IMPACT OF COVID-19 ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN SINDH

COLLECTIVE FOR SOCIAL SCIENCE RESEARCH

CENTER *for* REPRODUCTIVE RIGHTS

The Collective for Social Science Research was established in 2001 with a small core staff of researchers in the social sciences who have extensive experience conducting multidisciplinary research both in Pakistan and internationally. Areas of research interest include social policy, economics, poverty, gender studies, health, labor, migration, and conflict. The Collective's research, advisory, and consultancy partnerships include local and international academic institutes, government and non-governmental organizations, and international development agencies.

Collective for Social Science Research
173-I, Block 2, P.E.C.H.S.
Karachi, 75400
PAKISTAN

For more than 25 years, the **Center for Reproductive Rights** has used the power of law to advance reproductive rights as fundamental human rights around the world. We envision a world where every person participates with dignity as an equal member of society, regardless of gender; where every woman is free to decide whether or when to have children and whether to get married; where access to quality reproductive health care is guaranteed; and where every woman can make these decisions free from coercion or discrimination.

Center for Reproductive Rights
199 Water Street, 22nd Floor
New York, NY 10038
U.S.A.

For more information contact Ayesha Khan (ayesha.khan@researchcollective.org) or Sara Malkani (smalkani@reprorights.org).

IMPACT OF COVID-19 ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN SINDH

COLLECTIVE FOR SOCIAL SCIENCE RESEARCH

CENTER *for* REPRODUCTIVE RIGHTS

TABLE OF CONTENTS

ACKNOWLEDGMENTS

This fact-finding study was conceptualized, written, and researched collaboratively by **Sara Malkani**, Advocacy Advisor for Asia at the Center for Reproductive Rights and **Ayesha Khan**, Senior Researcher, and **Komal Qidwai**, Research Assistant at the Collective for Social Science Research. **Asiya Jawed** provided final editing and design support.

We would also like to thank all the health-service providers and professionals who took time from their duties during the pandemic to share their views and insights with us.

INTRODUCTION

This report is based on a fact-finding which began as an effort to gather evidence of the rights violations experienced by women during pregnancy and childbirth. The fact-finding originally intended to gather accounts of women's experiences of neglect and mistreatment in their attempt to access obstetric care and assess the accountability context for violations of quality of care. Located in Karachi, Pakistan's largest city, a goal of the fact-finding was to support further legal advocacy for the enforcement of women's constitutional right to quality obstetric services and the implementation of laws and policies for women's reproductive health.

When the Covid-19 pandemic reached Pakistan, however, we adapted the scope of this work to track the sexual and reproductive health and rights impact on women and girls in Sindh province, which includes the city of Karachi. A lockdown was imposed across the province of Sindh on March 22 2020 whereby all public places were ordered to be closed except those providing "essential services."[1] The Sindh government also imposed a ban on movement of persons except for medical care or essential purchases. Towards May 2020, the Sindh government began to gradually ease the lockdown by permitting movement and reopening of public places in certain geographical areas.[2]

As Covid-19 cases increased in the month of March and healthcare facilities rapidly shifted their priorities, a real danger emerged that the availability of reproductive health services would be undermined. The pandemic also threatened to heighten the constraints on the ability of women to access sexual and reproductive health (SRH) services as their movement was further restricted. It therefore became crucial to assess the extent to which the rights of women and girls in Sindh to access reproductive health services were under threat during the pandemic and also develop recommendations for government, courts and civil society to ensure that the sexual and reproductive rights women are upheld even in these extraordinary circumstances.

Our findings show that with the onset of the pandemic, the availability of reproductive health services, including contraception, safe abortion services and obstetric services in Sindh declined. In the initial weeks of the pandemic, the federal and provincial governments, health facilities and healthcare providers shifted their resources towards the pandemic and deprioritized SRH services. In addition, the vulnerability of women to domestic violence increased and services to protect women became unavailable during the lockdown.

The report begins with an outline of the legal and policy framework for SRH nationally, with specific reference to the province of Sindh, as well as international human rights standards pertaining to access to SRH services in a pandemic. Next, we provide details of the methodology used for the fact-finding, which was a combination of media tracking and qualitative research based on interviews and extensive consultations with stakeholders. We then share our findings on the impact on contraception and abortion services, obstetric care, telehealth, strains on service providers. We also assess the government's response during the early months of the pandemic. Finally, we close with some recommendations based on our findings and stakeholder consultations which may be useful for government officials, public health practitioners and reproductive rights activists to maintain a rights-based approach to SRH as they cope with the pandemic and its aftermath in the future.

I. Legal and Policy Framework

Pakistan's Constitution guarantees the right to life (Article 9), which has been interpreted by the courts to include the right to health.[3] It confers equal legal status to all citizens and forbids discrimination on the basis of sex alone, and the state is not prevented from making special provisions to protect women and children.[4] It also ensures the right to dignity shall not be violated,[5] which has been used by scholars to critique violations of SRH rights, such as the government's lack of effective child protection policies.[6]

After a 2010 amendment to the Constitution devolved substantial powers from the federal government to the provinces, Sindh province has led the way in progressive legislation to promote the rights of women and girls. It built upon a number of initiatives at the national level that began in 2006 to reform laws criminalizing sex outside of marriage and includes legislative measures to curb honor killings, acid crimes and harmful customary practices, improve prosecution for rape, and sanction sexual harassment at the workplace. Sindh became the first, and only province, to raise the minimum age of marriage for girls through the Sindh Child Marriage Restraint Act of 2013. It was also the first province to pass a law prohibiting domestic violence: the Sindh Domestic Violence (Prevention and Protection) Act of 2013. [7] The enforcement of these laws, however, has been fraught with difficulties. Implementation of laws prohibiting child marriage has posed significant challenges for both law enforcement and communities,[8] and only one case of domestic violence has been successfully prosecuted.[9]

Abortion in Pakistan is prohibited with some exceptions under the Pakistan Penal Code of 1860.[10] S. 338 allows abortions when "the organs have not been formed…for the purpose of saving the life of the woman, or providing necessary treatment to her." [11] It does not define which abortions constitute "necessary treatment."[12] S. 338-B allows abortion once "limbs or organs have been formed…for the purpose of saving the life of the woman."[13] Violations under S. 338 are punishable with imprisonment and violations under S. 338-B are punishable by a fine ("diyat") and imprisonment. Islamic scholars permit an abortion within 120 days of pregnancy.[14] This "120 day" rule is the delineating factor between S. 338 and S. 338-B.[15]

The Sindh Reproductive Healthcare Rights Act (Sindh Act), passed in 2019, declares access to reproductive health as a fundamental right. The law provides for the promotion a number of rights, including the right to "reproductive healthcare information,"[16] non-discrimination in access to reproductive health services,[17] and calls for the "strengthening of the reproductive healthcare system to ensure quality services by the reproductive health providers which may encourage informed choice and are given in an environment of dignity, confidentiality and continuity."[18]The Sindh Act defines "reproductive health" to mean a "state of complete physical, mental and social wellbeing … in all matters related to the reproductive system, its functions and processes."[19] While the law calls for the promotion of reproductive rights and access to healthcare services, the duties of the government and private sector professionals are set forth in very vague terms and the specific obligations under the law remain unclear. No clear consequences for the violation of the law have been laid down. Nor does the Sindh Act set forth remedies available to women and girls facing reproductive rights violations. In addition, some gaps in the recognition of reproductive rights under the law remain. For example, the law does not explicitly provide for the right to access safe abortion services, which remains subject to a penal and restrictive legal framework.

Programs and Policies

The National Maternal, Neonatal & Child Health (NMNCH) Programme was launched in 2005. Its main components include integrated delivery of basic maternal and newborn health services, 24-hour comprehensive emergency obstetric care at the district level, training and deployment of community midwives, provision of family planning services, strengthening communication of maternal health services to generate demand for maternal healthcare.[20]

The Sindh Health Sector Strategy (2012) commits to reducing the maternal mortality ratio to 140 per 100,000 live births.[21] Two programs with an important role in this effort are The Lady Health Workers Programme (LHWP) and the Costed Implementation Plan (CIP) on Family Planning, both national programs with provincial counterparts in Sindh.[22] The LHWP is a major frontline community health outreach program to deliver family planning, immunization and antenatal screening to rural and peri-urban areas. The CIP Sindh commits to enhancing the Contraceptive Prevalence Rate (CPR) from 30 percent in 2015 to 45 percent by 2020 and reduce the unmet need for family planning from 21 to 14 percent during the same time.

Government bodies have been established to promote accountability for women's rights violations. In 2013, the Sindh Health Care Commission was established to improve 'access, equity and quality of health service', ban quackery and investigate complaints from patients and health care providers in the event their rights have been violated.[23] This was the first such effort to protect the rights of health service users, encompassing both the public and private sectors. The Sindh Commission on the Status of Women (SCSW), the provincial counterpart to the National Commission, is mandated to provide oversight to government's policies and programs to ensure they are in keeping with its international commitments on women's rights.

International Legal Obligations and Political Commitments

Pakistan's international treaty obligations require that it ensure access to reproductive health services. Pakistan is a party to the International Covenant on Civil and Political Rights, International Covenant on Economic Social and Cultural Rights as well as the Convention on the Elimination of Discrimination Against Women and the Convention on the Rights of the Child. International treaties are not directly justiciable in domestic courts and must be incorporated into Pakistan's laws through implementing legislation in order to be enforceable.[24] Courts in Pakistan have, however, relied on international treaty commitments when directing the federal government to implement laws and policies upholding fundamental human rights.[25]

The Committee on Economic Social and Cultural Rights has declared that access to reproductive healthcare is part of the core minimum obligations states must realize immediately as part of their duty to enforce the right to health in the International Covenant on Economic Social and Cultural Rights.[26] In its General Comment No. 36, the Human Rights Committee stated that the duty to protect life includes the obligation to ensure access to essential goods and services including healthcare.[27] International human rights bodies have repeatedly called on Pakistan to guarantee the availability and access to quality and affordable reproductive health services. In its 2017 Concluding Observations to Pakistan, the Committee on Economic Social and Cultural Rights noted that "about half of pregnancies are not intended and that women have limited access to sexual and reproductive health services and information thereon."[28] In its 2020 Concluding

Observations on the fifth periodic report of Pakistan, the CEDAW Committee called on the government of Pakistan to "[s]trengthen its efforts to reduce the high rate of maternal mortality and ensure access to affordable modern contraceptive methods throughout the State party."[29]

International human rights obligations are not suspended during a pandemic. The UN Office of the High Commissioner for Human Rights, UN independent human rights experts and the World Health organization have affirmed that "human rights must guide the public health response to the Covid 19 pandemic."[30] While international human rights instruments allow states to limit or derogate certain rights during emergencies such as a war or a public health crisis, states must ensure that "such measures are not inconsistent with their other obligations under international law and do not involve discrimination solely on the ground of race, color, sex, language, religion or social origin."[31]

Human rights bodies have stated that sexual and reproductive health is a component of essential health services that must be provided during a pandemic. The CEDAW Committee has noted that even as resources are reallocated to respond to the pandemic, it is critical that all people have access to quality maternal healthcare.[32] The World Health Organization also categorizes reproductive health as a "high priority" essential service that must be maintained throughout the Covid-19 pandemic.[33] The Inter-Agency Working Group on Reproductive Health in Crises has noted that governments should ensure support for self-management of medication abortion.[34] In addition, the judiciary's obligation to ensure access to justice does not erode during a pandemic.[35] Cases involving access, or lack thereof, to essential health services and violence against women must be heard during the pandemic.

International Political Commitments

Pakistan played an important role at the 1994 International Conference on Population and Development (ICPD) and adopted its Program of Action. This historic document recognized reproductive rights as human rights, calling for population policies to empower women to exercise these rights through adequate information and resources. The following year Pakistan adopted the Beijing Platform of Action, which again reinforced the rights-based approach to sexual and reproductive health. Pakistan is committed to achieving the Sustainable Development Goals targets, which it shaped into the program called Vision 2025, with provincial units assigned for implementation. Its gender equality (Goal 5) targets are also framed in terms of rights, stating that universal access to SRHR in accordance with the ICPD 1994 and Beijing 1995 Platforms for Action should be ensured.

Pakistan's priorities against SDG 3 (Good health and well-being) include reducing the maternal mortality rate from 178 to less than 130 deaths per 100,000 live births and increasing the proportion of women of reproductive age (15-49 years) who need family planning satisfied with modern methods from 47 per cent (201/13) to 70 percent. Its priorities against SDG 5 (gender equality) are to increase the proportion of women in the labor force and improve the policy making framework to support gender equality.[36]

II. Methodology

The fact-finding was conducted from March to August 2020 and it included the following research tools:

Print media tracking: We identified over 140 articles from local press sources from mid-March to the end of June 2020, to document the unfolding reproductive health impact of Covid-19 on women and girls and the responses of healthcare workers as they coped with service provision. Sources were mainstream national and local news outlets and press articles, which are extensively cited below, as well as over 50 relevant news stories from international sources.

Social media tracking: In a fast-evolving context social media was vital to gathering anecdotal information, reflecting the increased reliance on online information under the lockdown. CSSR tracked WhatsApp, Facebook, and Twitter during this same period.

Key informant interviews: These were online interviews with frontline medical staff and community health workers (9), as well as staff (3) working in service provider non-governmental organizations (NGOs) in Sindh to identify issues of quality of care and procedures in place. Annex 1 lists the key stakeholders interviewed.

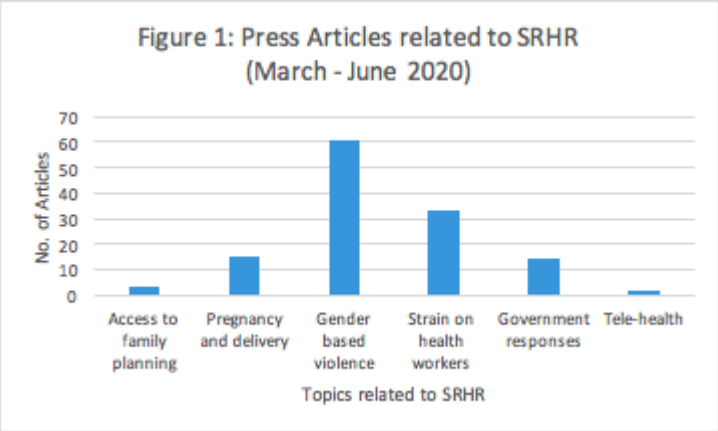
Online consultation: This was held in June with stakeholders from leading local and international non-governmental organizations working in the sector to cross-check findings and for further insights and advocacy suggestions. Annex 2 lists the attendees.

Stakeholder Consultations: We presented findings from this research in a series of additional online consultations, including ones hosted by the UNFPA Sindh[37] and the Sindh Commission on the Status of Women. The Commission hosted consultations[38] to develop a gender policy framework for the Sindh government for mitigating Covid-19's impact on women, girls and the transgender community. Through its participation in this policy advocacy process, led by the women's rights NGO Shirkat Gah, CSSR further refined its findings and recommendations for this report. It also benefited from discussions in several other local and international webinars on family planning, reproductive health and domestic violence which added to our overall understanding of how Covid-19 is impacting SRHR. A short brief is provided in Annex 3.

III. Findings

The findings revealed that the Covid-19 response increased barriers faced by women in accessing reproductive health services. Availability and accessibility of family planning services, safe abortion and obstetric care services were further undermined. Attention to the reproductive health needs of girls was almost absent from media coverage and policy discourse. Extreme strains on healthcare workers intensified the limitations on availability of reproductive health services. Most concerning, Covid-19 increased the vulnerability of women to domestic violence.

Out of 140 press articles that addressed SRHR issues (Figure 1) during the March-June period covered by our fact-finding, most (n=61) were about reported cases or concerns regarding a potential increase in gender-based violence during lockdown. Press also published articles (n=33) about the strain on various levels of health service providers, amongst whom women providers in the reproductive health sector were very vocal, and of course the government measures (n=14) taken with respect to SRHR. Media concerns with service provision focused less on contraceptive services (n=2) than women's access to safe pregnancy and delivery under Covid-19 (n=15). There were no media articles on increased rates of induced abortion. The interviews and consultations provided insight into the critical dimensions of SRH service provision affected by the pandemic, which were more engaged with issues related to service provision and the need to develop guidelines for the fast-evolving public dependence on online consultation.



Source: CSSR Media Timeline

There were significant gaps in access to information due to the pandemic and lockdown, which limited both media and health service providers' access to rural communities, thus biasing the coverage towards urban areas more than under normal circumstances. Frontline service providers do report that the difference in quality of care in rural and urban areas has been exacerbated.[39] Travel restrictions made it difficult for people to come to urban areas for treatment in tertiary facilities, [40] which is a common practice due to inadequate services and under-staffed facilities in rural areas.[41]

A. Access to Contraceptive and Safe Abortion Services

The Sindh contraceptive prevalence rate (24.4%) is second highest amongst the country's four provinces, with a higher usage in urban (28%) than rural areas (20.4%).[42] Women's total fertility rate is higher in rural (4.7 births) than urban (2.9) Sindh, indicating the largest such difference in rural-urban rates amongst provinces.[43] The Sindh Population Policy 2016 committed to increase this to 45 per cent by 2020,[44] which is unlikely to be achieved. Obstacles to increasing the CPR include weak marketing and motivational services, and lack of access to supplies.[45]

Access to safe and effective contraception has been dramatically altered during the pandemic in terms of supply chain, available options, and reliable information. There has been a shortage of contraceptive supplies globally and in Pakistan.[46] Community-level providers such as Lady Health Workers (LHWs) reported as early as March that their contraceptive supplies were running out and they were unable to fulfil their communities' needs.[47] The Department of Health had not refilled their supplies with enough contraceptives to provide clients a two month supply.[48] Private-sector community providers who did have supplies were not allowed to stock up on them without a pharmacy license.[49]

Doctors and NGO staff members also reported that government facilities providing family planning and counseling services, such as the Population Welfare Department (PWD) centers were shut, as family planning is not included in the list of essential services by the National Disaster Management Authority (NDMA).[50] Even when the centers were subsequently opened, authorities stopped employees while commuting to their places of work.[51] As family planning centers in government hospitals were closed, postpartum family planning services were not available to women delivering in these facilities.[52] Private family planning services providers such as Marie Stopes and Greenstar Social Marketing scaled back but continued to provide services at some of their facilities.[53]

Our expert consultation revealed concerns amongst service provision organizations that the pandemic has exacerbated barriers to contraceptive services, for women and girls, but also male youth.[54] The number of users of family planning products and services decreased significantly during the pandemic. Contraceptive imports were suspended during the lockdown, which caused a shortage of supplies locally because many small-scale private providers do not have many products stocked up. Stakeholders complained that global manufacturers doubled the prices of some of their products, making them difficult to access. The high import duty on condoms, and more for performance condoms that are preferred amongst youth, makes procurement of these products more difficult. Private sector service providers are also demanding pooled procurement with the government, so that it is easier for them to purchase products. Due to the closure of product distributors during lockdown, service providers had to rely on chemists. However, long acting reversible contraceptives (LARCs) are not easily available at chemists as they prefer fast-running products, which are condoms. Distribution of products was also restricted due to closure of service delivery outlets.[55]

The cost of induced abortion has soared during the pandemic, and Manual Vacuum Aspiration (MVA) kits are unavailable.[56] Abortion service providers and facilities were also forced to shut

down during the lockdown as it is not considered an essential service.[57] There was a shortage of misoprostol, due to which post-abortion care was impacted.[58]

UNFPA estimated a huge potential impact of Covid-19 on access to contraception in Pakistan, caused by the disruptions in supplies, shortages of contraceptive stocks, switch to traditional methods and limited method choices, and extended confinement of couples within homes. It calculated a 10-20 per cent decline in the use of modern contraceptives, which in turn could lead to almost one million additional unintended pregnancies and over 350,000 additional unsafe abortions.[59]

B. Obstetric Care Services

Table 1. Maternal mortality ratios in Pakistan[60]

	Maternal mortality ratio
Residence	
Urban	158
Rural	199
Region	
Punjab	157
Sindh	224
Khyber Pakhtunkhwa	165
Balochistan	298
Total*	186
Azad Jammu and Kashmir	104
Gilgit Baltistan	157

*Total excludes the disputed territories of AJK and GB, shown in the rows below.
Source: Pakistan Maternal Mortality Survey 2019.

The latest official maternal mortality ratios for Pakistan (Table 1) indicate an improvement in the overall total at 186 maternal deaths per 100,000 live births. The province of Sindh has the second highest MMR in the country, at 224, which is still a significant improvement from the last available figure of 276 over a decade ago.[61] The Pakistan Demographic and Health Survey 2006-7 found nearly three quarters of maternal deaths occur during delivery and the postpartum period, making high quality care to prevent and manage postpartum hemorrhage vital to reducing mortality.[62] Amongst the main issues in maternal health care for women in Sindh are lack of access to ante-natal care, emergency obstetric and neonatal care, and trained birth attendants.[63]

The pandemic carries the risk of reversing the limited gains in maternal health of the last decade due to disruptions in the availability of services. The potential impact depends upon the extent of decline in service coverage caused by the disruption and diversion of resources from maternal health to Covid-19 related services. Estimating a ten to twenty percent decline in services nationally, this would lead to between approximately four to eight hundred thousand additional

births without access to health facilities, and up to 2100 additional maternal deaths.[64] In short, the pandemic is expected to complicate the maternal health profile of women in Sindh and potentially undermine the improvements made in women's access to care in recent years.

The policy focus until the pandemic has consistently been to encourage women to deliver with skilled attendants and improve their access to hospital-based deliveries. Today, almost seventy-five per cent of women's births in Sindh are with a skilled provider and seventy-two per cent of women deliver in a public or private health facility. While the figures are somewhat improved in the province's urban centers, coverage is nonetheless not universal.[65]

Sindh has the highest preference (52%) for private sector deliveries amongst all the provinces (52%) which increases to sixty-four percent in urban areas. Still, despite closer geographical proximity to public sector facilities in the cities, they cover only one quarter (25%) of deliveries, including urban figures (63.7%).[66] A consultation of experts organized by the Center and CSSR before the pandemic flagged inefficiencies in the public sector, e.g. government doctors engaged in private practice, arbitrary systems of staff hiring and appraisal, inadequate incentive process for staff, inadequate human resources within hospitals, financial mismanagement and corruption, amongst the reasons for this preference. Women feel they have no choice but to go to the private sector.[67]

In a largely unregulated private sector, facilities that cater to low income patients have quality of care issues as well, including "quackery" with LHWs and pharmacists posing as medical doctors and even performing c-sections, according to anecdotal reports.[68] The Sindh Health Care Commission receives numerous complaints related to gynecology and obstetrical cases, according to one expert knowledgeable about their caseload who did not wish to be named. When approached to provide details for the purposes of this fact-finding, the Commission did not comply nor share their annual reports.[69]

With lack of access to quality facilities and trained attendants as issues preceding the pandemic in Sindh, it was expected the new context would pose additional problems. Doctors we interviewed indicated they were doing their best to follow international guidelines on how to care for pregnant women during the pandemic, and safely manage childbirth.[70] Pregnant women were experiencing high levels of anxiety, which is exacerbated as they are unable to regularly meet their doctors for in-person antenatal appointments.[71] Due to closure of public transport and other lockdown restrictions,[72] women were more likely to experience delays in reaching hospitals during emergencies.[73] As a result, efforts to improve access to hospitals have been replaced in recent months by a renewed emphasis on equipping skilled midwives to deliver safely in communities instead.

In the province of Punjab, the government decided to assign one public sector hospital in Lahore specifically to handle COVID-19 positive pregnant women.[74] No public tertiary care hospitals were assigned specifically for this purpose in Sindh, possibly because a number of public and private sector maternal health hospitals were already in place before the pandemic. Healthcare providers reported some hospitals were refusing to accept pregnant patients, especially those who are Covid-19 positive, if they were not registered with the facility beforehand.[75] As Covid-19

spread, there were reports of staff shortages in Punjab[76] and in Sindh some major hospitals had to close their maternity/gynecology wards due to several healthcare workers testing positive.[77]

Healthcare providers report a significant decline in institutional deliveries during the lockdown, which underscores the urgent need for trained community midwives as people resort to home births.[78] Our consultations with stakeholders indicate a new emphasis on home deliveries, but this brings with it risks of its own. For example, trained midwives, already inadequate to meet the needs of pregnant women, need to be provided with protective equipment to deliver babies in the home setting without spreading the infection.[79]After years of public health messaging to encourage pregnant women to participate in ante-natal screening and access hospital-based based deliveries if necessary, combined with an emphasis on expanding emergency obstetric services, the new emphasis on home-based deliveries may appear to be a reversal of this policy.

C. Gender-based Violence

Despite Sindh's progressive legislation in the areas of child marriage and domestic violence, women continue to face overwhelming barriers in access to justice. Researchers point to the urgent need to collect and collate timely detail on domestic violence[80] facilitate women's access to the criminal justice system,[81] and broaden availability to legal aid to enable women to take advantage of new laws.[82] Institutional reforms within the police force will also be required. Violations of women's rights due to customary practices such as early and forced marriages persist, adversely affecting the Hindu minority community. Underage Hindu and Christian girls are victims of forced conversions, an issue that has drawn considerable media attention and led to advocacy initiatives.[83]

UNFPA predicts a grave potential impact of the pandemic on GBV and harmful practices, citing a global 20 per cent increase in intimate partner violence, the heightened vulnerability of disadvantaged and marginalized women, and limited availability of services during the pandemic. The long-term impacts on women's health and wellbeing would be significant, undermining gender equality gains in other areas.[84]

Indeed, the lockdown led to a significant increase in cases of domestic violence. [85] Mental health professionals confirmed a rise in domestic violence reports in their own practices, due to women being restricted to their homes.[86] Bedari – a national level women's rights NGO reported that the number of calls they receive for assistance in cases of domestic violence doubled during the lockdown. From March 28th to April 21th, the organization received 81 calls from different districts across the country.[87] In Khyber Pakhtunkhwa province, over 500 cases of domestic violence were reported during the lockdown.[88] CSSR recorded 17 media reports of domestic violence resulting in the death of women and/or their children.

Lockdown restrictions made it more difficult for women to access protective services. There were reports of women refused admission to a shelter without a medical certificate from a government hospital, which was impossible to obtain as all outpatient services were suspended during the lockdown.[89] In one instance a woman was obliged to get a court order to obtain the medical certificate. The Sindh Commission on the Status of Women informally reported that confusion prevailed regarding how to keep the few shelters open during lockdown, as direct calls for help could not be processed in a timely manner.[90] Panah, a Karachi-based shelter, quickly develop SOPs

to ensure women could be admitted, but with public transportation closed women still faced enormous difficulties in accessing facilities.

The government has few virtual safety mechanisms in place to be of use in such a crisis. An App for Women Safety, developed in collaboration with UNFPA, proved helpful.[91] The Ministry of Human Rights also promoted its helpline for women experiencing domestic violence.[92] However, there were reports that the helpline was not responsive. Experts argue that such platforms do not provide women with in-depth counseling and step-by-step instructions on how to escape a violent situation or how to utilize their legal options.[93] Advocacy groups have grown increasingly alarmed about the impact of the pandemic on women's safety, which was reflected in social media discourse, webinars and articles on the subject, and calls for action. The feminist organization Women's Action Forum (WAF) issued a statement in April 2020 urging the Sindh government to ensure the protection of women and uphold the Sindh Domestic Violence Act 2013.[94]

D. Strain on Health workers

As Covid-19 cases continued to rise in Pakistan, the press reported hospitals running out of capacity.[95] By June, 1,240 doctors, 333 nurses and 628 paramedics had contracted the coronavirus.[96] Interviews with frontline healthcare workers reported that many members of support staff and junior doctors had fallen ill or had to isolate, which increased the burden on senior healthcare workers.[97] Doctors were experiencing high levels of stress and anxiety, which was exacerbated due to lack of adequate personal protective equipment (PPE) and safety measures in healthcare facilities. Healthcare providers also reported that private facilities were not providing their staff with PPE and doctors had to turn to non-governmental organizations (NGOs) for protective equipment supplies.[98] Doctors in Sindh pleaded for the enforcement of stricter lockdown measures in April to ease the burden on healthcare facilities.[99]

Several healthcare workers' protests were met with police violence. In Quetta, police baton-charged and arrested many healthcare providers protesting against lack of PPE.[100] In Peshawar, two doctors claimed that the Lady Reading Hospital was inadequately equipped to deal with Covid-19 cases and resigned in protest.[101] In Lahore, doctors of the Grand Health Alliance held a sit-in to demand PPE, regular screening of healthcare providers, and a risk allowance. Police threatened to charge the protestors, and it took over two weeks for the government to agree to a negotiation.[102] In Sindh, doctors complained their demand for safety kits were not heard.[103] LHWs have also reported that they were not provided with PPE by the government.[104]

The pandemic opened new sites of confrontations, with reports in May regarding a series of attacks on healthcare providers and facilities. Healthcare providers report that patients are more aggressive than usual, which puts their safety at risk and worsens the strain on them.[105] One doctor was attacked by relatives of a suspected Covid-19 patient who died in one of Karachi's main government tertiary care hospitals, Jinnah Post-Graduate Medical Center (JPMC).[106]

The pandemic struck in Pakistan at a time when health service providers were already mobilizing to protest against planned reforms to partially privatize public health facilities. This began in 2019 with protests in the province of Punjab which have gained support in the other provinces.[107] Amongst their objections to this move, healthcare workers argued that it would make healthcare

less accessible to the poor.[108] Nonetheless, Punjab passed the new law known as the Medical Teaching Institutes (MTI) Reforms Act in March, 2020, which did not bode well for government relations with healthcare workers in the months to come. Paramedical staff, nurses and young doctors formed The Grand Health Alliance (GHA) to mobilize its implementation and the possibility of similar legislation in the other provinces. They believe it will convert health care providers into contractual employees, affecting their job security.[109]

E. Availability of Telehealth

The pandemic led to an accelerated development of the fledgling tele-health sector. Outpatient services in all major hospitals in Sindh were suspended from mid-March,[110] and opened only partially during April.[111] Doctors continued to limit the number of in-person appointments in their outpatient clinics throughout the course of the pandemic. Frontline healthcare providers report that they are instead using phone calls, WhatsApp and Zoom to conduct online consultations, including antenatal appointments. However, they say that many patients do not have internet access or smartphones, so these individuals cannot be provided with care they need.[112] Both providers and patients need better access to technology and digital communications, as well as digital literacy for tele-health services to be effective.[113]

Certain tele-health initiatives active during this period proved vital, such as the Sehat Kahani mobile app and helplines of the Aman Foundation and the Society of Obstetricians and Gynecologists of Pakistan (SOGP).[114] These helplines also provide family planning and mental health counseling. However, women doctors have reported harassment, such as lewd messages and this has discouraged many doctors from providing their services on these platforms.[115] Doctors also report they are already over-worked from their hospital shifts and outpatient clinics so they may not be able to provide services on the phone as well.[116]

Healthcare providers require support and guidance in setting up tele-health platforms. Pakistan lacks a legal framework around tele-medicine, which makes it difficult for doctors to provide their services.[117] Healthcare providers report that they need specific regulations and guidelines to provide tele-health services effectively. Without any legal framework, the only regulation doctors must follow is one that prevents tele-health helplines from providing guidance on the use of misoprostol for self-care.[118]

F. Government Response

The national Covid-19 response was characterized by mixed messaging and lack of effective coordination between the center and provinces. Pakistan's National Action Plan for COVID-19 had no mention of SRH services,[119] which fueled increasing concern amongst stakeholders as the lockdown progressed. The Sindh government, however, prepared guidelines with the assistance of civil society organizations on maintaining family planning and reproductive health (FPRH) services during the pandemic. The plan includes safety measures to protect healthcare providers, such as provision of PPE, regular disinfection of facilities, and limiting the number of patients and their attendants.[120] All government facilities are to remain open and continue providing family planning counseling, antenatal and postnatal care, and other maternal and child health services. Local Family Welfare Centers (FWCs) are to remain open except those in densely populated areas

where providers must provide their phone numbers to registered clients and remain accessible. The Department of Health facilities were instructed to ensure a continued supply of required products and directed to promote the FP2020 POOCHO helpline.[121] All labor rooms were told to have post-partum family planning products and trained providers.[122]

The guidelines for community health workers, including LHWs and midwives, are to provide information on FP services in their communities by visiting clients while following safety precautions. Workers are to provide clients with a two-month supply of contraceptives and refer women who want IUCDs and implants to the nearest health facility. The guidelines also cover provision of FP services in quarantine centers via family planning desks to provide emergency contraceptives and antenatal care. As part of overall systems strengthening, officials in charge of health facilities are also required to orient providers to understand the impact of the pandemic on clients.[123]

These guidelines were comprehensive, but experts report inadequate implementation. Staff, equipment and wards in healthcare facilities were diverted towards COVID-19 patients, which negatively impacted reproductive health services,[124] and hospitals refused to admit patients with non-Covid needs.[125] Donor organizations stepped in with support where it was feasible, re-purposing programs towards pandemic relief efforts. The United Nations Population Fund (UNFPA) supported the Pakistan government in its response to Covid-19.[126] It provided technical support to the National Disaster Management Authority (NDMA) on gender and SRH services, conducted research and liaised closely with the population welfare services and health providers to support FPRH services and mitigate the risks of GBV.[127]

The Sindh government has been highly responsive to suggestions from civil society and expert stakeholders on how to improve its policy and program response in the light of emerging findings, most of which are highlighted above. The Sindh Commission on the Status of Women, supported by the leading women's advocacy organization Shirkat Gah, has facilitated a process of consultation with government and non-government organizations to generate a gender policy framework for managing the impact of Covid-19 on women.

IV. Recommendations

Pakistan has had significant experience of disasters in recent years, including a major earthquake in 2006 and floods in 2010. Earlier research has established that women suffer disproportionately due to their socio-economic disadvantage compared to men, increased burden of care work and exposure to gender-based violence.[128] Our fact-finding shows that the new disaster scenario unfolding with the spread of Covid-19 is likely to further support these claims, with varied impact across the provinces, rural-urban divide, and sectors of development.

The government of Sindh was highly responsive to engagement with civil society and health sector experts to develop a pandemic response that reflected the reproductive health needs of the population. Still, the rights-based approach appeared to be sidelined in the rush to address logistical and safety issues. It is valuable, nonetheless, for government to remember that sexual and

reproductive rights are not suspended during a pandemic and its obligation to ensure that women and adolescents are provided SRH services remains even in these conditions.

Below are recommendations to improve women's access to sexual and reproductive health services during the pandemic:

Federal and Sindh Governments

- Issue directives that establish sexual and reproductive health services as "essential" services during the pandemic.
- Ensure that reproductive health services, including obstetric care, contraception and safe abortion services continue to be provided in public health facilities during the pandemic.
- Issue regulations establishing legal and policy measures to encourage telehealth to strengthen access to medical abortion, contraception and quality maternal care.
- Increase availability of medical abortion and medical contraception and information regarding these services to enable self-managed reproductive healthcare.
- Implement an integrated reproductive health service model to meet the needs of women, girls, transgenders, and those living with disability that provides reproductive health, family planning, post-abortion care and gender-based violence protection services within a shared set of guidelines across programs;
- Provide protections to healthcare workers, including personal protective equipment, and ensure accountability for acts of violence against healthcare workers.
- Ensure that services to protect women and adolescents from violence, including shelters and crisis centers, remain operational throughout the pandemic.

Courts

- To enable access to justice during the pandemic, courts should remove the requirement of physical presence during court hearings.
- Wherever possible hold hearings online or over the telephone and allow online submission of court documents.
- Continue to promote awareness and provide information to facilitate access to reproductive health services through helplines and media awareness campaigns.
- Continue to monitor the availability and accessibility of sexual and reproductive health services during the pandemic and document violations.
- Facilitate access to justice for women and adolescents vulnerable to gender-based violence by providing legal aid and counselling, including remote services over the telephone or internet.

By August 2020 the lockdown in Sindh and much of Pakistan was lifted, as the caseload in hospitals across the country significantly decreased. Global evidence suggests that the pandemic is still working its way through the population, but the lull allows policymakers time to assess their response from the first phase. This preliminary fact-finding and recommendations demonstrate a strong consensus from stakeholders around priority areas to protect the sexual and reproductive rights of women and girls as they plan for what lies ahead.

Annex 1. List of Key Informant Interviews

No.	Name	Affiliation	Date	Interviewer
Frontline Providers at Healthcare Facilities				
1.	Dr. Sajjad Ahmad Siddiqui	Senior Gynecologist and Obstetrician, Kohi Goth Hospital Country Director, Pakistan National Forum for Women Health	28 May 2020	Sara Malkani
2.	Dr. Nighat Shah	Senior Gynecologist & Obstetrician – Aga Khan University and Hospital, Assistant Professor – Jinnah Sindh Medical University	15 May 2020	CSSR
3.	Dr. Zaryab Sethna	Senior Gynecologist and Obstetrician, Trustee Lady Dufferin Hospital	12 May 2020	CSSR
4.	Dr. Rafia Baloch	Senior Gynecologist and Obstetrician (Private), Former Head of Gynecology & Obstetrics of Benazir Bhutto Medical University and Shaikh Zayed Hospital	8 April 2020	Sara Malkani
5.	Dr. Sadia Pal	Senior Gynecologist & Obstetrician (Private)	13 May 2020 6 April 2020	CSSR
6.	Dr. Azra Ahsan	Senior Gynecologist and Obstetrician (Private), Technical Consultant to NCMNH	2 June 2020 8 April 2020 Feb 26 2020	CSSR
7.	Dr. Shehla Baqi	Infectious Diseases Specialist at Shaheed Mohtarma Benazir Bhutto Accident Emergency & Trauma Centre, Civil Hospital Karachi	14 May 2020 25 February 2020	CSSR
Frontline Providers in Communities				
8.	Noor Fatima	Lady Health Supervisor (LHS) Karachi	15 April 2020	CSSR
9.	Bushra Arain	LHS, President of Lady Health Workers' Association	6 April 2020	Sara Malkani
Staff of NGOs Providing Sexual and Reproductive Health Services				
10.	Neha Mankani	Senior Manager Maternal Health-Global Health Directorate at Indus Health Network	3 June 2020	CSSR
11.	Sana Durvesh	Deputy General Manager, Greenstar Social Marketing	13 April 2020	Sara Malkani
12.	Rahal Saeed	Consultant to the Bill and Melinda Gates Foundation, RIZ Consulting	13 May 2020 7 April 2020	CSSR
Advocates				
13.	Shahab Usto	Advocate, Shahab Usto and Associates	13 March 2020	Sara Malkani and CSSR
Government Bodies				
14.	Farhana Memon	Director of Licensing, Sindh Healthcare Commission	10 March 2020	CSSR
15.	Amir Hussain	Director of Complaints, Sindh Healthcare Commission	10 March 2020	CSSR

Annex 2. List of Attendees CSSR Consultation 12th June 2020

Name	Affiliation
Sheena Hadi	Executive Director, Aahung
Yasmeen Qazi	Senior Advocacy Consultant, Bill and Melinda Gates Foundation
Mehrin Shah	Policy and Communications Advisor, Ipas
Rahal Saeed	Technical Support Consultant, Bill and Melinda Gates Foundation
Nighat Shah	Gynecologist, Aga Khan University Hospital
Sadia Pal	Executive Member, Society of Obstetrician and Gynecologists of Pakistan
Tabinda Sarosh	Country Director, Pathfinder International
Dr Syed Azizur Rab	CEO, Greenstar Social Marketing
Madiha Latif	Program Manager, Pathfinder International
Kamyla Marvi	Director Pakistan, British Asian Trust

Annex 3. CSSR Participation in online webinars

CSSR participated in several useful webinar meetings with experts during the lockdown period. In a Zoom webinar hosted by FP2020[129] on the continuation of family planning programs during the pandemic, participants discussed barriers to supply of family planning products such as manufacturers cutting back on production due to raw material supply disruptions, transport barriers even when products are available, and barriers at national points of entry whereby certain products are prioritized by customs and family planning products are not considered high priority in some countries. The rise in domestic violence in Pakistan was the subject of a local expert webinar[130] in which the speakers argued that the pandemic has made it even more difficult for women to access protective mechanisms, and that better helplines are needed to provide guidance to women.

CSSR also participated in a webinar organized by the Inter-Agency Working Group on Reproductive Health in Crises (IAWG) during which they shared their programmatic guidance on SRH in humanitarian and fragile settings during the pandemic and discussed challenges facing SRHR service providers.[131] As an active member of the Center for Reproductive Rights initiative, the South Asia Reproductive Justice and Accountability Initiative (SARJAI) network, CSSR took part in webinars to share regional information about Covid-19 impact on SRHR, actions taken by their respective governments, and measures that CSOs are undertaking to advocate for women and girls' continued access to SRH services.[132] A SARJAI webinar to discuss key features of the Safe Motherhood and Reproductive Health Rights (SMRHR) Act which guarantees abortion rights and has now been passed in Nepal.[133]

ENDNOTES

[1] Mugheri, I. (2020) *Lockdown imposed in Sindh for next 15 days; movement restricted to need only basis*, DAWN available at https://www.dawn.com/news/1542901

[2] Arab News (2020) *Sindh to ease lockdown from Monday despite spike in virus cases*, ARAB NEWS available at https://www.arabnews.pk/node/1671741/pakistan

[3] THE CONSTITUTION OF THE ISLAMIC REPUBLIC OF PAKISTAN, Art. 9; *Shehla Zia v. WAPDA*, 1994 PLD SC 693.

[4] THE CONSTITUTION OF THE ISLAMIC REPUBLIC OF PAKISTAN, Art. 25 available at: http://www.pakistani.org/pakistan/constitution/part2.ch1.html

[5] *Id.* at Art. 14.

[6] Zaraq, M. (2019) *Child Abuse and Stolen Dignity: A socio-Legal Exploration of Child Protection Policies in Pakistan*, *PAKISTAN LAW REVIEW*, vol. 10, pp. 59-88; Niazi, H. (2019) *Human Dignity and the Rights of Women: the Problem of Virginity Testing*, *PAKISTAN LAW REVIEW*, vol. 10, pp. 89-109.

[7] Sindh Child Marriage Restraint Act 2013; Sindh Domestic Violence (Prevention and Protection) Act 2013.

[8] Center for Reproductive Rights, Ending Impunity for Child Marriage in Pakistan: Normative and Implementation Gaps, 33-34 (2018) available at https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/64785006_ending_impunity_for_child_marriage_pakistan_2018_print-edit-web.pdf

[9] Shah, B. (2019) *Domestic Violence*, DAWN available at: https://www.dawn.com/news/1506655

[10] Pakistan Penal Code of 1860, s. 338.

[11] *Id*. at S. 338.

[12] *Id.*

[13] *Id.* at S. 338-B.

[14] Saleem, S. (2017) *Abortion in Pakistan: struggling to support a woman's right to choose*, THE GUARDIAN available at: https://www.theguardian.com/global-development-professionals-network/2017/jan/30/abortion-in-pakistan-struggling-to-support-a-womans-right-to-choose; *see also* Khan, R. (2016), *Lightly beating' wife permissible, says CII's proposed women protection bill*, DAWN available at: https://www.dawn.com/news/1260803.

[15] Government of Pakistan, *National Service Delivery Standards and Guidelines for High-Quality Safe Uterine Evacuation/Post-Abortion Care, Ministry of Health Services, Regulations and Coordination*, 3 March 2018, available at https://www.greenstar.org.pk/assets/newsletters/National_Guidelines_on_PAC.pdf

[16] *Sindh Reproductive Healthcare Rights Act 2019*, S. 4(1) available at http://www.pas.gov.pk/uploads/acts/Sindh%20Act%20No.XV%20of%202019.pdf

[17] *Id.* at S. 3(a).

[18] *Id.* at S.6(e).

[19] *Id.* at 2(xii).

[20] National Maternal, Neonatal & Child Health Program (2020) *Strategic Framework*, National Maternal, Neonatal & Child Health (NMNCH) Program, viewed 23 July 2020, http://dynasoft.org/mnch/strategies.php.

[21] Sindh Health Department (2012) *Sindh Health Sector Strategy 2012-2020*.

[22] Population Welfare Department, (2015) *Costed Implementation Plan on Family Planning for Sindh (2015–2020)*, GOVERNMENT OF SINDH, viewed 23 July 2020, <https://www.familyplanning2020.org/sites/default/files/CIP-Sindh-03-15-16-final-1_0.pdf>.

[23] Sindh Health Care Commission Act 2014, *Preamble* available at: http://shcc.org.pk/public-docs/SHCC-ACT-2013.pdf

[24] See *Shehla Zia v. WAPDA*, PLD 1994 SC 693.

[25] *Id.*

[26] Committee on Economic, Social and Cultural Rights, *Gen. Comment No. 22* (2016) UN Doc.E/C.12/GC/22.

[27] Human Rights Committee, *Gen. Comment No. 36,* para 8 U.N. Doc CCPR/C/GC/36 (2018).

[28] CESCR Committee *Concluding Observations: Pakistan,* para 77.UN Doc: E/C.12/PAK/CO/1 (2017).

[29] CEDAW Committee, *Concluding Observations: Pakistan*, para. 44, U.N. Doc. CEDAW/C/PAK/CO/5 (2020).

[30] CENTER FOR REPRODUCTIVE RIGHTS, FACTSHEET (2020) *Access to Comprehensive Sexual and Reproductive Healthcare is a Human Rights Imperative during the Covid 19 Pandemic*, available at https://reproductiverights.org/document/access-comprehensive-sexual-and-reproductive-health-care-human-rights-imperative-during

[31] *International Covenant on Civil and Political Rights*, art. 4(1) 19 December 1966, 999 UNTS 171, Can TS 1976 No 47 (entered into force 23 March 1976) [*ICCPR*].

[32] CEDAW Committee, *Guidance Note on CEDAW and Covid-19* (2020), available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT/CEDAW/STA/9156&Lang=en

[33] World Health Organization (2020) *Maintaining essential health services: operational guidance for the COVID-19 context: interim guidance,* WORLD HEALTH ORGANIZATION available at: https://apps.who.int/iris/handle/10665/332240.

[34] CENTER FOR REPRODUCTIVE RIGHTS, FACTSHEET (2020) *Access to Comprehensive Sexual and Reproductive Healthcare is a Human Rights Imperative during the Covid 19 Pandemic*, available at https://reproductiverights.org/document/access-comprehensive-sexual-and-reproductive-health-care-human-rights-imperative-during

[35] Pollard, M. (2020) *The Courts and COVID-19*, INTERNATIONAL COMMISSION OF JURISTS available at: https://www.icj.org/wp-content/uploads/2020/04/Universal-ICJ-courts-covid-Advocacy-Analysis-brief-2020-ENG.pdf

[36] Voluntary National Review (2019) *Pakistan's Implementation of the 2030 Agenda for Sustainable Development,* GOVERNMENT OF PAKISTAN, pp. 15, 31-36.

[37] These were on Covid-19 impact on family planning and reproductive health (June 25th, 2020) and gender-based violence.

[38] The Collective participated in two consultations for SCSW on mitigating Covid-19 impact on reproductive health organized by Shirkat Gah and Pathfinder International on July 2nd and July 9th 2020 to develop this policy document.

[39] Saeed, R. (2020) interviewed by K. Qidwai, May 13, Telephone.

[40] Ahsan, A. (2020) interviewed by K. Qidwai, June 2, Telephone.

[41] Saeed, R. (2020) *supra* note 39; Telephone; Mankani, N. (2020) interviewed by K. Qidwai, May 13, Telephone.

[42] NATIONAL INSTITUTE FOR POPULATION STUDIES: PAKISTAN DEMOGRAPHIC AND HEALTH SURVEY 2017-18, 126 (2019)

[43] *Id.* at 91.

[44] Population Welfare Department Sindh, *Sindh at a Glance*, available at: https://pwd.sindh.gov.pk/Sindh-at-a-Glance

[45] Women Development Department (2020). *Gender Equality and Women's Empowerment Policy.* KARACHI, GOVERNMENT OF SINDH.

[46] Pakistan Today (2020) *Virus may spark 'devastating' global condom shortage*, PAKISTAN TODAY available at: https://www.pakistantoday.com.pk/2020/04/08/virus-may-spark-devastating-global-condom-shortage/

[47] Fatima, N. (2020) interviewed by K. Qidwai, April 15, Telephone; Arain, B. (2020) interviewed by K. Qidwai, April 6, Telephone.

[48] *Id.*

[49] Rab, S. A. (2020) expert consultation facilitated by A. Khan, June 12, Zoom.

[50] Saeed, R. (2020) *supra* note 39; Qazi, Y. (2020) Expert Consultation facilitated by A. Khan, June 12, Zoom.

[51] Shah, N. (2020) Interviewed by K. Qidwai, May 15, Telephone.

[52] Pal, S. (2020) Interviewed by K. Qidwai, April 6, Telephone.

[53] Saeed, R. (2020) *supra* note 39.

[54] Hadi, S. (2020) in expert Consultation facilitated by A. Khan, June 12, Zoom.

[55] Rab, S. A. (2020) *supra* note 49.

[56] *Id.*

[57] Qazi, Y. (2020) *supra* note 50.

[58] Rab, S. A. (2020) *supra* note 49.

[59] UNFPA, *Potential Impact of Covid-19 on Reproductive Health, Family Planning and GBV*, presentation at Sindh Development Partners Meeting on FP/RH, 25 June 2020.

[60] NATIONAL INSTITUTE FOR POPULATION STUDIES *Pakistan Maternal Mortality Survey*, 24 (2019) available at: https://dhsprogram.com/publications/publication-PR128-Preliminary-Reports-Key-Indicators-Reports.cfm.

[61] NATIONAL INSTITUTE FOR POPULATION STUDIES: PAKISTAN DEMOGRAPHIC AND HEALTH SURVEY 2006-2007, 178 (2008).

[62] *Id.* at p. 180.

[63] Mahmood, N. and Nayab, D. (2000) *An Analysis of Reproductive Health Issues in Pakistan,* THE PAKISTAN DEVELOPMENT REVIEW, 39(4): 675-693.

[64] UNFPA presentation *supra* note 59.

[65] National Institute of Population Studies, Pakistan: Demographic and Health Survey 2017-18, 172 (2019).

[66] *Id.* at 171.

[67] Collective for Social Science Research, consultation of reproductive health experts in Karachi, September 13, 2019.

[68] *Id.*

[69] Email exchange with Sindh Healthcare Commission staff on March 20, 2020.

[70] Shah, N. (2020) *supra* note 51; Pal, S. (2020) *supra* note 52.

[71] Ahsan, A. (2020) interviewed by K. Qidwai, April 8, Telephone; Shah, N. (2020) *supra* note 51; Pal, S. (2020) *supra* note 52.

[72] ARY News (2020) *Coronavirus: Sindh orders closure of govt offices, inter-city public transport*, *ARY News* available at https://arynews.tv/en/sindh-government-offices-inter-city-public-transport-closure/ (Accessed July 27, 2020).

[73] Fatima, N. (2020) *supra* note 47, Pal, S. (2020) *supra* note 52; Sethna, Z. (2020) interviewed by K. Qidwai, May 12, Telephone.

[74] Geo News (2020) *Punjab dedicates hospital to exclusive treatment of expectant mothers with COVID-19*, GEO NEWS available at: https://www.geo.tv/latest/281384-coronavirus-updates-april-7-latest-news-on-the-covid-19-pandemic-from-pakistan-and-around-the-world (accessed July 27, 2020)

[75] Mankani, N. (2020) *supra* note 41.

[76] Pal, S. (2020) *supra* note 52.

[77] Shah, N. (2020) *Stories from the frontlines: We cannot lockdown hospital wards. Progressive planning is the way to go,* DAWN available at https://www.dawn.com/news/1555063/stories-from-the-frontlines-we-cannot-lockdown-hospital-wards-progressive-planning-is-the-way-to-go (Accessed July 27, 2020)

[78] Mankani, N. (2020) *supra* note 41; Sethna, Z. (2020) *supra* note 73.

[79] Expert Consultation facilitated by A. Khan, June 12, Zoom.

[80] Zia, M. (2018) *Understanding Domestic Violence within the Legal Framework of Pakistan* LEGAL AID SOCIETY.

[81] Maniar, M. (2018) *The Victim and the Accused: An Analysis of Legal Needs in the Criminal Justice System in Sindh,* LEGAL AID SOCIETY.

[82] Zahid, H., and M. Munshey (2020) *The Justice Gap in Sindh: Evidence from the Legal Aid Call Centre,* LEGAL AID SOCIETY.

[83] Center for Reproductive Rights (2018) *Ending Impunity for Child Marriage in Pakistan: Normative and Implementation Gaps* available at*:* https://bityl.co/3Xty.

[84] UNFPA *supra* note 60.

[85] Sohrawardi, N. (2020) *Mental health professionals report rise in domestic abuse case*', THE NEWS available at: https://www.thenews.com.pk/print/637936-mental-health-professionals-report-rise-in-domestic-abuse-cases (Accessed July 27, 2020).

[86] Clinical psychologist Asha Bedar in a Facebook Live session titled *Domestic Violence During Lockdown: What do we Know,* hosted by Soch Videos, an online news platform, on May 4, 2020.

[87] Aamir, S. T. (2020) *In the shadows of a pandemic*, THE NEWS available at: https://www.thenews.com.pk/magazine/you/660486-in-the-shadows-of-a-pandemic (accessed July 27, 2020)

[88] Ahmed, F. (2020) *Over 500 domestic violence cases reported during KP lockdown: official*, SAMAA DIGITAL available at: https://www.samaa.tv/news/pakistan/2020/05/over-500-domestic-violence-cases-reported-during-kp-lockdown-official/ (Accessed July 27, 2020).

[89] Malkani, S. (2020), information shared over email, April 8.

[90] Shirin, N. (2020) information shared over telephone, April 24.

[91] UNFPA (2020) *Connecting women with safety in Pakistan at a time of COVID-19 – and beyond*, UNFPA [Online] Available at: https://asiapacific.unfpa.org/en/news/connecting-women-safety-pakistan-time-covid-19-%E2%80%93-and-beyond (accessed July 27 2020).

[92] Ministry of Human Rights 30 March 2020 available at: https://twitter.com/mohrpakistan/status/1244529154772668417 (Accessed: 27 July 2020).

[93] Bedar, A. (2020) *supra* note 86.

[94] Dawn News (2020) *Domestic Violence*, DAWN NEWS available at: https://www.dawn.com/news/1549304/domestic-violence (Accessed July 27, 2020).

[95] Dawn News (2020) *Hospitals under strain as Covid-19 peak approaches*, DAWN NEWS available at: https://www.dawn.com/news/1562323/hospitals-under-strain-as-covid-19-peak-approaches (Accessed July 27, 2020).

[96] Bhatti, W. M. (2020) *Facing covid-19 and violence simultaneously, healthcare community in Pakistan has lost 24 colleagues so far,* THE NEWS available at: https://www.thenews.com.pk/print/666539-facing-covid-19-and-violence-simultaneously-healthcare-community-in-pakistan-has-lost-24-colleagues-so-far (Accessed July 27, 2020).

[97] Shah, N. (2020) *supra* note 51.

[98] *Id.*

[99] Ilyas, F. (2020) *Doctors demand strict enforcement of lockdown in Sindh*, DAWN NEWS available at: https://www.dawn.com/news/1550099/doctors-demand-strict-enforcement-of-lockdown-in-sindh (Accessed July 27, 2020).

[100] Nihad, G. and Shah, S. A. (2020) *Police baton-charge, arrest young doctors in Quetta during protest against lack of PPEs*, DAWN NEWS available at: https://www.dawn.com/news/1546921 (Accessed July 27, 2020).

[101] ARY News (2020) *Two doctors from Lady Reading Hospital, Peshawar resign under protest*, ARY NEWS available at: https://arynews.tv/en/two-doctors-from-lady-reading-hospital-peshawar-resign-under-protest/ (Accessed July 27, 2020).

[102] Pakistan Today (2020) *Doctors end protest after successful talks*, PAKISTAN TODAY available at: https://www.pakistantoday.com.pk/2020/05/01/doctors-end-protest-successful-talks/ (Accessed July 27, 2020).

[103] The Express Tribune (2020) *Doctors Sindh's doctors decry lack of safety kits in hospitals*, THE EXPRESS TRIBUNE available at: https://tribune.com.pk/story/2189070/1-sindhs-doctors-decry-lack-safety-kits-hospitals (Accessed July 27, 2020).

[104] Fatima, N. (2020) *supra* note 47; Arain, B. (2020) *supra* note 47.

[105] Ahsan, A. (2020) *supra note* 40; Pal, S. (2020) *supra* note 52.

[106] Ahmed, T. (2020) 'JPMC doctor attacked by suspected COVID-19 patient's family members', SAMAA DIGITAL available at: https://www.samaa.tv/news/2020/05/jpmc-doctor-attacked-by-suspected-covid-19-patients-family-members/ (Accessed July 27 2020).

[107] Yasin, A. (2019) *Grand Health Alliance calls off strike against MTI Reforms Act after 10 days*, DAWN NEWS available at: https://www.dawn.com/news/1481907 (Accessed July 13, 2020).

[108] *Id.*

[109] *Id.*

[110] Bhatti, W. M. (2020) *Sindh closes OPDs at major public hospitals closed for next 15 days*, THE NEWS available at: https://www.thenews.com.pk/latest/630567-opds-at-large-public-hospitals-closed-for-15-days-in-sindh (accessed July 27, 2020).

[111] The Express Tribune (2020) *Hospitals still treating those in need of urgent care, OPDs partially open*, available at: https://tribune.com.pk/story/2189114/1-hospitals-still-treating-need-urgent-care-opds-partially-open (Accessed July 27, 2020).

[112] Ahsan, A. (2020) *supra* note 71; Pal, S. (2020) *supra* note 52.

[113] Pal, S. (2020) expert consultation facilitated by A. Khan, June 12, Zoom.

[114] *Id.*

[115] Ashraf, S. (2020) *Even during a pandemic, female doctors are facing harassment*, DAWN IMAGES available at: https://images.dawn.com/news/1184941 (Accessed July 27, 2020).

[116] Ahsan, A. (2020) *supra* note 40.

[117] Qazi, Y. (2020) *supra* note 50.

[118] Durvesh, S. (2020) Expert Consultation facilitated by A. Khan, June 12, Zoom.

[119] Ministry of National Health Services, Regulation, and Coordination (2020) *National Action Plan for Corona virus disease (COVID-19) Pakistan*, available at: https://bit.ly/2VCdndd (Accessed July 27, 2020).

[120] Department of Health and Population Welfare Department (2020) *'Guidelines on FPRH during Covid-19 in Sindh',* available at: http://familyplanning2020.org/sites/default/files/COVID/Guidelines-FPRH-COVID-19-Sindh-March-2020.pdf (accessed July 27, 2020).

[121] This helpline was launched in July 2019 in collaboration with the Sindh Department of Health and Grenstar Social Marketing to providing family planning information and counseling to adults and adolescents.

[122] Department of Health and Population Welfare Department (2020) *'Guidelines on FPRH during Covid-19 in Sindh',* available at: http://familyplanning2020.org/sites/default/files/COVID/Guidelines-FPRH-COVID-19-Sindh-March-2020.pdf (accessed July 27, 2020).

[123] *Id.*

[124] Saeed, R. (2020) *supra* note 39.; Mankani, N. (2020) *supra* note 41.

[125] Ayub, I. (2020) *Amid Covid-19 challenge, other patients left in the lurch*, DAWN NEWS available at: https://www.dawn.com/news/1551153/amid-covid-19-challenge-other-patients-left-in-the-lurch (accessed July 27, 2020).

[126] UNFPA (2020) *UNFPA Pakistan – Situation Report*, United Nations Population Fund, available at: https://pakistan.unfpa.org/sites/default/files/pub-pdf/UNFPA%20Pakistan-%20COVID19%20SitRep%20%231.pdf.

[127] *Id.*

[128] Bari, F. (1998) *Gender, Disaster, and Empowerment: A Case Study from Pakistan*, in Elaine Enarson and Betty Heam Marrow (Eds.); *The Gendered Terrain of Disasters* International Hurricane Center, Florida International University available at (http://www.fiu.edu/~lsbr), pp.125-132.

[129] A webinar hosted by FP2020 and Breakthrough ACTION titled *Maintaining momentum in family planning: How can social and behavior change programs adapt to the new reality of COVID-19?* on April 23, 2020.

[130] Clinical psychologist Asha Bedar in a Facebook Live Session titled *Domestic Violence During Lockdown: What do we Know* hosted by Soch Videos, an online news platform, on May 4, 2020.

[131] A webinar was hosted by the Inter-Agency Working Group on Reproductive Health in Crises (IAWG) on May 5, 2020, titled *Frontlines in Focus: Critical Conversations on Reproductive Healthcare During COVID-19 Response*.

[132] Center for Reproductive Rights meeting for its South Asia Reproductive Justice and Accountability Initiative (SARJAI) network on May 7, 2020, titled *SARJAI Network - COVID-19 & SRHR* (online).

[133] Center for Reproductive Rights meeting for SARJAI network on June 3, 2020, titled *Invitation to the Webinar on Safe Motherhood and Reproductive Health Rights (SMRHR) Act, Nepal* (online).

COLLECTIVE FOR SOCIAL SCIENCE RESEARCH (PVT.) LTD

173-I, Block 2, P.E.C.H.S, Karachi 75400 (92)-21-34551482 (92)-21-34541270

http://www.researchcollective.org/