

Gender Impact of COVID-19

A Brief Analysis-Pakistan's Context and Way forward



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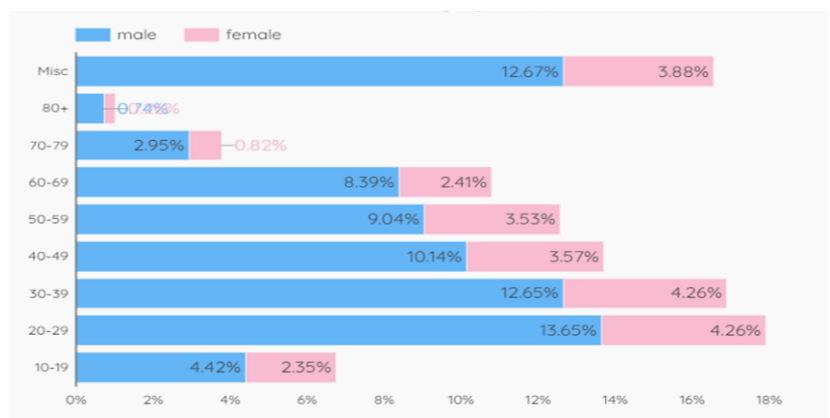
Introduction

This Paper provides a brief analysis of some of the anticipated gender differentiated impacts of COVID-19 in Pakistan, including women's social, economic and political/electoral participation, in an attempt to contribute to more gender responsive responses. The paper underscores the dual priorities of integrating a gender and inclusion perspective into all COVID-related policies, programs and relief measures to effectively safeguard women and other marginalized/at risk populations; and ensuring that the temporary rolling back of some fundamental human rights, such as freedom of assembly, association and mobility,¹ are fully and promptly restored, and in equal measure for all genders. While more research is needed into the impact of COVID-19 on doubly marginalized populations – such as women with disabilities, young women, migrant women, and elderly women – the paper provides an initial framework to inform more inclusive approaches going forward.

Context: COVID in Pakistan

Much like other countries across the globe, there is a growing realization of the significant threat that the Coronavirus (COVID-19) poses to Pakistan's population of 222 million, about half of whom are women.² It also includes at-risk populations, such as approximately 33 million persons with disabilities, 60 percent of whom are estimated to be women.³ Since early March, cases have continued to increase across Pakistan, with the highest number of cases recorded in Punjab.⁴ The below chart provides the demographic breakdown of the number of confirmed COVID-19 cases as of April 14, although it is important to note that the comparatively lower levels of women's cases could be a result of lower numbers of testing for women - rather than a lower rate of infection in Pakistan.⁵

The Government of Pakistan has established a Command and Control Center to ensure effective coordination among the federal and provincial governments, serving as a centralized mechanism for regular sharing of information and updates on the disease, as well as directing measures related to the provision of health and relief supplies and coordination of screenings. However, even with these and other COVID-related measures the Government is taking, the impact of COVID-19 is likely to be devastating. COVID-19 will further depress an already weak economy and tax an insufficiently resourced health system already grappling with inadequate tertiary care facilities and health



Demographic split of male (blue) to female (pink) COVID infections as of April 14, 2020. Source: covid.gov.pk

¹ Article 15-18 of Constitution of Islamic Republic of Pakistan, 1973

² National Population Census, 2017

³ The World Health Organization estimates that 15 percent of the world's population has a disability. World Health Organization and World Bank, "World Report on Disability," 2011.

⁴ Numbers are fluid and are updated on the Government website daily at <http://covid.gov.pk/>

⁵ <https://www.independent.co.uk/news/science/coronavirus-men-women-immune-symptoms-outbreak-a9364641.html>

personnel. Women – especially women with disabilities and young women – as well as transgender persons will face disproportionately negative impacts as COVID-19 exacerbates existing challenges related to systemic discrimination, access to political rights, weaker socioeconomic standing, and over-exposure to vulnerable or informal employment.

Experience from past international outbreaks – such as Severe Acute Respiratory Syndrome (SARS) in 2003, Ebola from 2014 to 2016, and Zika from 2015 to 2016 – highlights the importance of incorporating a gender analysis into all preparedness and response measures as pandemics and humanitarian crises impact men and women differently.⁶ In the context of Pakistan, substantial empirical evidence produced by UN agencies, National Disaster Management Authority (NDMA) and Civil Society Organizations (CSOs) during various humanitarian crises, such as the floods of 2010 and earthquakes in 2005, underscores how women and other marginalized groups suffer disproportionately due to the unequal gender and power relations that determine access to and control over resources.

Pakistan has adopted numerous laws that legislate equality-based principles. Perhaps most notably, the Constitution of Pakistan provides for the fundamental rights of all its citizens, including establishing that all persons are equal before the law and are entitled to the equal protection of the law (25:1), and states that there shall be no discrimination on the basis of sex (25:2). The Constitution also calls for steps to be taken to ensure the full participation of women in all spheres of national life (Article 34). Complementing its Constitution, Pakistan has also recently adopted Acts that specifically protect the political rights of marginalized groups – such as persons with disabilities and transgender persons. These include the UN Convention on the Rights of Persons with Disabilities, which protects the rights of women with disabilities to humanitarian assistance (Art 11) and healthcare (Art 25), as well as the Transgender Persons (Protection of Rights) Act, passed in 2018, which outlines equal rights to legal identification, voting and economic security. Pakistan is also signatory to the Commonwealth Plan of Action for Youth Empowerment (2006-2015), which includes a commitment to taking affirmative and direct action to establish gender equity and equality of treatment for all young people.

Despite these legal frameworks, however, weak governance systems and a lack of enforcement of legal instruments undermine women's access to rights, particularly women with disabilities and transgender. Though the empirical evidence regarding the extent and scope of the gender differential impact of COVID-19 in Pakistan is yet to be established, women and most marginalized communities will likely experience disproportionate hardship from this crisis.

At the same time, the pandemic provides an opportunity to re-evaluate and re-imagine social and governmental structures. It is possible that Pakistan, and the world more broadly, after social isolation and the shock of the pandemic will look dramatically different. As frontline health workers and elected leaders, women are already taking lead roles in combatting COVID-19 – experiences that should continue to influence the extent of women's leadership beyond the current health crisis.

National Level Framework and Policy for Relief Measures

After the first two cases of COVID-19 were confirmed in Pakistan in March 2020, the Sindh Provincial Government was the first to take immediate action by announcing a partial lockdown in the province and an appeal for people to stay at home and maintain social distancing. Similar measures were subsequently followed by Khyber Pakhtunkhwa (KP), Punjab, Balochistan and the Federal Government. The Government has adopted a National Action Plan for COVID-19. The Plan comprehensively covers many

⁶ The Atlantic (March 2020). "[The Coronavirus is a Disaster for Feminism.](#)"

policy issues and actions that the local and national governments and state departments will be undertaking. However, the Plan has not sufficiently considered the measures needed to ensure that women and historically marginalized groups, such as persons with disabilities and transgender individuals, are equally able to access health facilities and safely practice self-isolation and social distancing.

To implement the National Action Plan, a number of committees have been set up, however these committees are dominated by men with negligible representation from women. Nationwide – as outlined in the below table – **women represent only 5.5% of the COVID-related committee members**, reflecting a broader issue with low levels of women’s representation among senior government and decision-making positions. For instance, there is only one woman on the 16-member Emergency Core Committee for COVID-19, which is also responsible for drafting the National Action Plan. Similarly, only 1 of the 7 members making up the Committee of Scientific Taskforce on Covid-19 is a woman, and all of the nine members of the Balochistan Control Room Committee are men, set up to provide urgent and coordinated COVID responses. Surprisingly, neither the Human Rights Ministry nor the Women’s Development Departments – both essential to the role of highlighting a rights-based response - are part of the COVID-19 coordination effort.

Women as a Proportion of Committee Representatives ⁷						
	ICT	Punjab	Sindh	Khyber Pakhtunkhwa	Balochistan	Pakistan
Women in COVID-19 Response Committees**	5	7	1	1	0	14
Men in COVID-19 Response Committees**	68	62	9	52	62	253
Women to Men Ratio	7.35%	11.30%	11.10%	1.92%	0.00%	5.53%
**These numbers do not reflect all COVID-19 Response Activities being undertaken in Pakistan, but a small sampling						

In March, the Prime Minister announced a PKR 150 billion package for low income populations including those who lost daily wages due to the pandemic. The stimulus is expected to provide each household with PKR 3,000 per month for the next four months. As part of its efforts to reach low-income families, the Government of Pakistan is utilizing its national social safety net program *Ehsaas* to disseminate funds and coordinate food donations. For the fund dissemination, families enrolled in the existing *Ehsaas Emergency Cash Program* have been advised by SMS to submit their National Identity Card (NIC) numbers through a government-maintained online portal in order to access financial aid, up to PKR 12,000 per family. An *Ehsaas Ration Platform* has also been launched to connect people wanting to donate food rations to those in need. As of now, thirty-five thousand families and over six hundred donors have registered on the online portal.⁸ One critical challenge with this response, as noted below, is that **women are disproportionately**

⁷ Notifications by National and Provincial governments

⁸ <http://rashan.pass.gov.pk/>

less likely to have an NIC card – which is essential to access government aid. Indeed, there are at least over 12 million fewer women across Pakistan with NIC cards than men⁹.

The Corona Relief Tiger Force, a youth volunteer-based program, is another initiative launched by the Prime Minister. The primary goal of the Tiger Force is to assist the civil administration in containing the spread of coronavirus and mitigating its negative impacts through distribution of food and awareness raising around common preventative measures that can be taken to limit infection. As of April 7, the Corona Relief Tiger Force has recruited up to 700,000 young volunteers¹⁰, **only around 2,000 of whom are women (0.28%)**.¹¹ The lowest registration rates of women came from Balochistan, KP and Gilgit Baltistan (GB).¹² While the reasons for such low female engagement in the Tiger Force are yet to be examined, restrictive social norms, cultural barriers and concerns for safety could be contributing factors. What is evident from the figures is that the Government could have taken the steps needed to mitigate concerns around young women's participation and proactively recruit young women to ensure that they are equally able to participate as active stakeholders and leaders in these and other COVID-related initiatives, which in turn could positively impact outreach to women – especially women-headed households – who may be reticent to engage with male volunteers.

Considering the Gender Implications of COVID in Pakistan

Asymmetrical gender and power relations continue to impact women's social, economic and political participation, as evidenced by numerous indicators, and will likely be exacerbated by the COVID-19 crisis. The literacy rate for Pakistani women, for example, is 56 percent, compared to 76 percent for men, with the literacy rate for historically marginalized women even lower. At 44 percent, women's low labor force participation rate is nearly half that of men's (85 percent), although it should be noted that such figures generally capture more formal labor and not the informal work that women undertake. As a result of these and other factors, the World Economic Forum's 2020 Global Gender Gap Report, which measures gender equality in relation to economic participation and opportunity, educational attainment, health and political empowerment, ranked Pakistan 151 out of 153 countries. Within this socio-culture context, proactive measures are needed to ensure that women, especially women from among the most marginalized groups, are able to equally access relief measures provided by the government and are able to practice their democratic rights as citizens. The following section considers the key political and socio-economic impacts that must be accounted for in COVID-related response.

Impact on Women's Political/Electoral Participation

Local Government Representation and Participation: Although the tenure of most of Pakistan's local governments came to an end in 2019, as COVID-19 unfolds, provinces were quick to announce a postponement of elections for an indefinite time. While it is critical to adopt a do no harm approach to elections – including by ensuring that holding of electoral events does not expose voters and other electoral stakeholders to heightened risks of infection – the absence of functioning local governments during such a health crisis poses challenges. From a gender perspective, the absence of a functioning local government system has severe implications on the already low number of women representatives in

⁹ ECP Electoral Roll December 2019

¹⁰ Government of Pakistan. April 2020. <http://crt.covid.gov.pk/>

¹¹ <https://nation.com.pk/05-Apr-2020/over-600-000-youth-register-for-corona-relief-tiger-force>

Government of Pakistan. April 2020. “COVID-19 Relief Tigers.”

¹² Government of Pakistan. April 2020. “COVID-19 Government of Pakistan.”

political decision-making bodies. Local bodies reserve between 20-30 percent of seats for local women representatives who could otherwise play an active role in disseminating relief and development in their communities. Absent local governments, relief is being delivered through (thus far male dominated) federal government initiatives – such as the Corona Tiger Force – rather than by locally elected leaders who are more engaged with the communities and their communities’ needs. The fact that local government elections will not be held during the COVID-19 crisis underscores the urgency of engaging women community members, leaders and health workers in local level decision making as well as resources for relief dissemination as part of the government’s response.

The lack of an operational local government system also has broader governance implications as it limits options through which citizens can raise concerns about access to aid and issues with COVID-19 response, much of which could otherwise be taken up by local government leaders. While this impacts all citizens, it may be particularly detrimental for women – particularly women from historically marginalized groups – who are less likely to have alternative networks through which to access relief, health and other COVID-related resources.

Election Commission of Pakistan (ECP): In wake of the COVID-19 emergency, the immediate actions of the ECP included postponement of a by-election that was scheduled to be held in mid-April, without further announcing the new prospective dates; temporary closure of the Gender and Training Wings; and encouraging all female staff to work from home, while simultaneously maintaining that essential staff attend work. Some of these measures – such as postponement of the by-election – were likely necessary to mitigate further transmission of COVID-19. However, it is anticipated that as soon as the ECP operations can safely continue, the Gender Wing will be immediately reopened to better ensure that the gender considerations for planning and holding overdue local government elections as well as by-elections are properly identified, especially if elections are held during the pandemic.

Indeed, if the pandemic is protracted into an election period, additional efforts will be needed to encourage women to participate as voters, candidates, poll workers and observers as the existing gap between women and men’s electoral participation is likely to be exacerbated by COVID-19 fears. This is particularly the case if male family members deem it too unsafe for women to participate in the electoral process. A 2019 survey by Pakistan’s Institute of Development and Economic Alternatives found that 43.4 percent of male respondents agreed that it is not inappropriate to stop women from voting if there were chances of fights breaking out at the polling station, suggesting a willingness to impose restrictions on rights to vote when voting compromises women’s safety. Indeed, other country examples already underscore how safety concerns may serve to restrict women’s access to the polling station: in Bangladesh, which held a by-election in Dhaka in March 2020, voter turnout was at a historic low (5%). Women’s turnout did not even meet this threshold and in at least one case, polling station presiding officer noted that of the more than 2,000 women registered in a particular polling center, fewer than 20 cast a ballot¹³.

In this context, women with disabilities, particularly those under guardianship or who do not have access to independent transportation and assistance, are particularly at risk of having their electoral rights restricted by family intervention. It is critical that all potential voters are informed about any alternative voting options, and that targeted voter education initiatives are implemented to ensure that all voters, including women with low or no literacy and women with disabilities, are aware of the precautions that are being taken to keep voters and poll workers safe.

¹³ The Business Standard (March 21, 2020). “[AL wins voterless Dhaka by-polls held amid corona fear.](#)”

An important question arises about the long-term impacts of continued electoral delays, and how the ECP can ensure that elections/political activities continue and are not be postponed indefinitely, while balancing the need to maintain health and safety. Worldwide, IFES is monitoring the elections that have been postponed or indefinitely delayed. IFES continues to monitor this global development and assess the implications on democratic rights.¹⁴

Civil Registry/NIC Registration: A significant number of women are absent from Pakistan's civil registry, resulting in a lack of National Identity Cards (NICs) and putting them at risk of deprivation of basic citizenship rights. An estimate of the number of women who do not possess NICs can be drawn from the ECP's electoral rolls since the rolls are compiled from existing NIC data maintained by the National Database and Registration Authority (NADRA). As of December 2019, there were approximately 12.7 million eligible women lacking NICs, though the actual number may be higher when compared against official province-wise population data from the 2017 Census.¹⁵ The importance of an NIC cannot be overstated. In addition to serving as the identification needed in order to exercise one's voting rights, an NIC is also needed for Pakistanis to access certain welfare schemes, including the relief packages and other services that the federal and provincial governments are offering in response to COVID-19.

Beyond access to relief measures, there are also concerns that the already substantial gap of 12.7 million women who are neither registered for their NIC nor, subsequently, as voters may further widen during the COVID-19 period. This widening would be due to the inability of the NADRA, which is responsible for issuing NICs, to operate during the crisis, as well as the inability of civil society partners (including IFES) to support NADRA and the ECP in identifying women who lack their NICs in order to add them to the NIC database and electoral roll.

The implications are likely to be an increased number of women – especially young women newly eligible for their NICs – absent from the voters list. Indeed, the absence of the NIC for young women may have long-term, detrimental impacts on their electoral participation as studies show that the time in which young people become enfranchised is an important one as this is when lifelong habits of participation in community and government affairs are created.¹⁶ Transgender individuals also disproportionately lack access to an NIC, which as noted above, is currently needed in order to access government relief aid. Indeed, while the 2017 Census identified 104,181 transgender people in Pakistan, yet the number of registered transgender voters with NICs was only 1,930 in 2018 – up from 687 in 2013,¹⁸ underscoring the challenges transgender individuals have in accessing aid and government relief.

Violence Against Women (VAW), including Electoral Violence: VAW is a major public health problem and a violation of women's human rights in Pakistan. The 2017-2018 Pakistan Demographic and Health Survey¹⁹ - which covers a large sample of the population from four provinces and the erstwhile FATA region – found that 28% percent of women ages 15-49 have experienced physical violence since age 15. 8% of ever-married women report that their husbands display three or more specific types of controlling behaviors. 34% of ever-married women have experienced spousal physical, sexual, or emotional violence.

¹⁴ IFES (April 2020). "[Emergency Power and the Global COVID-19 Pandemic: Protecting Democratic Guardrails.](#)"

¹⁵ ECP Data

¹⁶ IFES, IRI, NDI, and USAID (2019). "[Raising their Voices. How effective are pro-youth laws and policies.](#)" Pg. 44

¹⁷ Pakistan Population Census 2017 though estimated by TransAction (A KP based CSO) as more than 500,000

¹⁸ As per the Electoral Roll of ECP 2018

¹⁹ Government of Pakistan (2018). "[Population and Demographic Health Survey: 2017-2018.](#)"

Perhaps most worrying, 42 percent of women and 40 percent of men agree that beating one's wife is justified in at least one of six specified situations²⁰. Such violence is likely to be exasperated by the COVID-19 crisis. On April 6, the U.N. Secretary General noted a "horrifying global surge" in domestic violence linked to lockdowns imposed by governments responding to the COVID-19 pandemic, and linked concerns about women's access to essential gender-based violence support services.²¹ Given sentiments toward violence against women in Pakistan, there is good reason to believe that Pakistani women and girls are similarly facing elevated risks of violence. Access to shelters, hotlines, online counseling and psycho-social support systems are needed now more than ever. Additionally, it is important to note that women with disabilities and transgender individuals are two to three times more likely to be impacted by domestic violence than their peers.

In the electoral space, participation of women will become more challenging during the COVID-19 crisis. There may not be direct incidents of violence against women in the electoral space – depending on how the state and the ECP respond to the COVID challenge – however, there may be increased pressure on women about making their choices if and when an election is held. Irrespective of gender, political, electoral and social leadership inherently has the potential of facing violence and harassment. However, IFES recognizes that particularly women leaders are already at greater threat for harassment and violence – both in the online and offline space – due to the public nature of their work. As more women leaders engage in the public domain to respond to urgent COVID-19 issues in their communities, it is likely that the rates of harassment will increase. Given this, the Government's National Action Plan should explicitly recognize the increased threats of violence against women and identify gender-based violence and health service providers who are best able to respond.

Social and Economic Impact on Women

While IFES is primarily concerned with the impacts of COVID-19 on women's electoral and political participation, the following section provides a summary of some key considerations related to the likely socio-economic impacts on Pakistani women.

Healthcare workers: Women constitute almost 70 percent of the frontline health workers including 96,000 Lady Health Workers (LHWs)²², 28,000 Community Midwives (CMW)²³, approximately 62,651 nurses²⁴ and a considerable number of female doctors.²⁵ In Pakistan, these health workers, in the absence of proper safety gear and lack of preparedness on part of health facilities, are at a heightened risk of infection when compared to the rest of the population. Additionally, given that women play a disproportionate role in household management, infection of female health workers could risk spreading illness to more at-risk groups – such as older persons and children – within health workers' families. Women's essential role as frontline health responders should be recognized not by imposing restrictions on their essential work, but rather by prioritizing that they receive the safety equipment needed to effectively mitigate the risks of COVID-19 infection. It is also important to recognize the incredible role that these women health workers

²⁰ Government of Pakistan (2012). "[Population and Demographic Health Survey: 2012-2013](#)"

²¹ U.N. News (April 6, 2020). "[UN Chief Calls for Domestic Violence Ceasefire Amid Horrifying Global Surge.](#)"

²² <https://link.springer.com/article/10.1186/s12978-016-0214-0>

²³ <https://www.dawn.com/news/1475888>

²⁴ Business Recorder (June 2016). <https://www.brecorder.com/2016/05/12/295608/approx62651-nurses-working-in-pakistan/>

²⁵ Pakistan Human Resources for Health Vision, 2018-30

can play as the frontline workers countering COVID-19 in their communities – a scenario that demonstrates the leadership that women can play in Pakistan.

Economic impact: It has become clear that COVID-19 will mark a global crisis with far reaching economic impacts. Those expected to be the most affected by this crisis include workers in the informal sector, and daily wage earners. In Pakistan, Human Rights Watch has warned authorities that social distancing, quarantine, and the closure of businesses will have enormous economic consequences for garment and textile workers, domestic workers, and home-based workers, the majority of whom are women, and has urged the Government to take urgent steps to mitigate the economic impact. The Working Women's Helpline in Pakistan estimates there are around 20 million home-based workers in the country of which 12 million are women, although according to some unofficial estimates, women make up as much as 75 percent of the entire informal labor force.²⁶ Most of these domestic and informal workers are not registered with Social Welfare Department and do not have any legal coverage that impacts their ability to claim relief from the Government. Women also disproportionately hold jobs in industries with poor protection, such as lack of paid family leave and paid sick leave. There is the added dimension of the disproportionate impact that the inability of domestic workers and caregivers to provide in-home care has on people with disabilities who rely on this support to carry out their daily life.

COVID-19 will have unique impacts on the economic security of transgender and persons with disability. A 2018 report highlighted that due in part to social exclusion and marginalization, transgender individuals are more likely to be low-income, and to make a living through informal – and sometimes risky – work.²⁷ With limited resources, transgender individuals are at greater risk of being unable to weather economic disruptions that will undoubtedly arise around COVID-19. Added to this issue, as noted above, transgender individuals disproportionately lack access to a NIC, which is currently needed in order to access government relief aid. The Special Talent Exchange Program (STEP), an organization working on the issues of persons with disability, have also highlighted the similar concerns and have demanded an easy access to additional financial aid, which is also vital to reduce the risk of people with disabilities and their families falling into greater vulnerability or poverty.

Unpaid work, and its impact on education: It is important to note that in addition to the paid economic impact, women's unpaid work is increasing during the pandemic with potentially negative implications on long term educational outcomes. According to World Bank data, Pakistani women already spend on average 10.5 times more time than men on unpaid domestic care work, including household chores and caring for children and elderly.²⁸ This leads to women being more time-poor and getting less time to spend on their own health, economic and skills development. Time poverty is being exacerbated during the COVID-19 lockdown as schools close and Pakistani women are primarily left to shoulder the additional burden of homeschooling and family care, which has direct implications not only on women but girls as well. Indeed, with schools closing as part of social distancing measures, girls who already face pressure to drop out of schools may not be able to return. In Pakistan, nearly 22.5 million are out of school, with the majority of them being girls. Almost 32 percent of primary school age girls are out of school, compared to 21 percent of boys.²⁹ As economic and household pressures increase under COVID, pressure to drop out of school to care for siblings and contribute to supporting their households financially could widen the

²⁶<https://blogs.adb.org/blog/how-protect-pakistans-home-based-workers>

²⁷ Bin Usman Shan, Hassan et. al. (June 2018). "[Challenges faced by marginalized communities such as transgenders in Pakistan.](#)"

²⁸World Bank (May 2019). "[Enabling More Pakistani Women to Work.](#)"

²⁹ Human Rights Watch (November 2018). "[Pakistan: Girls Deprived of Education.](#)"

gap between girls' and boys' school enrollment, with long term impacts on young women's ability to participate in the work force.

Quarantine facilities: The federal and provincial governments have set up a number of isolation centers across the country to quarantine people who are suspected to be suffering from COVID-19 and also near the borders, to screen and quarantine those entering the country. It's alarming to note that some of these centers lack proper facilities. Several concerns have been raised over not having adequate screening for coronavirus, squalid living conditions and a lack of treatment for existing health conditions. Consideration is further needed of the gendered implications of quarantine, such as whether women and men's different physical, cultural, security, and sanitary needs are recognized.

The National Plan of Action, for example, makes a cursory reference to lactating and pregnant women,³⁰ and the National Institute of Health (NIH) has developed guidelines for these centers that reference women's needs. Despite this, neither the NIH guidelines nor the National Plan of Action address sanitary needs; note the need to ensure that these facilities are accessible for persons with disabilities; or note differential security needs for men and women.³¹

Women's weak access to technology: In terms of equal access of men and women to technology, there already exists a severe gender digital divide in Pakistan. According to the 2018 Global Digital Report, women are 37 percent less likely than men to own a mobile phone or have access to internet.³² As the Report further notes, 33 percent of the population in Pakistan has access to internet services, out of which 21 percent are men and 12 percent women. The overwhelming majority of these users reside in cities.³³ This limited access of women to technology further limits their direct access to awareness campaigns relevant to COVID-19, launched on various social media platforms, as well as information about other health and relief related measures being offered by the State. Women with disabilities may be at particular risk of lacking access to ICT services if they do not have access to assistive technologies, such as screen readers. Similarly, in case of any health/ financial crisis or violence, their access to essential services such as helplines, online platforms of redressal set up by the Health departments, Human Rights ministry, Women Development Departments and Commissions at the national and provincial level could be restricted.

Conclusion and Way Forward

With an uncertain future as a result of the COVID-19 pandemic, there is also an opportunity for a renewed focus on rights for all, and implementing improved rights-based measures that apply not only to the immediate pandemic, but to broader societal shifts that last for decades to come. Events of this magnitude have yielded incredible suffering and also incredible innovation and social change – bringing women to the workforce and elevating their role as community and national leaders, and sparking technological and medical advances that better serve society. In order to harness this opportunity, it is imperative for the Government to consider and plan for the long term impacts this pandemic may have on women – including women from at-risk groups, such as young women, women with disabilities, and women from rural areas or more conservative households – and to work towards minimizing these

³⁰ National Plan of Action COVID-19, page 39

³¹ <https://www.nih.org.pk/wp-content/uploads/2020/03/20200325-Guidelines-for-Quarantine-Facility-Establishment-0301-1.pdf>

³² The power of mobile to accelerate digital transformation in Pakistan, GSMA, 2019

³³ We are Social (January 2018). [Global Digital Report](#).

consequences by further investigating and aligning existing policies and programs to safeguard and promote marginalized groups' access to democratic rights and COVID response mechanisms.

Key recommendations

To the Government of Pakistan:

- Ensure **greater representation of women in COVID-related decision-making committees** to more effectively integrate women's strategic and practical needs into overall responsive measures. It is also vital to ensure consultations with the youth, persons with disabilities, transgender persons, and persons from religious minorities, including women from each of these groups, to better integrate their priorities, needs and ensure their access to COVID-19 health response. These updated priorities should include a **stronger emphasis on gender specific considerations and actions**, such as ensuring that women have adequate access to confidential gender-based violence helplines and resources, particularly during the lockdown period.
- Establish **alternative methods for accessing relief and COVID-related resources** for those women who do not possess an NIC. For instance, during the COVID-19 pandemic NADRA can consider adopting interim measures such as issuing temporary ID cards or using simplified verification methods, to be confirmed for permanent registration after the lockdown has been lifted. Longer term, the NADRA and other entities should focus on NIC-registration to help clear the growing backlog of women not registered for their NICs – a backlog that will be exacerbated during the COVID crisis. A state institutions-centered approach might be the ultimate choice for NADRA to clear this backlog.
- Strengthen educational outreach on the reporting channels and services for survivors of domestic violence, and ensure that such **services are sufficiently funded** through the COVID-19 period and beyond.
- Work with civil society partners to conduct regular studies and assessments on the differential impacts of COVID-19 on women from historically marginalized groups, such as younger women, women with disabilities, migrant women, transgender persons, and elderly women, and use findings to inform, adjust, and reprioritize policy priorities.
- Work with the business sector to respond to the crisis in a way that not only considers girls and women but that also helps **transform unequal gender relations**. In the short term, this would imply ensuring girls and women's equal participation and voice in planning and executing crisis response, and in long term improving pay and conditions for key workers and unpaid caregivers, equal access to social protection and benefits of all women and marginalized groups - including paid leave and immediate cash grants.
- Conduct a rapid **assessment of the quarantine facilities** from a gender and inclusion perspective to ensure a safe and enabling environment for all.
- Ensure that persons with disabilities receive information about infection mitigating tips, public restriction plans, and the services offered, in a diversity of formats, i.e. sign language, etc. with the use of accessible technologies.

To the ECP:

- Utilize the current period to analyze the ways in which **preparation for the upcoming elections, whenever they may be held, must be adjusted** to reduce potential COVID transmission, including the safety of polling and other election staff as well voters, security officials, observers and other stakeholders who are actively involved in elections. The ECP should ensure that its voter education dissemination strategy includes a consideration of how women, in light of COVID-19, can access voter information. Given that women often lack access to technology, this needs to be considered when deciding how voter education materials will be distributed.
- Recommend to the provincial governments to **promptly hold the local government elections as soon as the situation is no longer as immediately perilous**. The Elections Act of 2017 (section 219:4) requires the ECP to ensure local government elections within 120 days of the end of their tenure. Given that the local government is one significant avenue women have to communicate their needs and policy priorities, it is critical that the elections occur once the environment is safer and proper mitigation measures are in place, and that this is not used as an excuse to further elongate and postpone the timings of the elections.