospitals.\textsuperscript{14} Those who can afford it are opting for private testing facilities\textsuperscript{15} but there are now doubts about the accuracy of tests in a number of private labs as well. There is an insufficient number of testing facilities, obliging people to \textbf{travel up to 110 kms to be tested}, entailing costs the poor cannot afford.\textsuperscript{16}

\textsuperscript{5} SG Field Reports: Jaffarabad, Hyderabad, Mirpurkhas
\textsuperscript{6} SG Field Report, Jaffarabad
\textsuperscript{7} SG Field Report, Vehari
\textsuperscript{8} SG Field Reports: Vehari, Lahore
\textsuperscript{9} Interview of a Journalist and DHO Mardan about how seriously people were taking Covid 19.
\textsuperscript{10} SG field observation, June 2020
\textsuperscript{11} SG Field Reports: Quetta, Hyderabad
\textsuperscript{12} SG Field Reports: Jaffarabad, Hyderabad
\textsuperscript{13} SG Field Reports: Karachi, Okara
\textsuperscript{14} SG Field Report: Larkana
\textsuperscript{15} SG Field Report, Jaffarabad
\textsuperscript{16} SG Field Report Jaffarabad
**Provision of Relief:** On the whole people receiving relief are satisfied, but schemes are not reaching all those in need. For example in Jaffarabad, only 12,000 of the 42,000 applications could be provided relief by the district government. This relief was only given to men as the officials felt that male daily wagers were more impacted than women and women were excluded from the District Relief Committee.\(^{17}\)

Some instances have been reported of **scams** such as in Mardan where a significant number of women complained that when they went to get their biometric identification to receive cash under the Ehsaas programme, they were told that either there was no record of their data or that their money had not been transferred yet. \(^{18}\) Few **women have the social capital to get justice** (See example in Box).

The benefit of local CSOs

One woman approached a local CSO because she had doubts about a clerk from the Ehsaas programme. The CSO team went to another centre where they knew the staff and requested them to verify the data of the complainant. Upon confirmation and biometric she was informed that her data exists and she has already withdrawn the amount. This scam was reported to District Government accordingly. The complainant was facilitated as the accused clerk was approached by the CSO team and the clerk admitted and returned her amount in an “out-of-office meeting.”\(^{19}\)

**Loss of Livelihood**

Despite the Federal and Sindh\(^ {20}\) 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 women and men factory workers, contractual workers and private schoolteachers have been laid off or denied wages.\(^ {21}\) In the unregulated sector, women domestic workers, home-based workers, daily wagers and the transgender communities are amongst the most affected.\(^ {22}\) Women home-based workers are finding it hard to secure new orders as the markets were closed.

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\(^{17}\) SG Field Report, Jaffarbad

\(^{18}\) SG Field Report, Mardan

\(^{19}\) SG Field Report: Mardan


\(^{21}\) SG Field Reports: Mardan, Khairpur, Karachi, Larkana

\(^{22}\) SG Field Reports: Mardan, Jaffarabad, Okara, Khairpur, Karachi, Larkana
The rise in **prices of essential** foods and medicines has exacerbated food insecurity.\textsuperscript{23} Covid-19 is **triggering high levels of anxiety and stress.** People worry about going out in search of work for fear of contracting the virus. **Cases of suicide** due to loss of livelihood are emerging. In Hyderabad, for example a trader jumped off a shopping plaza as he felt he could never pay his debt of purchasing stock. In Okara, a woman tried to commit suicide with her child by jumping into the canal as she was unable to find any work.\textsuperscript{24}

**Positive response:** Fortunately the woman from the Okara case study (mentioned above) was saved by her community members and the incident was reported to the police, after which **the (female) AC Okara provided her with a month’s ration.**\textsuperscript{25}

**Loss of livelihood has led to domestic violence.** For example, a man from Okara, unable to provide food and other expenses, murdered his wife when she asked for food to cook. An FIR was filed and he was sent to jail. In Jaffarabad, a man facing extreme mental stress due to the closure of his business beat up his 14-year-old niece, and an intoxicated husband (a daily wager) severely beat up his wife (a home-based worker) after the topic of household expenses came up.\textsuperscript{26}

**Health & Reproductive Health Facilities**

The focus of the health system on Covid-19 has **undermined care for non-Covid medical conditions.** Access to healthcare remains uneven and policy inconsistencies persist. OPDs in most hospitals are now functional but do not address all types of cases.\textsuperscript{27}

**Safety Protocols in Health Facilities:** With little to no standardisation, ground realities vary enormously in different places and facilities. Some quarantine facilities and hospitals are well equipped, protective gears worn by medical staff, cleanliness maintained; elsewhere **nurses and support staff have no protective gear**\textsuperscript{28} and only doctors working in corona wards have PPE suits and facilities.\textsuperscript{29} Two doctors from Abbasi Shaheed Hospital Karachi and a few from Civil Hospital were reportedly infected due to a lack of protective gear.\textsuperscript{30}

\textsuperscript{23} SG Field Reports: Jaffarabad, Hyderabad, Karachi, Peshawar, Khairpur and Mardan  
\textsuperscript{24} SG Field Reports: Hyderabad and Okara  
\textsuperscript{25} SG Field Report: Okara  
\textsuperscript{26} SG Field Reports: Jaffarabad and Okara  
\textsuperscript{27} SG Field Reports: Jaffarabad (THQ Usta Muhammad) and Quetta  
\textsuperscript{28} SG Field Report: Jaffarabad  
\textsuperscript{29} SG Field Reports: Jaffarabad and Hyderabad  
\textsuperscript{30} SG Field Report: Karachi
The quarantine facility in Dera Allah Yar, Jaffarabad has, no separate room for women, a single toilet for 40-50 people, and no compliance of social distancing protocols as beds are not distanced. Potentially dangerous is the seeming lack of strict protocols for the disposal of used hospital PPEs. In at least two sites, used suits, gloves and masks were seen in roadside dumps, endangering people who scavenge through trash, or children taking out masks and gloves to play with.

Irregular food supplies, lack of medicine and poor treatment have surfaced in some hospitals and isolation centres. Although patients and their relatives are treated well in a number of facilities, in others there are complaints of hospital staff treating them badly. In some isolation centres food supply is not regular. A common issue is that the regular hospital food provided to Covid patients in isolation wards and centres is not designed to boost immunity.

Women’s Access to Reproductive Health Services

As predicted in earlier briefs, women’s reluctance to approach public health facilities is leading to home births, recorded in Punjab and Khyber Pakhtunkhwa districts, where necessary safety guidelines may not be followed. Some OPDs are still not providing reproductive health services, diverting cases to Rural Health Centres or private clinics (that many families cannot afford). In some areas, LHWs have stopped visiting communities because people do not let them in their homes for fear of contracting Covid 19. Other duties assigned to LHWs (e.g. spreading awareness on Covid-19 and identifying potential patients) is negatively impacting the family planning work of LHWs.

The supply chain of contraceptives, already in short supply a few months prior to the Covid lockdown, was further disrupted in Sindh. In the Karachi Sher Shah Rural Health Centre, for example, contraceptives were last stocked six months ago. As a result, many women are unable to maintain their chosen contraceptive method. Convincing them to shift to a new method of contraception is a challenge while disrupted family planning is likely to increase births. Sindh and Punjab are experiencing a shortage of Depo Vera.
injections, obliging people to adopt other means. In Nawabshah, switching to Sayana Press (an alternative injectible) is difficult as only 61 LHWs in the district have the requisite training to administer this - training of other medical staff has been delayed due to Covid-19.

There also appears to be a lack of coordination where LHWs report a shortage of contraceptives, community midwives of the Maternal Newborn Child Health (MNCH) have an abundance.

Gender Based Violence & Access to Justice

The spike in GVB cases, especially domestic violence, triggered by Covid-19 continues - many directly linked to economic frustration and stress. Domestic fights and violence seem to be increasing across the board - this includes between brothers in extended families and adults taking out their frustration on children.

Some young girls and women recently laid off by private schools are being forced by family men to work in fields for which they are ill-equipped; their phones have been taken away and told they will be married off as soon as the lockdown is over.

Other forms of GBV persist in the time of Covid-19. GBV cases unrelated to Covid-19 have been reported, including kidnapping of young girls and a case of human trafficking in Hyderabad, and two honour killing cases in Jaffarabad.

Positive Response by Community: During lockdown, a karo-kari case was reported to police in a farm area in Jhatpat. The victim’s neighbours informed the police and the perpetrator, who had tried to quietly bury the victim, was arrested a few acts after the heinous crime.

GBV support services for women have improved but challenges remain. Numerous government and private helplines exist, but few women know about them; few have the privacy needed to openly report the nature of violence during lockdown; many do not have cellphones. Steps in the right direction include: the Women Development Department and UN Women have established a helpline in Quetta and initiated a working group, with support from PDMA and NCSW, to respond to GBV and DV cases. Some media personnel
including those engaged with CSOs, such as Shirkat Gah, are highlighting GBV issues via TV and radio programs in different local languages to spread awareness. 

**Good Practice: Public-Private Partnership: Women Protection Centre & the Sindh Police**

The Women Protection Centre focuses on assisting the police respond to GBV cases. It operates a helpline with women police officers and a team of psychologists, and has established Women Protection Cells (WPC) in police offices in various cities. In this period the Hyderabad WPC has effectively helped at least 4 women and girls and apprehended the perpetrators.

In several districts the police is responding responsibly to cases of violence against women and girls (VAWG), including taking action in response to helpline calls. However, in some districts, police - busy in Covid-related matters - are seen as not prioritising VAWG cases. One issue is that because courts are not fully functional, cases registered with the police do not move forward.

**Suspension of Court Activity:** Because courts are only hearing urgent matters, personal status law matters are being overlooked. In Swat, for example, a woman abused by her husband, who filed for khula and moved to her parents’ house, is in limbo because courts are only hearing “urgent matters”.

**Shelter Homes:** After initial disruptions and inconsistencies in the functioning of Dar-ul-Amans (See Briefs 1 and 2), many shelters are now able to admit new women, who are being tested for Covid-19 in Quetta, and all Sindh Dar-ul-Amans. But in Mardan, the Dar-ul-Aman staff still does not have PPEs and concerns remain regarding social distancing and Covid-19 prevention measures. There is no shelter home present in Jaffarabad; while establishment of a shelter home in Naseerabad is under consideration, no final notification has been issued.

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46 SG Field Report: Quetta  
47 SG Field Reports indicate 4 cases in Hyderabad  
48 SG Field Reports: Quetta, Jaffarabad, Mardan, Karachi, Hyderabad  
49 SG Field Reports: Lahore, Vehari, Sheikhupura  
50 SG Field Reports: Lahore, Vehari, Sheikhupura, Okara and Mardan  
51 SG Field Report, Swat  
52 SG Field Reports: Okara, Mardan, Peshawar, Quetta  
53 Interview with the Chairperson of Sindh Commission on the Status of Women  
54 SG Field Report: Mardan  
55 SG Field Report: Jaffarabad  

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Good Practice:

The Sindh Commission on the Status of Women (SCSW) has distributed hygiene kits and PPEs to all four government-run shelters in the province but flagged the need for more space to isolate women being admitted. SCSW also provided PPEs to women prisoners and staff in Karachi Central Jail.

Recommended Actions

General

1. Strengthen the role of local government in Covid-19 responses including ensuring safety protocols, access to health facilities and relief provisions

2. Establish a formalised system for including CSOs in forums deliberating and guiding Covid-19 responses

3. Include CSOs with strong community links in government strategies to reach vulnerable groups

Containing the Pandemic

1. Develop and disseminate a clear and uniform State narrative on Covid-19 that addresses people’s diverse realities using all means of mass messaging including in local languages and idiom. Key elements of this narrative should include:

   ➢ Robust rebutting of false information and misconceptions, dealing with rumours and conspiracy theories head on, and holding to account those deliberately spreading misinformation and false rumours

   ➢ A uniform policy regarding safety measures across the country to slow the spread of Covid-19 including the strict implementation of wearing masks in public places

   ➢ Take cognisance of heightened levels of anxiety and domestic violence;

   o Unequivocally condemn all forms of violence, especially against women and children in these difficult times

   o Develop and disseminate stress reduction methods

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56 SG Field Reports: Karachi, Sukkur, Larkana, Hyderabad and Interview with the Chairperson of Sindh Commission on the Status of Women
2. Information

- Run a public information campaign on the **proper disposal of masks and gloves, and the dangers of picking up such items** especially by children.
- Suggest appropriate **safety measures for those without access to water or resources** to purchase soap, masks etc.
- Share the stories of recovered patients to help de-stigmatise those who test positive, including on social media platforms

3. Testing

- Increase the number of testing centres and ensure that only the highest quality testing kits are used across Pakistan to maximise accuracy.
- Given that Pakistan is unlikely to double its individual testing capacity in the near future, **explore the alternative possibility of testing sewerage outlets to identify localities that need special attention to stop the spread of the virus**
- Ensure **testing in jails** and ensure staff and prisoners have appropriate PPEs

4. Covid-19 Services

- Ensure **all Covid-19 frontline workers have appropriate protective gear** without exception: from chowkidars and ayahs to doctors and nurses; testing facility staff, ambulance drivers and auxilliary staff; LHV, CHW, LHW, and midwives as well as sanitation and disinfection teams and police.
- Put into place **protocols for the safe disposal of PPEs**; train all those using PPEs in these protocols and ensure these are followed.
- Ensure a **regular supply of food in all isolation centres/wards** and calibrate the food to build immunity for Covid patients.
- **Institute and roll out trainings for:**
  - All staff at all health facilities as well as auxilliary workers such as ambulance drivers, in safety precautions and stress management
  - All staff in hospitals, testing and isolation centers to deal with patients and their families sensitively

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Addressing the Fallout of Covid-19

1. Gender-based Violence & Access to Justice

- **Strengthen police responses to GBV cases**
  - Encourage public-private partnerships across the country, such as that of WPC and police in Sindh
  - Mobilise community-based CSOs and those with an established presence in communities to reach and identify such women

- **Include family law cases of women at risk of GBV in the courts’ urgent matter cases**

- **Provide appropriate PPEs to all public and private shelter homes for women**
  - Ensure shelters have sufficient capacity for isolating new arrivals with necessary security to safeguard against risks of further violence
  - Facilitate Covid-19 testing for women arriving and living in shelters

- **Helplines**
  - Roll out campaigns to alert women to the existence of Helplines
  - Ensure helplines have texting possibilities to meet increased demands & build capacity for this
  - Collect and replicate best practices of existing government and public-private partnerships in running helplines

- **Shelter Homes**
  - Follow-up on the notification for establishment of shelter home in Naseerabad

2. Anxiety & Stress

- Run awareness campaigns on mental health on radio, television and social media

- Institute public sector and encourage private sector online affordable counselling services to alleviate stress

3. Reproductive Healthcare

- Develop guidelines and ensure continued family planning and reproductive healthcare in government facilities at all tiers across the country
  - All OPDs, maternity wards, BHUs, and other healthcare facilities must be functional, and have protocols for safe physical examinations, and a robust monitoring system in place

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Ensure the **regular supply of family planning products** to health facilities, LHWs, LHV and Community Health Workers, and strengthen coordination of departments and services

- **Strategise on how best to resume/accelerate training of health workers** for administrating on all available family planning methods, such as Sayana Press and see which tier of health workers can assume this role

- **Develop a strategy for the likely increase in home deliveries and ensure** midwives and private sector doctors willing to see patients/pregnant women have safety equipment and protocols

4. Food & Livelihood Security

- Put into place **thorough oversight and monitoring systems** to prevent any possibility of scams in relief work

- **Include women in new government relief schemes and committees** deciding beneficiaries

- **Control the rising prices of basic food items and medicines**

- **Take strict measures against employers who have laid off workers**, despite the decrees of the Federal, Balochistan and Sindh Governments