



MINISTRY OF HUMAN RIGHTS
GOVERNMENT OF PAKISTAN



COVID-19 and Disaster Vulnerability in Pakistan: A Human Rights Based Analysis

MINISTRY OF HUMAN RIGHTS, GOVERNMENT OF PAKISTAN
UNITED NATIONS DEVELOPMENT PROGRAMME, PAKISTAN



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Minister's Message



DR. SHIREEN MAZARI

Federal Minister
Ministry of Human Rights

It would be an understatement to say that the world today is going through a difficult time. Never have the capacities of the governments around the world been challenged to protect their people to this extent before in our living memories. COVID-19 is beyond just a health problem. Its multifaceted impacts on the lives and livelihoods of millions of people around the world make it a human rights issue at its core and demand a people-centred approach by the governments.

In view of the dire situation, I congratulate the Government of Pakistan for its early success in flattening the curve and offering a wide range of relief and rehabilitation services as its duty to its people. While the government had to take some harsh decisions that impacted the normal course of life, it stands fully cognizant of its responsibility of protecting the rights of its people, especially the already vulnerable and the marginalised, under the Constitution of Pakistan and its international commitments.

Against this background, the Ministry of Human Rights undertook an important responsibility to identify the human rights violations that may have been caused as a result of COVID-19 response, the findings of which are presented in this report. To the best of my knowledge, Pakistan is the only country in the world that has conducted such an exercise of taking on a reflective approach to its own COVID-19 response and directly responding to the human rights concerns, as expressed by the Secretary General of the United Nations earlier this year. Going a step further, we propose recommendations that would lead to protecting human rights not only during COVID-19, but also in other emergencies situations.

I would like to express my sincerest gratitude to our dedicated Secretary, Ms. Rabiya Javeri Agha, for spearheading this task and working beyond the call of duty to deliver for human rights in Pakistan amid a global pandemic.

Federal Secretary's Message



RABIYA JAVERI AGHA
Federal Secretary
Ministry of Human Rights

The onset of the COVID-19 pandemic has been testing, even for the strongest of economies around the world. Yet, now more than ever it is essential that we tackle this challenge with the utmost respect for the human rights and dignity of our people.

Like governments around the world, Pakistan too has had to make some hard decisions in order to curb the spread of the virus. These conditions such as restricting mobility, lockdown of economic and social activities, closure of schools, and disruption in supply of goods and services have had disproportionate impacts on the lives of people. The sudden halt in the course of economy risks the reversal of decades of progress that Pakistan has made in terms of human and economic development indicators, and the slow revival may risk coming back on track for years to come.

Despite all these challenges, we, as the Government of Pakistan, are responsible for protecting the basic rights of our people. In 2015, Pakistan was the first country in the world to adopt the Sustainable Development Goals (SDGs). Five years later, the pandemic came as a true test for our commitment of 'leaving no one behind'. The government was quick to enforce a lockdown to control the spread of the virus, roll out an expansive social protection plan, introduce remote education modes for schoolchildren, and ensure that supply chains of essential services are not disrupted. However, these decisions had to be taken in haste and considering their medium to long term adverse consequences for different groups of people were very likely to be neglected.

It is in this regard that the Ministry of Human Rights, in partnership with United Nations Development Programme (Pakistan), stepped up to adopt an introspective approach to its overall national and provincial COVID-19 response from a human rights perspective. We conducted a timely and evidence-based assessment of the violations of human rights that may have taken place at the practical level. Additionally, we expanded our scope from COVID-19 to also include potential threats that may arise during other natural disasters and humanitarian crises.

Our focus was to understand what groups of people have been left out from accessing the relief and rehabilitation services offered by the State. Vulnerability begets vulnerability to sudden shocks. Therefore, it was necessary to identify the groups of people who experience multiple vulnerabilities based on their sex, socioeconomic status, geography, and age, among other factors.

We adopted a comprehensive framework, following the eight human rights priority areas identified by the Secretary General of the United Nations, and assessed Pakistan's response on each of these elements on the federal and provincial scale. These priority areas include i) health, ii) unemployment, iii) education, iv) food insecurity, v) gender-based violence, vi) children's rights, vii) rights of refugees and migrants, viii) prisons and detention centres.

It was encouraging to note that the overall response by the government of Pakistan has been people centric. Yet, our research also highlighted some areas where practical application of some very well-intended initiatives fell short, jeopardizing the rights of certain people.

Moreover, our study also adopts a medium to long-term perspective on the implications of these shortcomings, reflecting how our trajectory may diverge from achieving the SDGs. Based on that, we offer guidance to different line ministries and provinces to contextualise the suggestions and implement accordingly.

I would like to congratulate my team, including Ms. Ayesha Qaisrani and Ms. Maham Liaqat for compiling this report, Mr. Malik Kamran Rajar for providing overall guidance, and Mr. Shazil Malik for coordinating with different stakeholders.

I would also like to acknowledge the contribution of Mr. Salman Asif for providing a critical review of the report, and to our partners in the UNDP including Mr. Dieter Wolkewitz, Mr. Amar Hassan, Ms. Lema Jan, and Ms. Emma Catherine Bell-Scollan.

Most importantly, I would like to thank Minister Shireen Mazari for her continuous support to initiatives like these that are aimed at protecting the human rights of the people of Pakistan.

UNDP Resident Representative's (a.i.) Message



ALIONA NICULITA

UNDP Pakistan
Resident Representative a.i.

Over this year, the human rights implications of the COVID-19 Pandemic have been recognized in countries around the world, with already marginalized or vulnerable groups, including women, children, people working in the informal sector, migrants and refugees, disproportionately impacted by the pandemic and by government responses. In his April 2020 report “Human Rights and COVID-19: We Are All in this Together”, the UN Secretary General Antonio Guterres called on UN Member States to consider human rights principles and the Agenda 2030’s commitment to leave no-one behind in their collective response to COVID-19 and recovery efforts. He stated that “the virus does not discriminate, but its impacts do (and thus) responses need to be inclusive, equitable and universal.”

UNDP’s Human Rights Based Approach to Development, is aligned to this call, placing people and human rights principles at the center of our development efforts in Pakistan and around the world. Throughout our work, including in our ongoing response to the COVID-19 Pandemic, we recognize that sustainable and inclusive development can only happen when individuals and groups are empowered through the development process and when responsible and accountable institutions and development interventions consider and meet the needs of the most vulnerable.

UNDP is thus encouraged to have supported Pakistan’s Ministry of Human Rights in the research and drafting of this groundbreaking report, “COVID-19 and Disaster Vulnerability in Pakistan: A Human Rights Based Analysis”, which analyzes the Government of Pakistan’s response to COVID-19 from a human rights perspective. The report and recommendations outlined within directly respond to the Secretary General’s request to UN Member States, and provide the Government of Pakistan and development partners with an evidence-based roadmap for human rights-based response and recovery efforts in the context of COVID-19 and future crises, while advancing Pakistan’s commitment to the Sustainable Development Goals. We see this report as an important contribution to Pakistan’s COVID-19 response efforts, serving as a good practice for other countries and UNDP missions as we continue to work together to tackle the COVID-19 pandemic.

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Executive Summary

Highlighting the importance of protecting the human rights of people during the pandemic, the Secretary General of the United Nations, António Guterres, published a guidance paper for all member states in April 2020, titled “COVID-19 and Human Rights: We Are All in This Together”. The Guidance Paper roots itself in the principle of ‘equality, non-discrimination and inclusion’ in the governments’ response to the pandemic.

Responding to this call for action for protecting the human rights during COVID-19, the Ministry of Human Rights, Pakistan in collaboration with the United Nations Development Programme, Pakistan (UNDP) conducted a thorough analysis of Pakistan’s official response in the areas prioritised by the Secretary General from a human-rights perspective. Going a step further, the analysis also highlights key linkages with the Sustainable Development Goals (SDGs), which Pakistan adopted in 2015 as its national development goals, and also the relevant articles of the Constitution of the Islamic Republic of Pakistan. Thus, the recommendations drawn from the analysis are well-situated in Pakistan’s overall commitment to the human rights agenda and acknowledge the state’s responsibility to ensure that everyone is protected from the virus and its impacts.

This report summarizes the key findings of the analysis, and offers a set of short and medium-term recommendations for the relevant Pakistani authorities at national and sub-national levels regarding human rights protection in the thematic areas of: i) health; ii) livelihoods and unemployment; iii) education; iv) food security; v) gender-based violence; vi) child rights protection; vii) refugees and migrants; and viii) prisons and detention centres. The essence of the analysis in each of the thematic areas was to identify the population groups that are at risk of experiencing compounded vulnerabilities due to their existing marginalized positions, in addition to highlighting new at-risk population groups that require targeted policy focus. These may include impoverished women, men, children, youth and the elderly, refugees and migrants, people with disabilities, and persons exposed to violence and abuse. The recommendations offered in this report hold relevance, not only during a health crisis, but also in other future emergency scenarios and disasters such as the impacts of climate change that Pakistan is quite prone to.

1. Introduction

This report articulates Pakistan's response to UN Secretary General António Guterres' Guidance Paper "COVID-19 and Human Rights - We are all in this together," – published in April, 2020¹. It summarizes the risks and vulnerabilities due to COVID-19 in Pakistan from a human rights perspective, and offers actionable recommendations for both federal, as well provincial and local governments, linked with the relevant articles of the Constitution of Islamic Republic Pakistan, and the corresponding Sustainable Development Goals (SDGs).

The purpose of this analysis is to determine, through an intersectional perspective, the areas in which, due to the pandemic itself or due to preventive measures taken in response to the pandemic, certain human rights of the citizens of Pakistan may have been neglected or compromised. Additionally, to the extent possible, the report also draws lessons from the recent floods of 2020 and offers a holistic set of policy measures to "build forward better" the country's disaster response capacity, with a more critical and evidence based outlook towards the human rights protection agenda. The experiences of success and failures are key elements to determine Pakistan's long-term disaster risk reduction and rehabilitation and its journey towards achieving the SDGs.

The COVID-19 pandemic has proven to be a public health and human rights emergency of unprecedented proportions, causing immense disruptions to economies across the world while stretching health and social protection systems

to a breaking point. The risks are not just dire, but are more worryingly constantly unfolding, particularly in developing nations like Pakistan that are already in the midst of dealing with existing multidimensional inequalities, socio-economic challenges, and vulnerabilities compounded by climate change. While governments across the world have been quick in rolling out measures to mitigate the emerging health and economic impact of the crisis, it is imperative that States realise that as the pandemic evolves from a health to a human rights crisis, so must the States' response transition to a people-centered, human rights-based approach.

This report is a product of the collaboration between MoHR and the United Nations Development Programme, Pakistan (UNDP). Aligned with the recommendations and priority areas defined by the United Nations Secretary General, this report warrants an immediate consideration by the relevant government authorities in Pakistan at the national and sub-national levels and development partners to ensure that response to COVID-19 does not violate any individual's fundamental rights as guaranteed by the Constitution of Pakistan along with its international human rights commitments, and that the plan of action for recovery and reconstruction dovetails with the basic principle of the international development agenda of 'leaving no one behind'.

The premise of this report is to ensure that the Government of Pakistan's response, as per its commitment to the Constitution, international conventions on human rights, and the international development agenda, particularly the SDGs, firmly

1. Access at: <https://www.un.org/en/coronavirus/un-secretary-general>

maintains people as the central focus. This involves identifying the persons and groups who are most vulnerable not only to the health crisis, but also in accessing basic rights related to livelihoods, nutrition, education, justice, and protection – as much as being equitably reached out by any relief and affirmative actions. This perspective aligns with the strategic rationale of the Guidance Note of the Secretary General that builds a case for responses which are shaped by and respect human rights result in better outcomes in beating the pandemic, ensuring healthcare access for everyone and preserving human dignity. Drawing on the key priority areas defined in the Guidance Note, the report specifically focuses on (i) health, (ii) livelihoods and employment, (iii) child protection, (iv) gender-based violence, (v) education, (vi) food security, (vii) refugees and migrants, (viii) detention centers and prisons.

Extensive lockdowns, inevitably adopted to slowdown the transmission of the virus, have severely restricted not only economic activity but in their wake also limited people's access to a whole spectrum of rights. Beyond the Covid-19 pandemic, the recent torrential rains of 2020 monsoon flooded the urban sprawl of Karachi and inundated numerous villages and agricultural lands overwhelming the authorities dealing with the pandemic emergency and further exacerbating vulnerabilities of the most marginalised. Further to constructing a map of these juxtaposing, yet unfolding crises, this report strives to go beyond the purview of a monitoring exercise, and focuses on suggesting and highlighting actions needed to ensure that the state mitigation of this complex set of crises helps the people and society in Pakistan emerge more resilient, more equitable, inclusive and just.



In view of the exceptional circumstances brought about by the pandemic and to preserve life, like many countries across the globe, Pakistan too has had to make some hard choices to adopt extraordinary measures to break and curb the pandemic cycle.

The key focus of the analysis in this report is to elucidate how people are experiencing the effects of COVID-19 and its response in practical terms, coupled with additional challenges such as floods, locust attack etc., and what may be

the short, and long-term impacts on the general public, and where policy attention is needed. In each of the dimensions, the report identifies positive actions taken by the state authorities, while also highlighting those aspects of the current policies that may risk leaving some population groups behind amidst this crisis and any potential emergency. Where available, best practices from around the world have also been gathered to learn from them and adapted to the Pakistani context.

There is no doubt that the current times are challenging on a scale that have never been experienced by most governments in the recent past. COVID-19 has not only befallen upon the world as a health and economic crisis, rather, it brings with itself an inherent risk of destabilizing countries' including that of Pakistan's advancement towards human and social development, and progress in systemic protection, promotion and strengthening of respect for human rights.

Superimposing disasters (such as COVID-19 and floods) also risk a slowdown in Pakistan's efforts to alleviate poverty, reduce social polarisation, improve education, fight against hunger and malnutrition, mitigate and adapt to climate change, eliminate violence against women and children, improve law and justice and access to them, but there is also a threat that progress on a range of development indicators may actually be reversed due to pre-existing gaps in the state's capacity. Such compounded threats, if not addressed timely, may actually undermine national solidarity and disturb political harmony in the country as a result of

lowering in human welfare.

Against this background, this report responds to the Call to Action for human rights protection made by the Secretary General, and recommends context specific gaps that need attention and resources for human rights protection during and after the pandemic. A human rights-based approach aims at assisting and holding relevant government authorities accountable for critically the long-term impacts of COVID-19 and its response on overall human wellbeing and especially those of who have historically been marginalised. By doing so, the State can ensure that its short and long-term responses are well calibrated and ensure protecting and promoting better living standards and capabilities while equipping all stakeholders involved with the tools to 'recover and build back better'.

This report has been organised as follows: Chapter 2 explains the research methodology used for compiling this report, Chapters 3 – 10 elaborate the 8 thematic dimensions that were drawn from the UN Secretary General's guidance paper. Each chapter offers a situational update, the initiatives taken by the government of Pakistan in the respective areas, the gaps and opportunities arising for the protection of human rights, and recommendations for the line ministries and provincial governments to ensure improvement in human rights protection. Chapter 11 summarizes and concludes the report.

2. Methodology

For this analysis, the UN Secretary General's recommendations as given in the report titled 'COVID-19 and Human Rights – We Are All In This Together' published in April 2020 were taken as a starting point. Drawing on the six key human rights messages given in the report, focal thematic areas were identified, including health, livelihoods and unemployment, education, food security, gender-based violence, rights of children, refugees and migrants, and prisons and detention centres.

After identifying the key thematic areas, the research team took guidance from the specific recommendations given by the Office of the United Nations High Commissioner on Human Rights in their reports by the special rapporteurs. These recommendations served as the guiding tools for developing indicators for tracking Pakistan's compliance across the four provinces. Moreover, the report also sought guidance from UNDP's Socioeconomic Framework for Pakistan for COVID-19 to gather information on localized indicators developed by UNDP previously.

Data was gathered through official government notices and policies, and the practical

implementation was assessed by media reports and consultations with some representative groups. The team identified the areas where Pakistan had performed well and in accordance with the suggestions given by the special rapporteurs, and also highlighted the areas where more effort was required. Concrete examples from around the world were also gathered to compare best practices, contextualized for the case of Pakistan.

The inferences and recommendations drawn from the analysis hold relevance beyond COVID-19 pandemic, as the MOHR's research and report writing team took into account, Pakistan's susceptibility and proneness to a range of disasters, at times recurring more predictably, such as floods, droughts, locust attack, other health emergencies such as dengue outbreak, or any other humanitarian crisis such as earthquakes. While cognizant of the fact that varied emergencies call for a varied and multi-sectoral disaster response, the recommendations given in this report, if applied, would be helpful in ensuring that the fundamental conditions of protecting human rights of the people are upheld.

Employment Opportunities
Rural Support Programme





Immediate Temporary Employment Opportunities COVID - 19 Affected Population of District Peshawar

<p>1- کرونا وائرس کیا ہے؟</p> <p>ایسٹونجی بیماری ہے۔ اس سے لوگوں کو سانس لینے میں دشواری ہوتی ہے اور کئی لوگ اس سے مر جاتے ہیں۔</p> <p>اس کی علامات میں سانس لینے میں دشواری، بخار، تھکاوٹ اور کئی لوگوں کو سانس لینے میں دشواری ہوتی ہے۔</p>	<p>کرونا وائرس</p> <p>احتیاطی تدابیر</p> <p>اس سے بچنے کے لیے احتیاطی تدابیر اختیار کرنی چاہئیں۔</p>	<p>کرونا وائرس</p> <p>احتیاطی تدابیر</p> <p>اس سے بچنے کے لیے احتیاطی تدابیر اختیار کرنی چاہئیں۔</p>	<p>کرونا وائرس</p> <p>احتیاطی تدابیر</p> <p>اس سے بچنے کے لیے احتیاطی تدابیر اختیار کرنی چاہئیں۔</p>
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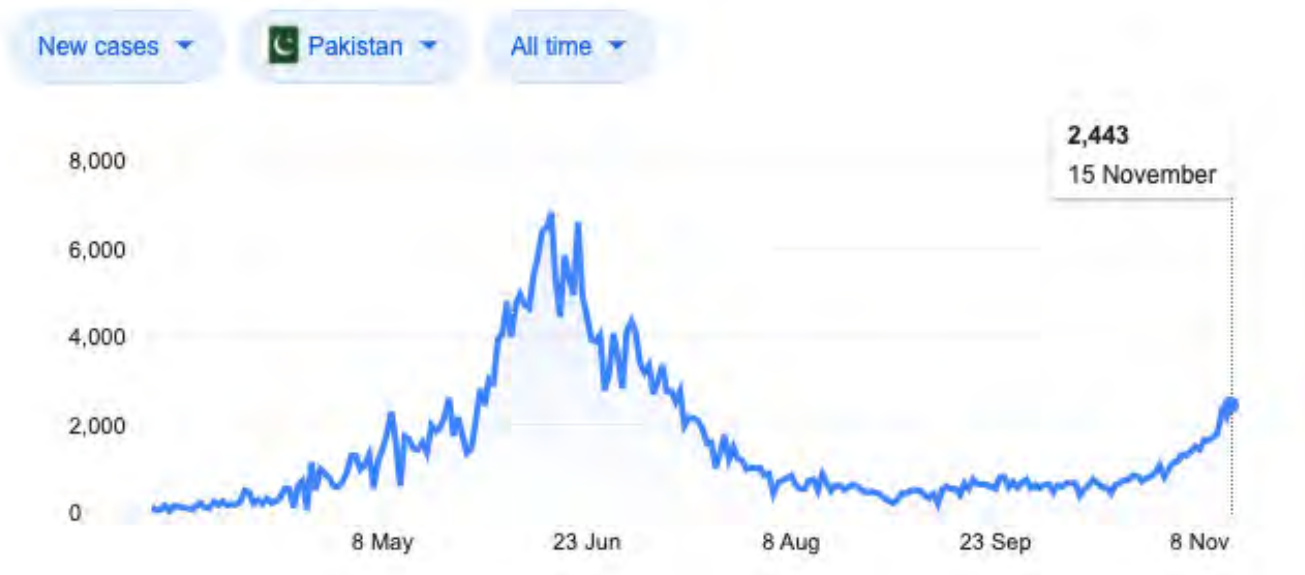
Funded by United Nations Development Programme (UNDP), Implemented by SRSP



3. Health

Pakistan received its first COVID-19 patient on February 26, 2020 and as of November 16 2020, the total number of infected patients was **359,032** with **7,160 deaths**². Pakistan reached the peak of the first wave in June, after which a steady decline in the curve was observed until late September. More recently, Pakistan has entered its second wave of COVID-19 with the infection rate rising by 45% the week of November 9th.

COVID-19 spread in Pakistan



Source: COVID-19 alert (www.covid.gov.pk)

Nevertheless, the onset of the virus in Pakistan compounded a number of challenges for the healthcare system of the country in terms of capacity, and also raised some human rights concerns that require immediate attention. The pandemic has highlighted some major limitations in Pakistan’s extensive public health infrastructure including coordination challenges between the provinces and the federal government as health is a devolved subject under the 18th Amendment to the Constitution. The gaps highlighted by the current

pandemic are both an eye-opening reminder of Pakistan’s public health infrastructure’s vulnerability to emergencies and disasters, which are only becoming more and more frequent world-wide, and an opportunity to develop and adopt a more long-term and resilient planning approach; one that addresses and safeguards the basic human rights of Pakistan’s citizens.

At the national level, Pakistan has about **1282 public hospitals, 5,743 dispensaries, and 133,707 hospital beds** as of 2019 . All these facilities

2. ‘Situation Report COVID-19 Pakistan’ – World Health Organisation (November 4, 2020)

are not properly equipped with the life-saving equipment to deal with a pandemic and there are wide geographical inequalities in accessing these facilities. Pakistan currently has **1,650 ventilators** in government hospitals treating COVID-19 patients⁴. Particularly worrisome is the fact that not all health units are adequately equipped and sometimes lack even basic hand hygiene facilities⁵.

Moreover, COVID-19 recovery plans will not be effective unless the most vulnerable populations including women, children and largely marginalized groups like the elderly, persons with disabilities and the transgender community are actively included in healthcare response. The first studies⁶ on the impact of the pandemic as well as data from previous disasters, all show that these already vulnerable groups are the worst affected by the pandemics in terms of their access to health, social services, livelihood means and on their overall ability to exercise basic human rights.

Pakistan has a high lifetime risk of maternal death, which is at 1 in 180 (the third highest in the Asia Pacific region) and a maternal mortality ratio of 140 per 100,000 live births⁷. With the onset of the pandemic and additional burden on the country's healthcare system, obstetric and neonatal care

services become harder to access for many women, particularly those in rural areas.

Similarly, the healthcare needs of other vulnerable groups like persons with disabilities and transgender population are also affected. Given the restricted mobility of many persons with disabilities and the discrimination trans-people regularly experience while seeking health services, Covid-19 is likely to exacerbate existing disparities in access, quality and availability of healthcare.

Additionally, in the pursuit of achieving SDG 3: Good health and well-being, Pakistan's efforts to reduce communicable diseases have focused on eradicating polio, tuberculosis and HIV, while focus on new epidemics that may emerge has been weak. Immunization drives have improved through the Expanded Programme for Immunization (EPI) with coverage rates improving from **54% in 2012-13 to 66% in 2017-18**⁸. However, with all the focus diverting on controlling the spread of the pandemic, on-going immunization drives have suffered, posing the risk of reversing any development gains in terms of SDGs. A human-rights perspective on the health response of Pakistan to the pandemic warrants an examination of the areas which have been compromised in terms of resources and efforts due to the focus on controlling the virus.

3. 'Hospitals, dispensaries, and beds by province' -Pakistan Bureau of Statistics (2019)

<http://www.pbs.gov.pk/sites/default/files//tables/renam-as-per-table-type/Hospital%20Dispancieries.pdf>

4. 'COVID 19 Pandemic & Pakistan; Limitations and Gaps' – Noreen et al. (2020) Available at: <https://jglobalbiosecurity.com/articles/63/print/>

5. 'Practices and Policies of Infection Control and Prevention, Pakistan - A Review for Patient Safety

' – Punjwani et al. (2016). Medical Safety and Global Health. 5(1).

<https://www.longdom.org/open-access/practices-an-policie-of-infection-control-and-preventio-pakistan-are-view-for-patient-safety-msgh-1000125.pdf>

6. COVID-19 – PAKISTAN SOCIOECONOMIC IMPACT ASSESSMENT & RESPONSE PLAN, Accessed via: <https://reliefweb.int/report/pakistan/covid-19-pakistan-socio-economic-impact-assessment-response-plan-version-1-may-2020>

7. National Nutrition Survey 2018, Accessed via: <https://www.unicef.org/pakistan/sites/unicef.org/pakistan/files/2019-07/Final%20Key%20Findings%20Report%202019%20%281%29.pdf>

8. 'Voluntary National Review Pakistan' – Government of Pakistan (2019)

https://sustainabledevelopment.un.org/content/documents/233812019_06_15_VNR_2019_Pakistan_latest_version.pdf

3.1. Government's initiatives

The Government of Pakistan initiated a comprehensive health response to the pandemic through a number of capacity enhancement and coordination initiatives⁹. The **National Command and Operation Center (NCOC)**¹⁰ was set up for a unified response to the pandemic at the national scale, implementing the decisions of the **National Coordination Committee**¹¹ on COVID-19. While the centre coordinates the health response, the provinces took initiatives to increase their capacity to cope with the health calamity.

A **National Action Plan for COVID-19**¹² was developed by March 7, 2020 as Pakistan's health response blueprint¹³ which advises the federal, provincial and district governments on reducing morbidity while reducing the cost on the economy. Additionally, in April **Pakistan's Preparedness and Response Plan for COVID-19** was developed to identify the funding requirement for dealing with the health crisis. A resource gap of USD 595 million was estimated to cater to the needs of dealing with the crisis between April to December 2020. In May 2020, UNDP developed Pakistan's Socioeconomic Framework for COVID-19 which was then submitted to the Planning Commission of Pakistan to incorporate the recommendations in the development response for COVID-19.

Additionally, the Government invoked a number

of new and existing laws to respond to COVID-19. These include the **National Disaster Management Authority Act, 2010**; the **KP Public Health (Surveillance and Response) Act, 2017**; **Code of Criminal Procedure**, specially its section 144; **Pakistan Penal Code and Maintenance of Public Order Ordinance**. New laws include: the **KP Epidemic Control and Emergency Relief Ordinance, 2020** on May 12 and the **KP COVID-19 (Prevention of Hoarding) Ordinance, 2020**, on April 20, the **Punjab Infectious Diseases (Prevention and Control) Ordinance 2020** and the **Sindh COVID-19 Emergency Relief Ordinance (2020)**.

Under the Federal Government, the NCOC conceived a well-structured IT based national framework for credible health resource mapping. A **Resource Management System (RMS)** was rolled out on 31 May 2020 and currently spans about 4000 COVID/ Non-COVID hospitals of the entire country. The system facilitates decision making in terms of establishment of correct needs assessment and capacity enhancement. The government also increased testing and screening capacity gradually using drive through testing services to avoid minimum crowding and use of military surveillance tools for tracking COVID patients. Its website **www.covid.gov.pk** is regularly updated with test statistics from around the country and contains resources for awareness and precautions.

9. The initiatives mentioned are not exhaustive.

10. <https://ncoc.gov.pk/>

11. <https://ncoc.gov.pk/>

12. <https://www.nih.org.pk/wp-content/uploads/2020/03/COVID-19-NAP-V2-13-March-2020.pdf>

13. 'National Action Plan for Coronavirus Disease (COVID-19) Pakistan' – Government of Pakistan (2020)

https://app.adpc.net/sites/default/files/public/publications/attachments/National%20Actional%20Plan_compressed.pdf

On an operational level, in order to improve the Infection Protection and Control Programme (IPC) of Pakistan, UNICEF is collaborating with the Government to **expand WASH standards in 150 priority health facilities**¹⁴. In order to meet the increased healthcare demand, provinces attempted to increase their healthcare workforce in number and working hours. For instance, Sindh announced to hire **2200 more doctors**, KP contractually employed **1500 more doctors** while final year medical university students were called in to help fight COVID, and Punjab increased hiring of medical staff on **10% increased salaries**.

As part of the PM's economic stimulus package, **PKR 50 billion** were allotted to health workers, and medical staff under which frontline healthcare workers will receive income tax exemptions, **PKR 3 - 10 million** compensations for families whose medics lose their lives as part of the Shuhada Package for martyrs, provision of sufficient personal protection equipment, training for staff of public and private hospitals in critical care management of COVID-19 patients, prioritisation in testing them for the virus, etc.

Telehealth platforms have been established to provide virtual healthcare advice. COMSATS collaborated with World Health Organisation (WHO), and the Ministry of National Health Services, Regulation, and Coordination (MNHSRC) to provide 5-day virtual training to doctors to provide tele-health advice on Sexual, Reproductive and Maternal Health. A tele-health dashboard has also been prepared on which doctors in Pakistan can sign up to volunteer their time for consultations after verification.

A rigorous **public service messages campaign** has been launched on all media. TV channels have frequent advertisements explaining the SOPs, and mobile dial-tones have also changed to recordings of messages with reiteration of COVID-19 precaution measures.

Mental health service is an underserved area in Pakistan and has received limited attention at the national level even during COVID-19. The Sindh government launched counselling a Psycho-social support services, with support from UNDP, during COVID-19 emergency which could be reached on helpline 1093, web page COVIDPSS. PK and community-based psycho-social support mobile app on android and IOS. In Punjab, Jazz, a telecommunication company, is working with the Minister's Delivery Unit (MDU), Punjab Health Department, and Mind Organisation, a non-profit mental health care provider, to launch a COVID-19 mental well-being helpline titled the **Mental Health Portal or Zehni Sehat Helpline**. In KP, the **Sector Engagement Framework/Operational Plan on Mental Health and Psychosocial Support** was launched which includes a live MHPSS radio show and live interventions of a senior psychologist on the MHPSS Facebook page.

3.2. Gaps and opportunities: rights-based recommendations

The Government's health response to a global pandemic is impressive. However, the unprecedented nature of the virus and Pakistan's historic weaknesses in the health sector have highlighted some areas that require considerations

14. 'Pakistan COVID-19 Situation Report' – UNICEF (March 29, 2020)

<https://reliefweb.int/sites/reliefweb.int/files/resources/Pakistan%20-%20COVID-19%20Situation%20Report%20-%20Reporting%20Date%20-%2023-29%20March%202020.pdf>

through a human-rights lens. Strengthening Pakistan's health system requires a strategic reorganization of healthcare delivery consistent with community needs, and elevation of preventative and promotive healthcare strategies. In improving its response, the government of Pakistan can adopt the following steps.¹⁵ These steps can help mitigate the effects of the current pandemic, while also ensuring that Pakistan is better prepared and more resilient in the face of any future disasters and disease outbreaks.

1. Minimum standards of hygiene facilities need to be maintained at all healthcare centers (public and private). COVID-19 should serve as a sharp wake-up call to have an improved healthcare system with the highest hygiene and sanitization standards in places of high human interaction, specifically in hospitals.
2. The coordination mechanisms that have been set-up now, need to be retained and improved to deal with future health and related shocks. Local pharmaceutical industry, food supply chains and medical research and development units should ensure that Pakistan is equipped with the capacity to deal with a protracted health emergency. Based on the Action Plan developed for COVID-19, a comprehensive rights-based approach should be used to develop a holistic health emergency action plan that ensures non-discriminatory treatment for everyone.
3. About 3% of healthcare workers¹⁶ have contracted the virus in Pakistan and about 58 of them have lost their lives¹⁷, creating concerns for the future availability of high experience medical staff. Healthcare staff needs to be incentivized further to encourage new inductions in the health sector. Their dignity and respect need to be ensured. Temporary healthcare workers should be given permanent contracts to ensure job security once the pandemic is under control to reward them for their services. Overall standards of facilities for healthcare workers should be increased in terms of job security, increased salaries, and pension plans.
4. In the medium to long term, protection measures for healthcare workers need to be enhanced to ensure resilience of the healthcare system. In collaboration with WHO and ILO, a guiding policy and implementation mechanism

COVID-19 should be taken as a lesson for not having an operational and successfully implemented Infection Prevention and Control programme. Countries such as Vietnam, China and Singapore that already had these programmes appear to have done better in controlling COVID-19. Permanent infection prevention government bodies need to be established with clear coordination mechanisms in case an emergency like COVID-19 appears again.

15. Shaping 21st Century Public Health in Pakistan: An Actionable Agenda for Achieving Universal Health Coverage

16. '7-point package for frontline health workers announced' – The News (June 13, 2020)

<https://www.thenews.com.pk/print/672124-7-point-package-for-frontline-health-workers-announced>

17. 'COVID-19: 58 medical workers die fighting coronavirus in Pakistan' – Gulf News (July 2, 2020)

<https://gulfnews.com/world/asia/pakistan/covid-19-58-medical-workers-die-fighting-coronavirus-in-pakistan-1.72373593>

needs to be developed that ensures standard protection to healthcare workers against job hazard in regular times as well as in health emergencies.

5. All testing centres must be verified by the Government with strict surveillance on operations to ensure accuracy, and efficiency. While ensuring the protection of patients' privacy, data on new diseases should be made public for transparency and promoting future research and policy interventions. Use the data collected to create a protected and secure database of health insurance for population.
6. Smooth and unhindered coordination between provinces and district authorities is absolutely essential to ensure a smooth health response to a pandemic. The Centre's role in ensuring synergies between provincial responses is important and it needs to build provincial capacity if any province or line ministry is not integrated into the coordinated response mechanism.
7. Medicines and health services on non-COVID diseases must immediately be made available to avoid other health concerns. Critical patients should receive full attention by doctors' and hospitals should be operational for all services, coupled with accelerated services for health issues that have been neglected during COVID-19 lockdown.
8. Telehealth's potential can be explored further to reach remote areas where health units are inadequately equipped. Availability of medicines and treatments should be ensured in all geographical areas.
9. A proactive approach needs to be introduced to cater to mental health issues in Pakistan, especially resulting from the COVID-19. In Madrid, local policymakers identified emergency psychiatry as an essential service to enable mental health-care workers to continue outpatient services over the phone. Home visits were organised for the most serious cases. Teams from Egypt, Kenya, Nepal, Malaysia and New Zealand, among others, have reported creating increased capacity of emergency telephone lines for mental health to reach people in need.
10. In the long run, the emergency unit capacities need to be improved in Pakistan and population density per ICU bed need to be lowered to ensure that emergency services are provided to maximum people when needed.
11. Ensure the continued provision of quality pre and postnatal healthcare for pregnant women and newborns by engagement at community level to identify expectant mothers, arranging for safe deliveries at home through community midwives, strengthening the capacity of the Lady Health Worker network and providing information and counselling materials, as well as ensuring the supply chain for essential maternal and new born medication and vaccination is not disrupted.
12. Conduct a targeted response intervention for the marginalized populations that includes-mapping the marginalized populations in coordination with the existing Civil Society Organizations (Transgender persons, persons with disabilities, minorities, refugees) and identifying community leaders as focal points within these communities, engaging with them regularly to ensure that specific problems relating to healthcare access faced by these

groups are reported and effectively addressed by decision-making institutions.

13. Develop SOPs and conduct trainings to sensitize and train healthcare providers on providing healthcare treating the trans-population without discrimination.

14. Employ mobile clinics to reach and provide basic healthcare to vulnerable groups with restricted mobility like the elderly and persons with disabilities, ensuring strict infection prevention SOPs and PPE are practiced by mobile clinic personnel.

Checklist and questions for provinces and local governments

1. How have the provincial healthcare facilities been improved and enhanced during COVID-19?
2. What coordination mechanisms exist within provinces and district governments regarding Infection Prevention and Control?
3. What additional workplace protection measures have been introduced for healthcare workers?
4. How are coordination mechanisms being maintained upward with the Centre, and downward with the district governments?
5. To what extent is the province planning to introduce new and continue existing mental health services for its patients and doctors?
6. Have there been specialized health programmes in the province for the marginalized community, such as transgender people, people with disabilities, and refugees?
7. Has the slowdown in immunization and vaccination programmes been accelerated to meet the annual target?

HEALTH				
Sr No.	Short-term Recommendations	Long-term Recommendations	Corresponding Constitution Article	Relevant SDGs
1.	Immediately establish best hygiene and sanitization standards in all public hospitals and ensure safe hospital waste disposal	Develop an improved healthcare system with the highest hygiene and sanitisation standards	Article 9 Right to life. Article: 38 Promotion of social and economic well-being of the people	3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases. 3.9 - reduce illness and death from hazardous chemicals and pollution 6.2 - end open defecation and provide access to sanitation and hygiene
2.	Retain and improve the coordination mechanism set up now for future health emergencies	Permanent infection prevention government bodies need to be established. A holistic health emergency action plan that ensures non-discriminatory treatment for everyone needs to be developed.	Article 9 Right to life. Article: 38 Promotion of social and economic well-being of the people	3.D - Improve early warning systems for global health risks
3.	Healthcare staff needs to be incentivized further to encourage new inductions in the health sector.	A guiding policy and implementation mechanism needs to be developed that ensures standard protection to healthcare workers against job hazard in regular times as well as in health emergencies. Overall standards of facilities for healthcare workers should be increased in terms of job security, increased salaries, and pension plans	Article 9 right to life. Article: 38 Promotion of social and economic well-being of the people	3.9c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.
4.	Medicines and health services on non-COVID diseases must immediately be made available to avoid other health concerns	Accelerated immunization programmes need to be initiated to make up for the slowdown in services during lockdown	Article 9 Right to life. Article: 38 Promotion of social and economic well-being of the people	3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being. 3.B -Support research, development and universal access to affordable vaccines and medicines
5.	Telehealth's potential can be explored further to reach remote areas where health units are inadequately equipped	The emergency unit capacities need to be improved in Pakistan and population density per ICU bed need to be lowered to ensure that emergency services are provided to maximum people when needed	Article 9 Right to life. Article: 38 Promotion of social and economic well-being of the people	3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases. 3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

6.	Special mental health facilities should be offered to patients requiring medical help. Awareness needs to be spread about the facilities initiated by the government	Mental health services should be covered under the universal health protection and workforce capacity needs to be enhanced to serve the population adequately	Article 9 Right to life. Article: 38 Promotion of social and economic well-being of the people	3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.
7.	<p>Ensure the continued provision of quality pre and postnatal healthcare for pregnant women and newborns by:</p> <ul style="list-style-type: none"> Engagement at community level to identify expectant mothers, arranging for safe deliveries at home through community midwives, strengthening the capacity of the Lady Health Worker network and providing information and counselling materials Ensuring the supply chain for essential maternal and newborn medication and vaccination is not disrupted. 		Article 9 Right to life. Article: 38 Promotion of social and economic well-being of the people	<p>3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.</p> <p>3.2 By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.</p> <p>3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.</p>
8.	Employ mobile clinics to reach and provide basic healthcare to vulnerable groups with restricted mobility like the elderly and persons with disability population, ensuring strict infection prevention SOPs and PPE are practiced by mobile clinic personnel.		Article 9 Right to life. Article: 38 Promotion of social and economic well-being of the people	<p>3.C Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.</p> <p>3.D Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.</p>
9.	<p>Conduct a targeted response intervention for the marginalized populations that includes:</p> <ul style="list-style-type: none"> Mapping the marginalized populations in coordination with the existing Civil Society Organizations (Transgender persons, persons with disability, minorities, refugees) Identifying community leaders as focal points within these communities Engaging with them regularly to ensure that specific problems relating to healthcare access faced by these groups are reported and effectively addressed by decision-making institutions. 	Develop SOPs and conduct trainings to sensitize and train healthcare providers on providing healthcare treating the trans-population without discrimination.	Article 9 Right to life. Article: 38 Promotion of social and economic well-being of the people	3.9c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.



4. Livelihoods and Unemployment

While there is no denying the fact that COVID-19 is primarily a health emergency, efforts required to control the virus have led to an economic and social crisis, which if not effectively addressed can lead to a **human rights crisis**. Moreover, the recent floods in Pakistan demonstrate how risks can be compounded by multiple calamities hitting the system at the same time, making it even more difficult for people to cope with emergencies, and for the state to provide for those hit hardest.

Pakistan's impressive journey to reduce poverty in the last two decades is currently facing the risk of a protracted economic slowdown, or worse, reversal in development gains. Between 2001 and 2015, Pakistan was able to reduce income poverty by more than half – from **64.3% in 2001 to 24% in 2015**¹⁸ and between 2012 and 2015, multidimensional poverty reduced from **48.8% to 38.8%** - albeit with wide regional disparities¹⁹. This reflected a hopeful trajectory towards achieving the Sustainable Development Goals, which Pakistan had adopted as its national development agenda in 2015.

With the onset of COVID-19, the monsoon floods

and other emergencies, such as the desert locust attack, this progress may be compromised. Estimates reflect that economic slowdown and increased unemployment may reverse the poverty rate back to approximately **40%**, with a decline of **3%** in real GDP growth²⁰. Employment of about **18.6 million** people is speculated to be at-risk due to COVID-19 related impacts, alone²¹. This trend is also supported by a Gallup survey showing that about 88% of the sample surveyed experienced a decline in their incomes, and 19% of the respondents reported being laid off from due to COVID-19²². So far, no geographical or gender-based unemployment analysis has been conducted to understand the disparate impact of COVID on different sub-groups.

In addition to the damage caused due to urban flooding in Karachi alone, city of 20 million, where millions of people are employed in precarious sectors, the recent floods have had a devastating impact on agriculture, especially in Sindh. While the agriculture sector was not hit hard during the peak of COVID-19 crisis in Pakistan, the monsoon floods have destroyed **60%** of cotton crops in Sindh,

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18. 'Pakistan @ 100: From Poverty to Equity' – The World Bank (March 2019)
Accessed via: <http://documents1.worldbank.org/curated/en/868741552632296526/pdf/135319-WP-P163618-14-3-2019-20-44-35-PakPNFromPovertytoEquityFinal.pdf>
 19. 'Multidimensional Poverty in Pakistan' – Government of Pakistan (2018)
 20. 'In Pakistan, pandemic could push millions into poverty' – UNDP (June 18, 2020)
Accessed via: https://www.undp.org/content/undp/en/home/news-centre/news/2020/Pakistan_pandemic_could_push_millions_into_poverty.html
 21. 'Sectoral analysis of the vulnerably employed: COVID-19 and the Pakistan Labour Market' – Pakistan Institute of Development Economics (PIDE) Bulletin No. 4 (April, 2020)
Accessed via: <https://www.pide.org.pk/pdf/PIDE-COVID-Bulletin-4.pdf>
 22. 'Coronavirus attitude tracker survey in Pakistan' – Gallup Pakistan, Wave 6 Results (2020)
Accessed via: <https://gallup.com.pk/wp-content/uploads/2020/06/Gallup-Pakistan-Coronavirus-Attitude-Tracker-Wave-6.pdf>

threatening the livelihoods of **1.5 million** farmers engaged in cotton farming²³. The destruction caused by the floods in the agriculture sector is expected to have lingering effects as flood water still stands in the fields, making it difficult for farmers, especially small farmers to sow new seeds. Preceding the floods was the desert locust attack on crops, affecting 46 districts in Pakistan, and causing financial damages worth PKR 600 billion²⁴.

Particularly vulnerable to such shocks are those women and men who are engaged in the informal sector working as daily wagers or piece rate workers, specifically those who are unregistered and are not protected by the formal social security mechanism in the country. These comprise about **75% of the 65 million labour force** of Pakistan²⁵.

Vulnerabilities are reinforced if the labour, especially daily wagers, belong to a marginalised community who experience discrimination and barriers to earning a decent living. These may include unregistered refugees, transgender persons, and persons with disabilities, who may experience disproportionate impacts based further on their age, sex, religion, ethnic background, or geographic location. An intersectional human rights lens is therefore necessary to take into account the varying degrees of impact that disasters may have on the livelihoods of people.

Multiple shocks like these have devastating impacts on the economy and result in reversal of hard-earned poverty-reduction objectives. Large scale unemployment, coupled with slow economic recovery posit the risk of further disturbance in the social fabric of the country, leading to a reduction in health and education investments, increased food insecurity, increase in crime and general civil unrest. Against this background, a rights-based approach to social protection is necessitated to ensure that the State offers protection to all members of the society, particularly the vulnerable²⁶.

4.1. Government's initiatives for protecting the unemployed

Building on the existing commitment to poverty alleviation through its Ehsaas social protection programme, the Government of Pakistan has taken remarkable initiatives to provide relief and protection to the vulnerable segments of the society. Within the purview of the PKR. 1.2 trillion economic stimulus package, the government launched the largest social protection programme, comprising emergency cash handouts, labour protection schemes, and employment retention and generation incentives.

Under the **Ehsaas Emergency Cash Programme** with a budget of PKR 203 billion, about 16.9 million

23. 'Farmers say Sindh rains and floods have damaged 60% cotton, 90% chili crops' – Arab News (September 10, 2020)
<https://www.arabnews.pk/node/1732491/pakistan>

24. 'Amid COVID-19, locust attack risks famine in Pakistan, India' – Anadolu Agency (May 28, 2020)
[https://www.aa.com.tr/en/asia-pacific/amid-covid-19-locust-attack-risks-famine-in-pakistan-india-/1856085#:~:text=In%20Pakistan%2C%20hopper%20bands%20of,of%20all%20the%20four%20provinces.&text=The%20UN%20agency%20said%20the,billion%20rupees%20\(%243.72%20billion\).](https://www.aa.com.tr/en/asia-pacific/amid-covid-19-locust-attack-risks-famine-in-pakistan-india-/1856085#:~:text=In%20Pakistan%2C%20hopper%20bands%20of,of%20all%20the%20four%20provinces.&text=The%20UN%20agency%20said%20the,billion%20rupees%20(%243.72%20billion).)

25. 'Millions of labourers struggle amid COVID-19 lockdown in Pakistan' – Express Tribune (April 30, 2020)
Accessed via: <https://tribune.com.pk/story/2210787/1-millions-labourers-struggle-amid-covid-19-lockdown-pakistan>

26. 'Social protection: a life-cycle continuum investment for social justice, poverty reduction and sustainable development' - Garcia, A. Bonila and Guat, J. V. (2003) Geneva: ILO.

people are targeted to receive one-off payment of PKR 12,000, covering a period for 4 months. Beneficiaries were identified using a rigorous mechanism including about 5 million of those who were already in the National Socioeconomic Registry (NSER), and additional 11.9 million people recently added to the vulnerability mapping²⁷. The scheme comprises both vertical and horizontal expansion of cash-based social assistance, with changes in payment modalities in light of COVID-19. The newly added beneficiaries include refugees, transgender people, and at-risk labour, reflecting compliance with the human rights responsibilities of social protection schemes as declared by UN's Secretary General. However, information received from a representative of the Transgender Community reveals that no special package has been launched for the transgender community, rather they are eligible for the Ehsaas Emergency Cash Programme under the general deserving category of poor people.

A **labour package** of PKR 200 billion was also initiated, specifically targeting daily wage labours and Small and Medium Enterprises (SMEs) to retain their labour²⁸. Specifically, PKR 75 billion has

been allocated to those unemployed because of COVID-19, among which about 6 million will receive a cash handout of PKR 12,000, PKR 50.69 billion have been dedicated to SMEs in the form of respite in electricity bills, and PKR 30 billion were allocated for risk-sharing and prevention of lay-offs in SMEs. Between 17th March 2020 to 10th July 2020, 2,068 businesses have been supported with refinancing loans, covering about 1.2 million employees²⁹.

Other policy initiatives include the **Green Stimulus Programme**³⁰, that aims to create about 800,000 daily wage jobs for planting trees, and environmental protection and conservation, and the **Kamyab Jawan Programme**³¹ that is offering youth entrepreneurship loans at a reduced rate of 3%. A web-portal is also created for job-matching for returning unemployed overseas Pakistanis³². **Pakistan Bait ul Maal** has also developed an e-wallet scheme for facilitating payments.

Similarly, provinces have also allocated increased funds for social protection schemes in the budget of FY 2020-21, comprising a mix of tax relief funds, and loans for SMEs for employment generation. In Punjab, PKR 56 billion have been set aside for tax

27. 'Ehsaas Emergency Cash: A digital solution to protect the vulnerable in Pakistan during COVID-19 in Pakistan' – Government of Pakistan (July 20, 2020)

Accessed via: [https://www.pass.gov.pk/NewsDetailWerFf65%5ES23d\\$gHdd0850ce-2c0f-4f55-9ec4-93b27f0681840ecFf65%5ES23d\\$Pd](https://www.pass.gov.pk/NewsDetailWerFf65%5ES23d$gHdd0850ce-2c0f-4f55-9ec4-93b27f0681840ecFf65%5ES23d$Pd)

28. 'Rs 1.13 package unveiled to fight coronavirus' – Dawn (March 25, 2020)

Accessed via: <https://www.dawn.com/news/1543525/rs113tr-package-unveiled-to-fight-coronavirus>

29. 'Rozgar scheme monthly report' – State Bank of Pakistan (July, 2020)

Accessed via: <http://www.sbp.org.pk/corona-update.html>

30. 'Pakistan's green stimulus creates new jobs' – The News (June 7, 2020)

Accessed via at: <https://www.thenews.com.pk/print/668947-pakistan-s-green-stimulus-creates-new-jobs>

31. <https://www.kamyabjawan.gov.pk/>

32. 'Government launches portal to help unemployed overseas Pakistanis' – The News (June 19, 2020)

Accessed via: <https://www.thenews.com.pk/latest/674844-govt-launches-portal-to-help-unemployed-overseas-pakistanis>

relief package, 9.5b for Punjab Rozgar Scheme as loans for the promotion of MSMEs³³. KP allocated PKR 3.6 billion to generate new jobs in high growth economic sectors, and up to PKR 6 billion for supporting businesses, PKR 750 million for digital jobs for the province³⁴. Sindh announced PKR 34.2 billion the new budget which aims to target food insecurity, unemployment and inflation resulting from the pandemic. PKR 20 billion for cash transfers to poor families, PKR 5 billion for soft loans to SMEs, PKR 3 billion for Small Business Support Funds for urban areas, PKR 2 billion for small farmers and community-based projects, PKR 500 million for technology-based startups and PKR 700 million for IT interventions³⁵. Similarly, Balochistan initiated Chief Minister's Loan Scheme worth PKR 585.5 million offering loans to 25,000 deserving individuals.

4.2. Gaps and opportunities: rights-based recommendations

Pakistan's past experiences with natural and human-made disasters have equipped it with an extensive disaster response infrastructure across Pakistan with a strong focus on disaster response and early rehabilitation. What is lacking is a strong action plan that aims to enhance the resilience of the Pakistani people to future shocks, focusing specifically on ensuring human rights protection for all, leaving no one behind. While the new and existing initiatives for social protection for unemployment are laudable in terms of increase in coverage and amount, a right-

based approach to social protection highlights some gaps that need further consideration.

1. The current multi-crisis scenario has necessitated the need for a **comprehensive, and universal social protection** mechanism in Pakistan. While the Government's efforts in reaching maximum vulnerable population is well-intended, a rights-based approach demands a framework that guarantees social protection to every member of the society as an obligation of the state, rather than out of charity. This would ensure coverage of all the marginalised people who may otherwise be neglected in specialised social protection programmes. An immediate concern is that a blanket cash disbursement of PKR 12,000 does not take into account the varying intensities of poverty that households are experiencing due to compounded risks of COVID-19, and destruction due to floods, and neither does it cater to different household sizes.
2. A slow economic recovery posits the risk that the one-off payment of emergency cash may not help households buffer the shock. The implications may last for years with consequences on outcomes such as food security, education, health etc. For instance, Peru demonstrated a well-planned response to cater to such concerns. Emergency cash payments were equal to 40% of the monthly minimum wage of the country, and on extension

33. 'Highlights of the Budget 2020-21' – Government of Punjab (June 2020)

Accessed via: <https://finance.punjab.gov.pk/system/files/BHE202021.pdf>

34. 'Resilient Khyber Pakhtunkhwa – A citizen's guide to budget 2020-21' – Government of Khyber Pakhtunkhwa (2020)

Accessed via: <https://www.pakp.gov.pk/wp-content/uploads/Citizen-Budget-2020-21.pdf>

35. 'Pro-poor social protection initiative announced in Sindh' – Express Tribune (June 17, 2020)

Accessed via: <https://tribune.com.pk/story/2244805/1-pro-poor-social-protection-initiative-announced-sindh>

of the lockdown, another round of payments was made to deal with the protracted crisis³⁶.

3. The need for improving **labour market conditions** is another concern that emerges out of the current scenario. With 75% of Pakistan's labour force employed in the informal sector, mechanisms for protecting their rights are scanty as they often work without formal registrations and contracts. The large database created through new registrations with the National Socio-Economic Registry (NSER) should be utilised to devise a framework of rights and labour laws protection for the large informal sector, with special focus on achieving gender equality in the labour market in terms of remuneration and working conditions.
4. Federal and provincial laws could be codified, disseminated, and used as the building blocks for ensuring that labour rights are protected, irrespective of the (in)formality of the sector. For instance, Punjab's Domestic Workers' Act (2019) could be brought into effect using the database of domestic workers that registered with the NSER for accessing COVID-19 relief funds. Guidance could be sought from bilateral consultations with South Africa and Vietnam where domestic workers are now protected by unemployment insurance.
5. Not only is the current employment rate a point of concern, but future employment is also an aspect that needs to be considered

through a medium to long-term perspective of government's disaster response, particularly to COVID-19. Pakistan has the 9th largest workforce in the world, which is rapidly rising³⁷. A rising concern is the large pool of graduates that will be looking for jobs. About 700,000 students graduate each year in Pakistan³⁸. With unemployment rates high, and job prospects low, Public Private Partnerships should be sought with universities and mentoring companies to impart short skills-based trainings that focus on digital modes of working to prepare students for the hybrid models to be followed in workspaces post-COVID.

6. The Digiskills initiative, by the Ministry of Information Technology and Telecom should be updated with new skills that a post-COVID job market would require. An information campaign is needed to ensure that people are aware of the initiative and it is catering to specific digital skills that are helpful in working remotely.
7. According to Economic Intelligence Unit, Pakistan ranks 76th out of 100 in availability, affordability and readiness of people to use internet. A major change reported during COVID-19 include shift in consumer behaviour by 50%. E-commerce and digital business platforms are expanding in scope and intensity in Pakistan which offer promising potential for micro, small and medium enterprises. This trend was further augmented during COVID-19 lockdowns as people moved towards remote

36. 'Rapid response to COVID-19 under high informality: The case of Peru' – International Labour Organisation (May 25, 2020)
Accessed via: https://www.ilo.org/wcmsp5/groups/public/---ed_emp/documents/publication/wcms_746116.pdf

37. 'Number of jobless people to reach 6.65m in 2020-21' – The News (June 17, 2020)
<https://www.dawn.com/news/1564053>

38. 'Emerging Pakistan' – P@SHA (July 23, 2020).



Source: Survive or Thrive: Start-ups and Innovation During a Pandemic. P@SHA Emerging Pakistan (April, 2020)

transactions. Pakistan's biggest online shopping platform, Daraz.pk, has experienced an increase of 9% in online order since March 2020³⁹.

Pakistan needs to capitalise on this momentum for uplifting the market accessibility of small enterprises. Equally important is introducing strong legislation and regulatory framework for consumer protection to advance e-commerce.

8. Digital divide across gender, geography and class needs to be bridged. In a country of 220 million people, there are about 81 million smart phone users and 83 million broadband users with disparities in access and usage. Special attention needs to be paid to areas with poor connectivity such as the Newly Merged Districts of Khyber Pakhtunkhwa and Balochistan. Moreover, women's economic participation also has the potential of being greatly enhanced through proper access to digital platforms.

Checklist and questions for provinces

1. What efforts are being undertaken at the provincial level for registration of informal labour to ensure protection of labour laws?
2. Does the province have legislation related to domestic workers? If so, has an implementation mechanism been designed?
3. Are women led/owned small businesses offered opportunities for enhancing their digital and e-commerce skills?
4. What efforts are made at the provincial level to improve internet connectivity in remote places?

39. 'COVID-19 boosts digital economy, e-commerce in Pakistan' – The Express Tribune (July 8, 2020)
<https://tribune.com.pk/story/2253806/covid-19-boosts-digital-economy-e-commerce-in-pakistan>

UNEMPLOYMENT				
Sr No.	Short-term recommendations	Long-term recommendations	Corresponding Constitution Article	Relevant SDGs
1.	Cash-based relief packages should cater to poverty intensity and household size	Comprehensive and universal social protection	9: Right to life , 38c: provide for all persons employed in the service of Pakistan or otherwise, social security by compulsory social insurance or other means, 38d: provide basic necessities of life, such as food, clothing, housing, education and medical relief, for all such citizens, irrespective of sex, caste, creed or race, as are permanently or temporarily unable to earn their livelihood on account of infirmity, sickness or unemployment	1.3- Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable
2.	Use the NSER database widely to identify and formalise the informal labour market, and ensure rights protection	Provide unemployment insurance to labour working in the formal and informal sector	9 (right to life), 18 (freedom of profession), 38c (social protection), 38e: reduce disparity in the income and earnings of individuals, including persons in the various classes of the service of Pakistan	8.8 - protecting labour rights and promote safe working environments
3.	Codify, disseminate labour laws		18 (freedom of profession), 38c (social protection), 38b: provide citizens with facilities to work	8.8 - protecting labour rights and promote safe working environments
4.	Immediately provide digital platforms and skills for market access to youth and women geared towards enhancing digital productivity. Introduce strong legislation and regulatory framework for consumer protection to advance e-commerce.	Bridge the digital gap across gender, geographical and socioeconomic divides over time to ensure equal opportunities	9 (Right to life), 18 (Freedom of profession), 25 (Equality), 37 (f) (state to provide for education, training, agricultural and industrial development, to participate fully in all forms of national activities; 38 (b) (provide citizens with facilities to work)	<ul style="list-style-type: none"> 8.5-Full employment and decent work with equal pay 5.a - Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws 8.3 - Promote policies to support job creation and growing enterprises 8.6 - promote youth employment, education and training



5. Education

The education sector in Pakistan has a long history of being affected by natural and humanitarian crises. The earthquake of 2005 in Northern Pakistan, the military operations in 2007-08 in Swat, and the floods of 2010 are just recent examples of disasters that interrupted education for children in affected areas. The floods of 2010 destroyed 11,000 schools, and many others were inaccessible for schooling as they were transformed into shelter places for the flood-victims⁴⁰. Even when schools resume, in many cases students are unable to return to schools because of health issues, unaffordability, and/or displacement caused by a disaster.

The scale of interruption caused by COVID-19 to schooling is unmatched in recent history. The outbreak has plumped the educational system of the world and has impacted **1.5 billion learners** across the globe⁴¹. Pakistan has an estimated number of **317,313 educational institutes** (public and private) which were closed as part of the precautionary measures to contain the virus⁴². This led to approximately **46.9 million** children out school out of which around **22.9 million** students

are enrolled in primary level and **13.4 million** in secondary schools⁴³. Although schools have gradually reopened in Pakistan since September 15, 2020, the threat of SOPs being violated, and children getting exposed to the diseases posits the risk of a severe resurgence of the virus at enormous scales.

In addition to the educational emergency response to COVID-19, the recent torrential rains during monsoon have flooded many parts of Sindh and Balochistan in the South, and Gilgit Baltistan in the North of Pakistan. Although the Daily Situation Reports by NDMA do not show any schools destroyed by the floods, children's education is very likely to be affected by the destruction of roads, bridges, houses, and power houses⁴⁴. Moreover, floods also expose children to health risks such as diarrhoea, malaria, and infections due to stagnant water and pollution, undermining their capacities to resume education, and their affecting long-term learning outcomes, and labour participation potential. Additionally, adverse income impacts may hamper return to formal education as children may get involved in either child labour, or increased

40. 'How natural disasters undermine schooling' – Brookings Institution (January 28, 2018)

Accessed via: <https://www.brookings.edu/blog/education-plus-development/2018/01/23/how-natural-disasters-undermine-schooling/>

41. '1.5 billion children around the globe affected by school closure. What countries are doing to keep kids learning during pandemic' – The Washington Post (March 27, 2020)

Accessed via: <https://www.washingtonpost.com/education/2020/03/26/nearly-14-billion-children-around-globe-are-out-school-heres-what-countries-are-doing-keep-kids-learning-during-pandemic/>

42. 'Pakistan Education Statistics 2016-17' – AEPAM (2017)

Accessed via: <http://library.aepam.edu.pk/Books/Pakistan%20Education%20Statistics%202016-17.pdf>

43. <http://data.uis.unesco.org/>

44. NDMA report of September 23, 2020 show that 13 roads, 10 bridges, 7 power houses, and 78,735 houses have been fully destroyed by the floods, while another 139,113 houses have experienced partial damage. The damage is highest in Sindh.

'NDMA Monsoon 2020 Daily Situation Report N090' – NDMA (September 23, 2020)

Accessed via: <http://web.ndma.gov.pk/SITREPPIA/sep2020/NDMA%20Monsoon%20SITREP%20NO%2090%20-%202023%20Sep%202020.pdf>

household chores – which are common coping mechanisms for disaster-affected households.

Disasters, therefore, reinforce the existing ‘learning crisis’ in the country. Although Pakistan’s human development index rankings have improved in pursuit of improved quality of education as per the SDG 4, Pakistan’s educational indicators are still dismally low. Even before the pandemic, about **22.8 million** were out of school, ranking Pakistan with the second highest number of children aged 5-16 out of school, with wide gender inequalities⁴⁵. About 32% of primary school age girls are out of school in Pakistan, as compared to 21% boys. In secondary education, the disparities further increase. By 9th grade, only 13% girls attend school. At the national level, **55%** of women aged over **15** are illiterate.

Moreover, comprehension and analytical capabilities are weak as well. Fewer than **20%** of Pakistani third-graders can read and comprehend a short passage. About **43%** of the population (age 15+) is illiterate with wide discrepancies across provinces, location (urban vs. rural), and gender.

With an average age of **21 years**, Pakistan’s population is largely comprised of unskilled working-age youth who are unprepared for high-quality productive jobs⁴⁶. Pakistan already

struggles to keep millions of children in school, and as partial shutdowns continue, enrollments could drop further, worsening the learning crisis. Technological initiatives for continuing education through internet-based platforms may further exacerbate inequalities in access and learning outcomes. According to the Inclusive Internet Index 2020, internet access in Pakistan stands at around **35 percent**, with 78 million broadband and 76 million mobile internet (3/4G) connections⁴⁷.

5.1. Government’s initiatives for continuing education

In order to protect the children and control the spread of COVID-19, Government of Pakistan has taken various measures such as on March 13, 2020 countrywide **all schools were closed**⁴⁸. The decision was taken by National Security Committee with The Ministry of Federal Education and Professional Training (MoFEPT) at the forefront and in consultation with the provincial education departments. Provincial governments are introducing their own response measures, but in close collaboration with the Federal Ministry⁴⁹.

MoFEPT has initiated a broadcast-based TV channel called Tele-School which offers classes from grades Kindergarten - 12⁵⁰. Tele-School follows

45. ‘Education – giving every child the right to education’ – UNICEF

<https://www.unicef.org/pakistan/education#:~:text=Currently%2C%20Pakistan%20has%20the%20world’s,population%20in%20this%20age%20group.>

46. School Education in Pakistan: A Sector Assessment, 2019

47. Pakistan’s Great Digital Divide. <https://thediplomat.com/2020/07/pakistans-great-digital-divide/>

48. WB, UN bodies helping Pakistan minimise educational disruption amid COVID-19 crisis

<https://www.thenews.com.pk/print/637068-wb-un-bodies-helping-pakistan-minimise-educational-disruption-amid-covid-19-crisis>

49. Prime Minister’s Office, Islamabad, Pakistan

https://pmo.gov.pk/news_details.php?news_id=1066

50. Teleschool goes on air today to compensate for academic loss

<https://www.dawn.com/news/1548995>

the government's curricula and uses ready-made content, developed by private and non-profit EdTech partners such as Muse App, SABAQ, Idara-E-Taleem-O-Aagahi (ITA), Sabaq.pk, Taleemabad, and Knowledge Platform⁵¹.

Similarly, Punjab has initiated a web-based educational portal called **Taleem Ghar** for grades 1- 10, Sindh offered an Android app-based **virtual education platform** for grades 1- 8, Baluchistan also offers **Whatsapp** based teacher-student learning platforms.

In addition to that, **the National Education Response and Resilience Plan for COVID-19** was launched on May 4, 2020 which offers three scenarios of distance learning based on the spectrum of EdTech access. i) no technology-based scenario through textbooks, workbooks etc. ii) Low tech scenario with broadcast based educational initiatives; iii) high-tech based modules based on smart phones, apps and internet availability⁵².

The National Education Response Plan places the responsibility of implementation on the provinces and area education departments in collaboration with district administration and development partners⁵³. Moreover, MoFEPT is collecting data

through SMS registrations, which by May had approximately **250,000** subscribers. Since the channel is also aired on PTV Home, which has a subscriber base of over 54 million, the outreach of the initiative is expected to be wide⁵⁴. The purpose is to initiate a two-way communication mode between teachers and parents. Provincial education departments may have more data as they are web-based initiatives, easily traceable.

A **radio programme** is being launched by the MoFEPT to reach areas with limited TV or internet access. The content has so far been created for grades 1 - 3 for an initial roll-out and will then be expanded to other grades⁵⁵. While the government teachers' jobs are protected, the real risk was the lay-offs in private schools as schools were closed and both the Punjab and Sindh governments had issued orders against lay-off of teachers. The Punjab government declared action to be taken against those schools that lay off teachers. The Sindh government also gave an order against lay-off any employees and allowed the teaching and non-teaching staff of schools to report if they are not paid their salaries during the times of school closures⁵⁶.

51. Teleschool goes on air today to compensate for academic loss
<https://www.dawn.com/news/1548995>

52. Pakistan National Education Response And Resilience Plan (K-12) For Covid-19 http://mofept.gov.pk/SitelImage/Misc/files/0_%20NERRP%20COVID-19%20MoFEPT%204%20May%202020%20Ver%2001.pdf

53. How edtech is reshaping the education landscape in Pakistan
<https://www.menabytes.com/edtech-pakistan/>

54. 'Coronavirus in Pakistan challenges Education' – Inside Telecom (July 16, 2020)
<https://www.insidetelecom.com/coronavirus-in-pakistan-challenges-education/>

55. In the world's fifth most-populous country, distance learning is a single television channel
https://www.washingtonpost.com/world/asia_pacific/pakistan-coronavirus-education-teleschool/2020/05/18/9ee159a8-8eee-11ea-9322-a29e75effc93_story.html

56. The coronavirus effect on Pakistan's digital divide
<https://www.bbc.com/worklife/article/20200713-the-coronavirus-effect-on-pakistans-digital-divide>

The Government declared a phased approach to schools reopening. After remaining closed for about 6 months, about **300,000** educational institutes opened up for students starting September 15, 2020⁵⁷. Students from grade 6-8 returned to schools on September 23, while students up to grade 5 returned on September 30th. However, considering that WASH facilities are limited in schools⁵⁸, especially public schools, return of students to schools in the absence of publicly available vaccine for COVID-19 raises grave concerns for the spread of a second wave. Additionally, lack of awareness, and general carelessness on part of students may also make it more difficult for the institutes to enforce implementation of SOPs at all times.

5.2. Gaps and opportunities: rights-based recommendations

Although the government of Pakistan has taken extensive measures to deal with the educational challenges but there is still a risk of widening educational inequalities owing to the different platforms used by different provinces and education sectors for continuation of learning during school closures. The access to these facilities is not equally distributed across the country, and wide disparities

exist based on socioeconomic status, geographic location, sex, age, and family structures.

Only **63%** of households in Pakistan have access to a TV set in a country where even electric power supply is unsteady, indicating that even TeleSchool is not accessible for many schoolchildren. Moreover, no special schemes were introduced by the government to ensure the continuity of education for children with disabilities, even though the Education Response Plan does mention the need for developing content and resources for children with special needs. This neglect makes 88% of children with disabilities⁵⁹ (5–16 years old) vulnerable to discontinuity of educational activities.

Additionally, there is a grave concern that many children may not return to schools as economic hardship may have caused many students to be involved in labour. Moreover, the increased strain on resources may also widen gender inequalities in education as households may favour boys' education over girls⁶⁰.

Utilizing a human rights perspective to continuation of education for all children aged 5-16, we recommend the following aspects to be considered for the education sector for disasters in general, and for COVID-19 response in particular.

57. 'Pakistan to open schools, universities on Tuesday' – Anadolu Agency (September 14, 2020)

<https://www.aa.com.tr/en/asia-pacific/pakistan-to-reopen-schools-universities-on-tuesday/1972576>

58. 'AEPAM reports that 73% of primary schools, 88% of middle schools, and 93% of high schools have toilet facilities for students.

'Annual Education Statistics 2016-17' – AEPAM (2017)

<http://library.aepam.edu.pk/Books/Pakistan%20Education%20Statistics%202016-17.pdf>

59. ASER 2019 reported that 88% of the sampled children with disabilities (considering the broader definition of disability with 13 different types of disability) are enrolled in government, private and special education institutes across Pakistan. This data is not nationally representative, as five districts were covered in the disability survey. According to the British Council (2014), 50,000 children with disabilities were enrolled in 330 special education schools across Pakistan.

60. 'Struggling against the Odds of Poverty, Access, and Gender: Secondary Schooling for Girls in Pakistan' – The Lahore Journal of Economics (2013), No. 18; pp: 67-92.

<http://lahoreschoolofeconomics.edu.pk/EconomicsJournal/Journals/Volume%2018/Issue%20SP/04%20Sathar,%20Wazir%20and%20Sadiq.pdf>

1. Develop indicators for tracking the progress of remote learning modules against Pakistan's long-term education goals aligned with the SDGs. This would also be useful to identify the mechanisms that have attained the highest benefits to prepare the education sector for any future emergency. Initiate accelerated learning programmes for children once schools fully reopen to bring them to a balanced learning level with their peers.
2. Conduct teacher and head teacher trainings and orientation sessions for different learning modalities, development of short assignments, assessments for progressing towards hybrid models of education. This will also be useful to prepare the education sector for a future emergency scenario as well.
3. Provide targeted support to poor households for learners, especially girls for easing economic stress on families which will allow vulnerable learners to continue remote learning and will also mitigate the risk of dropout once schools reopen. Special incentives such as school meals programmes and stipends should be awarded to target at-risk children.
4. Develop educational resources for children with disabilities, as well as resources for the training of caregivers of these children to educate them at home.
5. Explore the potential of public-private partnerships to bridge the digital gap. Partnerships with the private telecom industry could be explored to extend the internet infrastructure in remote areas to allow smooth access to educational resources in remote areas. In Paraguay, the government partnered with a private technological company to offer zero-cost internal educational package to increase access.
6. Ensure that all schools are equipped with the necessary hygiene and sanitation facilities, especially hand-washing units, to exercise SOPs. Hand-washing awareness campaigns need to be continued on all media to reduce the risk of resurgence of the virus once schools reopen.
7. Continue distant learning programmes with major focus on reaching out-of-school children who have never attended schools, or those who may not return to schools after reopening.

Checklist and questions for provinces and district governments

1. How has the effectiveness of remote learning plans offered in the province measured?
2. What plans are in place to ensure that children's learning capacities are not adversely affected as the situation continues to remain uncertain even after reopening of schools?
3. How much budget has been allotted for teachers' capacity building to adapt to hybrid modes of teaching?
4. How is return to school being incentivized, especially for girls?
5. What on-ground efforts have been made for continuing education for children with disabilities?

EDUCATION SECTOR				
Sr No.	Short-term Recommendations	Long-term Recommendations	Corresponding Constitution Article	Relevant SDGs
1.	Collect data on the number of children that have not returned to school and/or have dropped out since the school closures. Conduct a vulnerability analysis of the demographics of children who have not returned to school.	Develop indicators for tracking the progress of remote learning modules against Pakistan's long-term education goals aligned with the SDGs. Based on the result of the vulnerability analysis state should take action to protect vulnerable groups.	Article: 25A Right to Education	4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary 4.a: Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all. 4.5: By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations
2.	Conduct teacher and head teacher trainings and orientation sessions for different learning modalities, including hybrid schooling, development of short assignments, and assessment	Strengthen and support the role of teachers, head teachers and schools by providing them with necessary guidance and tools for community outreach (through safe methods) and follow ups including dissemination of learning content and engagement with learners. This will prepare the education sector for a future crisis.	Article: 25A Right to Education	Target 4.c: By 2030, substantially increase the supply of qualified teachers, including through international cooperation for teacher training in developing countries, especially least developed countries and small island developing States
3.	Introduce incentives for at-risk school-aged children, especially girls to return to school. Stipends and meals programmes can be explored as possible options.	Scale-up more accessible distance learning programmes that ensure access to educational resources even if children do not return to schools	Article: 25A Right to Education	4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes
4.	Develop educational resources for children with disabilities to ensure inclusiveness in government's education response in emergencies		Article: 25A Right to Education	4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all

5.	Explore partnerships with the private sector to expand internet access in remote areas of Pakistan	Develop a sustainable model for bridging the digital gap and utilize the full potential of Digital Pakistan platform	Article 19-A - Every citizen shall have the right to have access to information in all matters of public importance subject to regulation and reasonable restrictions imposed by law.	<p>4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes</p> <p>4.4.1 Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill</p> <p>4.a.1 Proportion of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single-sex basic sanitation facilities; and (g) basic handwashing facilities (as per the WASH indicator definitions)</p>
6.	Ensure that all schools are equipped with the necessary hygiene and sanitation facilities, especially hand-washing units, to exercise SOPs once schools reopen	Improve the overall condition of public schools' infrastructure and ensure that schools are equipped with basic facilities necessary to create a healthy, clean and safe learning environment	Article:25A Right to Education Article38: Promotion of social and economic well-being of the people.	<p>4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all</p> <p>4.a.1 Proportion of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single-sex basic sanitation facilities; and (g) basic handwashing facilities (as per the WASH indicator definitions)</p>



6. Food Security

Despite being a food surplus country in terms of production, Pakistan is largely a food insecure country due to challenges in access and affordability. Regionally, the country has the second highest rate of malnutrition, and about 36.9% of the population is food insecure⁶¹. Besides chronic poverty, crippling inflation, climate change impacts, recurring disasters, and political and economic instability also contribute to the dismal state of affairs. Nevertheless, recent interventions to achieve the SDGs (particularly SDG 2: zero hunger) shows that Pakistan has progressed in certain dimensions of food insecurity. Stunting of children under 5 years of age has been reduced from 44% in 2012-11 to about 37.6% in 2017-18 and prevalence of malnutrition among children under 5 has reduced from 11% to 7% in the same time period.

Against this background, COVID-19 has emerged as a compounding factor in destabilising the elements responsible for food insecurity. Not only has it resulted in increased poverty and decreased purchasing power, but the efforts being made to control the virus also pose the risk of disrupting food value chains, affecting availability, access, and consumption of food products, and spreading hunger.

Moreover, the pandemic has hit the country at a time when it was already fighting a battle against a massive desert locust infestation, which has been devouring crops and livelihoods of thousands of farmers across Balochistan, Sindh and Punjab. The locust attack alone, which was declared an emergency this year, is causing a loss of major crops between the worth of PKR 490 billion and PKR 2,451 billion⁶².

On top of these risks to food security, the recent torrential monsoon rains have inundated large agricultural lands in Sindh, Balochistan, and Northern Pakistan. Reports from Sindh show that 60% of cotton crops, 90% of chilli crops, 80% of onion crops, and 30% of rice crops have been damaged because of the floods⁶³. Not only has it caused heavy financial losses to the growers, stagnant water in the farmlands are also delaying any pursuits to treat the damaged lands or grow another crop. Moreover, destruction of roads and bridges also hampers the smooth transport of food and agricultural products to the markets.

Recurring disasters such as the three mentioned above may wreak havoc on the agriculture sector and food value chains, compromising the already dire state of food security sector of the country. The effects of food insecurity are particularly dire on

61. 'Pakistan – Country Brief' – World Food Programme (June 2020)

Accessed via: https://docs.wfp.org/api/documents/WFP-0000117781/download/?_ga=2.187027951.613249901.1596351707-898704687.1594273847

62. 'Major locust swarms may reach Pakistan later this month' – Dawn (July 10, 2020)

Accessed via: <https://www.dawn.com/news/1568081>

63. 'Farmers say Sindh rains and floods have damaged 60% cotton, 90% chili crops' – Arab News (September 10, 2020)

<https://www.arabnews.pk/node/1732491/pakistan>

poor women and children. Recent findings show that 61.9% of young children and 50.4% of women are anaemic, and as much as 54% children and 46% women experience Vitamin A deficiency⁶⁴. Against the global average of 17%, the percentage of women with iron deficiency is much higher (40%).

Although multidimensional poverty in Pakistan has declined considerably from a headcount ratio of 55.2% in 2004-05 to 38.8% in 2014-15, wide geographical disparities continue to exist, with the incidence of multidimensional poverty being higher for rural areas (54.6%) than urban areas (9.6%), and as high as 71.2% in Balochistan alone⁶⁵. These vulnerabilities are further enhanced during COVID-19, as food prices soar due to lockdowns and purchasing powers decline. UNDP identified 34 districts in Pakistan as 'Very High Vulnerability' districts, and 43 are labelled as 'High Vulnerability' districts to food security during COVID-19, in which about 67.8 million people live collectively⁶⁶.

Such high rates have a direct relation with the population's ability to afford and access a nutritious, balanced diet. At most risk to food insecurity during a pandemic are the poor elderly, people with other chronic diseases and weak immune systems, people with disabilities, and female-headed households who often face barriers in accessing government related provisions due to issues in access. Unless specifically targeted by a government programme or policy, these people are at risk of being neglected in initiatives taken to address the food insecurity issues.

Implementing a human rights approach to food security during COVID-19 and other disasters requires an analysis of who is disempowered to meet their food requirements and how the government can help those that are denied their right of access to adequate food. While charity-based models of delivering food supplies to vulnerable people is a required intervention, a rights-based approach demands that these vulnerable people are empowered through corrective policies to feed themselves, without discrimination.

6.1. Government interventions for food security

Catering to the large underprivileged population that lives below the poverty line or has been forced into poverty because of COVID-related measures, the federal and provincial governments took a number of social protection initiatives to provide food assistance. At the federal level, **Ehsaas Langar Programme** was expanded in partnership with Saylani Welfare Trust, which comprised food banks for the needy, especially the daily wagers. This is coupled with the one-time Ehsaas Emergency Cash handouts of PKR 12,000 per household for a period of 4 months, targeting about 16.9 million households. In addition, as a pilot initiative, **Ehsaas Langar on Wheels** was also started in Lahore as a mobile food bank programme. However, this initiative has not been expanded to other areas yet. Pakistan Bait ul Maal also distributed food rations to about 250 transgender people in Islamabad, based

64. 'Food Security in Pakistan: Surplus Food is not Enough to Create a Food Secure Country' – Future Directions International (2019).

<https://www.futuredirections.org.au/publication/food-security-in-pakistan-surplus-food-is-not-enough-to-create-a-food-secure-country/#:~:text=Pakistan%20has%20some%20of%20the,124%20out%20of%20132%20countries.>

65. 'Multidimensional poverty in Pakistan' – UNDP and Government of Pakistan (2019).

66. 'COVID-19 Pakistan Socioeconomic Framework' – UNDP (2020).

on their specific economic vulnerability due to mobility restrictions and lockdown.

Besides the government-led food drives, many independent charities, non-profits, and philanthropic individuals have been delivering food ration to the poor masses through food banks. The government initiated the Ehsaas Roshan Portal as a donor-beneficiary linking system to enable reach of food and ration drives to the most vulnerable⁶⁷. While the portal helped identify donors and beneficiaries, a key government initiative was the **Prime Minister's Tiger Force**, a volunteer group mobilised by the PM to distribute food ration to the vulnerable.

In addition to the charity-based food distribution initiatives, a number of subsidy incentives were introduced for relevant departments and sectors. For instance, the government launched an **Agriculture Stimulus Package** worth PKR 50 billion that offers relief to farmers with subsidised inputs, reduction in bank mark-ups on agriculture loans, and subsidies on sales tax for locally manufactured light tractors etc⁶⁸. and introduced a PKR 50 billion **relief package for Utility Stores** to offer subsidised food and other essential items to customers⁶⁹.

Some legal provisions included the enactment of **the Essential Services Act of 1962 on Utility Stores** to maintain uninterrupted supply of food and other essential items⁷⁰ and to control food inflation at times of increased demand, the government also enacted **the COVID-19 Prevention of Hoarding Ordinance 2020**⁷¹. Under this Ordinance, hoarding was declared a punishable offence for up to 3 years prison and a fine of 50% of the value of scheduled articles. Additionally, as part of the National Action Plan for Coronavirus Disease Pakistan, the Ministry of National Food Security and Research was directed to devise a National Food Security Plan, and the provincial departments were advised to develop their respective plans to ensure sufficient stockpiles of food supplies⁷².

6.2. Gaps and opportunities: rights-based recommendations

The above-mentioned measures include a mix of cash and in-kind hand-outs, legal provisions, and monetary incentives aimed to reduce the risk of mass food insecurity. Yet, a rights-based perspective requires a few more considerations to ensure that Pakistan stays on track for its zero-hunger goal as part of its commitment to SDGs and Constitutional provisions.

67. 'Ehsaas Roshan Portal' – Ehsaas Programme (2020)

Accessed via: <https://roshan.pass.gov.pk/>

68. 'ECC approves Rs50 billion package for farm sector' – The Express Tribune (May 14, 2020)

Accessed via: <https://tribune.com.pk/story/2221193/ecc-approves-rs50b-package-farm-sector>

69. 'ECC approves Rs50 billion relief package for subsidised items at Utility stores' – The Nation (April 9, 2020)

Accessed via: <https://nation.com.pk/09-Apr-2020/ecc-approves-rs50-billion-relief-package-for-subsidised-items-at-utility-stores>

70. 'Essential Services Act enforced in USC' – Dawn (June 18, 2020)

Accessed via: <https://www.dawn.com/news/1564243>

71. 'COVID-19 Prevention of Hoarding Ordinance 2020' – the Gazette of Pakistan (April 20, 2020)

Accessed via: http://www.na.gov.pk/uploads/documents/1594279080_696.pdf

72. 'The National Action Plan for Coronavirus Disease Pakistan' – Government of Pakistan (2020)

Accessed via: <https://www.nih.org.pk/wp-content/uploads/2020/03/COVID-19-NAP-V2-13-March-2020.pdf?>

1. Food banks such as the Ehsaas Langars are only established in limited places and mostly in urban areas. With jobs lost, many urban daily wage labours have returned to their villages, where access to such food banks is limited. The Langar on Wheels initiative is currently just introduced in Lahore. Its outreach needs to be extended to other regions as well. This could also be designed to benefit women, and people with disabilities as mobility restrictions may hinder their access to established Langar Khanas or food banks. The initiative could also be extended to particular neighbourhoods where groups of poor transgender community, and refugees or migrants are settled.

A good example of extensive outreach is India where women's Self-Help Groups, created under the National Rural Livelihood Mission, were mobilised to run community kitchens, ensure fresh food supplies, and provide food and support to poor families⁷³. The network consists of 62 million women across India.

2. Agricultural extension services should be used to dispel awareness about market demand in COVID-19 times, in addition to providing health information to farmers.
3. The institutional, logistic, and legal measures taken during COVID-19 should be used to devise Pakistan's long-term and comprehensive food and nutrition resilience plan which should be able to sustain natural and human-made

emergencies. For instance, China's previous experience with SARS and MERS allowed the country to strengthen its food supply chains and reduce transaction costs during COVID-19⁷⁴. China successfully established 'Green Channels' for fast track supply of food items to locked down regions.

4. A human-rights based approach requires that on-going efforts designed to reduce malnutrition and stunting in children under 5 should be continued and made part of essential services during smart-lockdowns. Accelerated programmes should be initiated to address malnutrition in children, the state of which may have worsened as regular nutrition programmes were discontinued during the lockdown. Once schools reopen, school meal plans should also be considered in areas where malnutrition rates are high.
5. For accessing subsidies and relief packages in all geographical regions, farmers, with special focus on women farmers, should be introduced to digital transaction modes. Digital Pakistan platform should be used to extend digital financial inclusion of farmers in remote areas to allow quick credit transactions for agricultural purposes. In China, e-commerce companies are facilitating trade of agricultural production directly from farmers to consumers⁷⁵.
6. To streamline inter-provincial coordination, an online portal should be established for smooth

73. 'Food Security' – The World Bank (April 10, 2020)

Accessed via: <https://www.worldbank.org/en/topic/food-security>

74. 'Preventing global food security crisis under COVID-19 emergency' – International Food Policy Research Institute (March 6, 2020)

75. 'Coronavirus food supply chain under strain – what to do?' – Food and Agriculture Organisation (March 24, 2020)

<http://www.fao.org/3/ca8308en/ca8308en.pdf>

information flow regarding food supply and market trends. It should be updated by district and local governments in real time to share the state of food availability. The online portal should be made part of regular operations beyond COVID-19 times to ensure smooth

functioning of food value chains across the country. Recently, the Prime Minister has advised the Ministry of Food Security to develop the National Food Security Dashboard, which, if followed through in terms of implementation, dovetails with our recommendation.

Checklist and questions for the provinces and district governments

1. How long have food banks been continued for since the relaxation of the lockdown?
2. Have specialized agriculture extension programmes been introduced in the province that target women and small farmers?
3. What mechanisms have been introduced for smooth intra-provincial coordination for food supply chains?
4. What new digital initiatives have been taken to improve farmers' access to markets?
5. What specific initiatives have been taken to provide nutritious food to marginalized, pregnant and lactating women, stunted and malnourished children, impoverished transgender community members, and the poor elderly in urban and rural areas?

FOOD INSECURITY				
Sr No.	Short-term Recommendations	Long-term Recommendations	Corresponding Constitution Article	Relevant SDGs
1.	Expand food banks and Ehsaas Langar on Wheels programme to reach population with mobility restrictions, including women and people with disabilities.	Continue to build and strengthen a coordinated response in collaboration with the community and private philanthropists to reach at-risk population	38 (d) (State to provide basic necessities of life such as food)	<p>1.3 - Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable</p> <p>2.1 - end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round</p>
2.	Ensure food baskets and food drives deliver ingredients for a balanced diet to avoid increase in malnutrition	Develop a long-term food and nutrition resilience plan for Pakistan that can be adopted in times of emergencies	38 (d) (State to provide basic necessities of life such as food)	<p>2.4- ensure sustainable food production systems and implement resilient agricultural practices that increase productivity and production, that help maintain ecosystems, that strengthen capacity for adaptation to climate change, extreme weather, drought, flooding and other disasters and that progressively improve land and soil quality</p> <p>2.a - Increase investment, including through enhanced international cooperation, in rural infrastructure, agricultural research and extension services, technology development and plant and livestock gene banks in order to enhance agricultural productive capacity in developing countries, in particular least developed countries</p>
3.	Accelerated programmes should be initiated to address malnutrition in children	School meals programme should be initiated in government schools to improve children's nutrition levels	38 (d) (State to provide basic necessities of life such as food)	<p>2.1 - end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round</p>
4.	Digital transaction opportunities should be introduced for farmers, including women farmers	Bridge the digital gap, especially in rural areas to offer e-commerce opportunities to farmers	38 (d) (State to provide basic necessities of life such as food)	<p>2.3 - double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment</p> <p>2.c - Adopt measures to ensure the proper functioning of food commodity markets and their derivatives and facilitate timely access to market information, including on food reserves, in order to help limit extreme food price volatility</p>

5.	Digital coordination platform should be developed at the national and all sub-national level to ensure smooth functioning of food value chain	38 (d) (State to provide basic necessities of life such as food)	2.c - Adopt measures to ensure the proper functioning of food commodity markets and their derivatives and facilitate timely access to market information, including on food reserves, in order to help limit extreme food price volatility
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WOMAN REPORTING ROOM



7. Gender-Based Violence

As the COVID-19 pandemic continues to unfold and its nature evolves from a health crisis to a human rights crisis, the UN is referring to it as a 'Shadow Pandemic' with significant impacts on the health, protection and safety of women. This however does not come as a new revelation, as research⁷⁶ from past pandemics and natural disasters shows that discriminatory gendered norms, power abuse and the resulting pervasive gender-based violence worsen in the aftermath of disasters, leaving those traditionally marginalised even more vulnerable to subsequent risks.

Most recently, a report by UN Women on "The First 100 Days of the Covid-19 Outbreak in Asia and the Pacific: A Gender Lens", highlights that natural disasters and public health emergencies like COVID-19 augment existing multifaceted gender inequalities and have disproportionate effects on women, girls and other minority groups. Among other significant results, women, girls, and other vulnerable sections of society are at a heightened risk of exposure to gender-based violence (GBV), including domestic and intimate partner violence. In time of natural disasters and other public crises, the diversion of resources and attention to the more visible effects of the crisis tend to give the impression of an environment of impunity to perpetrators. This combined with the failure of protective systems due to pre-existing underlying gaps aggravate gender-based violence. As distancing protocols are implemented and

people are confined to homes, changes in social safety nets along with restrictions on mobility and reduced access to information and support services, all contribute to an increased risk of GBV.

As a country prone to frequent natural disasters as well as human-made hazards, it is extremely important that Pakistan's response programming is well-calibrated and addresses not just the obvious and immediate effects of a public health and safety crisis, but also the more covert impacts like the rise in gender-based violence. Moreover, as Pakistan is a signatory to seven major human rights treaties and a party to the SDGs, not to mention the basic rights for women as enshrined in Pakistan's Constitution, these commitments of the State mandate a gender-sensitive response to the pandemic. Pakistan has also recently adopted acts that specifically protect the 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 (Article 11) and health care (Article 25), as well as the Transgender Persons (Protection of Rights) Act, passed in 2018. It is therefore imperative that all response and preparedness plans incorporate a gendered analysis including attention to the most vulnerable groups.

The MOHR has carried out extensive research with the objective to improve understanding about

76. Disasters and violence against women and girls: Can disasters shake social norms and power relations? Virginie Le Masson, Sheri Lim, Mirianna Budimir, Jasna Selih Podboj <https://www.refworld.org/pdfid/583c0c744.pdf>

the effects of natural disasters and public health emergencies like COVID-19 on women and other marginalized communities, particularly the increase in domestic abuse and violence arising from the confinement of women within their homes during the pandemic.

Preliminary data from Pakistan's national police records indicates an increase in gender-based violence during the lockdown. Calls about domestic violence to the Karachi 15 Madadgar helpline increased from **877 calls in January 2020 to 948 calls in March 2020**. In Khyber Pakhtunkhwa, police have recorded 399 cases of female killings during March 2020 alone. The Punjab Rescue 1122 helpline also recorded **144 cases** of violence against women between 21st and 31st March. Analysis of reports from the Regional Office of Human Rights Quetta also indicates an **increase in domestic violence** for the period from January to March 2020 as compared to the same period in 2019.

Preliminary national data from the Ministry of Human Rights' Women and Child Abuse Helpline show that the number of calls received on the helpline has decreased from about 251 calls between March to October 2019 to about 163 calls in the same time period in 2020.

However, this may not be a good indication of the prevalence of gender-based violence as confinement of women at home with the abusers may inhibit reporting. A UNODC report shows that 50% of women who experience gender-based violence do not respond to violence in any way and choose to suffer in silence⁷⁷.

A similar trend is visible across the world where other countries are reporting an alarming rise in gender-based violence during the pandemic. In China's Hubei province, police stations received three times more reports of domestic violence in February 2020 (162 reports) than February 2019 (47 reports) and 90% of the causes of violence reported to an anti-domestic violence organization in Hubei were related to the COVID-19 pandemic⁷⁸. Calls to a domestic hotline in Spain⁷⁹ jumped 18 percent, and a state-run hotline website has seen a 270-percent increase. Italy saw its first domestic violence fatality five days after its lockdown began and there are also reports⁸⁰ of significant rises in gender-based violence in Uganda, while Kenya has reported a tripling of gender-based violence as well. Data1,⁸¹ on intimate partner violence from 31 countries shows that a 1% increase in the male unemployment rate is associated with an increase in physical

77. 'Gender and Pandemic: Urgent Call for Action' – UNODC (2020)

https://www.unodc.org/documents/pakistan/Advocacy_Brief_4_Gender_-COVID-19-Punjab.pdf

78. 'Impact of COVID-19 Pandemic on Violence against Women and Girls' – Fraser, Erika (March 16, 2020)

<http://www.sddirect.org.uk/media/1881/vawg-helpdesk-284-covid-19-and-vawg.pdf>

79. 'Measures to control the spread of coronavirus are a nightmare for victims of domestic violence, Advocates are demanding governments step up' – Washington Post (April 1, 2020)

<https://www.washingtonpost.com/world/2020/04/01/measures-control-spread-coronavirus-are-nightmare-victims-domestic-violence-advocates-are-demanding-that-governments-step-up/>

80. 'Initial COVID-19 responses in Bangladesh, Kenya, Pakistan, Sierra Leone and Uganda: Documentation and learning from March to May 2020' – Hillier et al. (2020)

<https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19-Synthesis-report-Exec-Sum-Final.pdf>

81. 'Intimate Partner Violence: The Influence of Job Opportunities for Men and Women' – The World Bank Economic Review (November 7, 2019)

<https://academic.oup.com/wber/advance-article-abstract/doi/10.1093/wber/lhz030/5614217>

violence against women by 0.5 percentage points, which translates to an increase of 50 cases per a 10,000 sample. Thus, even as lockdown measures are eased, the loss of income and mounting financial pressure is bound to increase household tensions, the brunt of which is most often born by women.

Data from past epidemics shows that police and justice systems can become overwhelmed during an epidemic, producing an 'atmosphere of impunity' where GBV increases⁸². During the Ebola crisis in Liberia for example, research⁸³ found that **27%** of people thought that the courts and police had not been working properly to handle GBV cases. This figure varied geographically and was as high as **87%** in some parts of the country.

Additionally, women with disabilities and other marginalized communities like transgender persons will be adversely impacted as COVID-19 augments the existing systemic discrimination and difficulty of access to police, social services and criminal justice services by these groups.

Experience from other disease outbreaks - such as severe acute respiratory syndrome (SARS) in 2003, Ebola from 2014-16, and Zika from 2015-16 – highlight the significance of embedding a gendered lens into all preparedness and response plans. In the context of Pakistan, substantial empirical evidence produced by United Nations (UN) agencies, the National Disaster Management Authority 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.

This analysis can serve to guide the State's strategic, operational and policy endeavours to combat the COVID 19 crisis in a more holistic manner while adhering to its international and constitutional human rights commitments.

7.1. Government's initiatives for combating gender-based violence during COVID-19

The federal and provincial governments have stepped up and undertaken a number of noteworthy measures with regard to combating GBV during the pandemic. Several GBV reporting helplines and referral pathways exist at different state levels, including the **MOHR helpline 1099, PCSW's helpline 1043, KPK's BOLO helpline and Sindh WDD's helpline 1094.**

MOHR has also issued a **COVID-19** Alert that provides details of its helpline and a **WhatsApp number** to report domestic violence during the lockdown. A secret code has been embedded in MOHR 1099 helpline for female victims of domestic violence who are unable to speak in the presence of their abusers. **Tele-psychosocial support services** have been initiated to support female survivors of violence by several provincial stakeholders including Department of Social Welfare, Special Education & Women Empowerment Khyber Pakhtunkhwa and Women Development Department Punjab

82. 'Lessons Never Learned: Crisis and gender-based violence' - Development World Biotech (April 12, 2020)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7262171/>

83. 'Impact of COVID-19 Pandemic on Violence against Women and Girls' – Fraser, E (March 16, 2020)

<http://www.sddirect.org.uk/media/1881/vawg-helpdesk-284-covid-19-and-vawg.pdf>

in collaboration with NGO Rozan and UN bodies. Innovative solutions have also been employed to address challenges of reduced mobility by victims of GBV in Punjab where the Punjab Safe Cities Authorities has partnered with UNFPA to upgrade their **Women Safety App** to assist women in abusive situations and receive immediate response from support teams at their precise location.

The Department of Social Welfare Punjab in collaboration with UNICEF has also sent **hygiene kits for women in Dar-ul-Amans** across Punjab. In Sindh, **500 hygiene** kits including face masks, sanitizer, sanitary pads and other items were distributed among women in prisons and panahgaahs (shelter homes) and four government-owned shelter homes in the first round in Karachi, Hyderabad, Sukkur, and Larkana. Provincial social welfare department, women development department, NDMA, Sindh Commission on the status of women and National Commission on the Status of Women have also distributed **4000 dignity kits** (2,069 in Balochistan among women in prisons, orphanages, shelter houses; **320** in Sindh among women in shelters and prisons, **995** in Punjab women in shelter homes; **144** kits in KP among shelter homes; and **272** among the women and girls with disabilities) in the four provinces including GB to help maintain personal hygiene during COVID-19.

Women Development Department Balochistan (with help from UNWOMEN) is also reviewing and finalizing SOPs for Crisis Centers to be implemented in all DUAs, WCCs and Protection Units along with conduction of **online training** for Balochistan

Police to reinforce an overview of GBV in the COVID 19 context. Various provincial Police Departments are also participating in a series of webinars on **“Reporting and Underreporting of Sexual and Gender Based Violence: Gender Responsive Policing”** launched by The United Nations Office on Drugs and Crime (UNODC), United Nations Population Fund (UNFPA) and UN Women.

7.2. Gaps and opportunities: rights-based recommendations

Despite these highly commendable measures by State actors at various levels, there is room for improvement, capacity building and addressing certain immediate concerns. As the Coronavirus outbreak enters its sixth month in Pakistan, State imposed lockdowns and quarantine protocols have meant that hundreds of women are confined to abusive households and faced with heightened control and restrictions by their abusers, with limited avenues to seek assistance and support.

Essential structures like shelters and clinical support services for GBV survivors have faced disruption, as in the case of Balochistan⁸⁴ where **state shelters have reportedly been temporarily shut** due to COVID, and Punjab⁸⁵ where Women Shelters/Dar ul Amaan are not prepared to take up new residents due to a **lack of ‘financial, infrastructural and technical capacity to deal with asymptomatic COVID positive victims’**. Others face reduced capacity as front-line and first-responders have become preoccupied with managing COVID-19 cases and services needed by victims are under

84. ‘Women Development Dept Balochistan’ - via Twitter : <https://twitter.com/wddbalochoistan/status/1256550648826548224>

85. ‘Gender and Pandemic: Urgent Call for Action’ - UNODC (2020)

https://www.unodc.org/documents/pakistan/Advocacy_Brief_4_Gender_-COVID-19-Punjab.pdf

threat of being deprioritized. There are reports⁸⁶ of shelters for gender-based violence survivors being transformed into **homeless shelters**, as well as reports of emergency hotlines operating with reduced capacity.

Furthermore, marginalized groups like women with disabilities and transgender persons will be disproportionately negatively impacted by the pandemic. A rapid socio-economic needs assessment⁸⁷ of transgender persons living in Islamabad and Rawalpindi in the context of Covid-19, conducted by UNDP and MoHR, highlights “increased socio-cultural ostracism, threats of violence and wide-spread fear-uncertainty with regards to being ‘left behind’ in recovery priorities”. The assessment observed that almost half (49%) of respondents faced discrimination, more than one-third (39%) have faced harassment and 9% respondents have experienced violence during the last 30 days. In its World Report 2019⁸⁸, Human Rights Watch also noted that there were around 500 attacks on trans women in 2018 in Khyber Pakhtunkhwa alone. Cases of increased physical attacks on transgender people during the pandemic have also been reported by local media.

Similarly, data⁹⁰ gathered from prevention interventions in six low- and middle-income nations across Asia and Africa observes that women with disabilities are two to four times more likely to experience partner violence as compared to those without disabilities, with the risk of experiencing partner violence and non-partner sexual violence increasing with the severity of disability. Qualitative research⁹¹ also indicates that disability-related stigma and discrimination limit persons with disability women’s ability to seek help.

In light of all these concerns and keeping global best practices in mind, the State should adopt a number of measures, such that these measures strengthen our GBV prevention and response systems and structures in the face of not just the Covid-19 pandemic, but all future emergencies and disasters that Pakistan is frequently prone to.

1. Issue special notifications that exempt support services for GBV victims (including helplines, medical, psychosocial, judicial services and shelters) from any state issued guidelines on halting of routine work activities during a crisis and declare them part of essential services. Additionally, measures restricting movement

86. ‘Guidelines for Mobile and Remote Gender-Based Violence (GBV) Service Delivery’ - IRC

https://reliefweb.int/sites/reliefweb.int/files/resources/GBV-Mobile-and-Remote-Service-Delivery-Guidelines_final.pdf

87. ‘Social inclusion of vulnerable transgender persons in times of COVID-19’ – UNDP (August 6, 2020)

<https://www.pk.undp.org/content/pakistan/en/home/stories/social-inclusion-of-vulnerable-transgender-persons-in-times-of-covid-19.html>

88. Human Rights Watch World Report | 2019

https://www.hrw.org/sites/default/files/world_report_download/hrw_world_report_2019.pdf

89. ‘Transgender person shot dead, another injured in Peshawar attack’ - Dawn (September 9, 2020)

<https://www.dawn.com/news/1578748/transgender-person-shot-dead-another-injured-in-peshawar-attack>

90. ‘Facts and figures: Ending violence against women’ - UN WOMEN

<https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>

91. ‘Disability and Violence Against Women and Girls – Emerging Evidence from the What Works to Prevent Violence Against Women and Girls Programme’ – UK AID (July 2018)

<https://www.whatworks.co.za/documents/publications/195-disability-brief-whatworks-23072018-web/file>

- should provide protection for transgender persons and law enforcement officials should be instructed and trained accordingly.
2. Develop a contingency plan containing operations and communications SOPs to ensure continuation of GBV support services during a crisis period, through dialogue with all stakeholders including specialized GBV NGOs.
 3. Ensure all state-owned shelters and Dar ul Aman for GBV victims are open (for walk-in clients and not just for court referrals). Ensure all shelters are following COVID-19 prevention SOPs including provision of PPE, proper WASH facilities, testing and quarantine arrangements for the care of women who may not be admitted to shelters due to exposure to the virus. Additionally, shelters, support services and other measures to address gender-based violence during the COVID-19 pandemic must include the trans-population.
 4. Adoption of remote/technology-based support services like the Punjab Police's Women Safety App by all provinces. Explore the provision of Mobile GBV service delivery. The IRC's (2018) Guidelines for Mobile and Remote Gender-Based Violence (GBV) Service Delivery can be consulted as a useful resource in this regard.
 5. Deliver a clear and targeted public communication and **awareness campaign on GBV** and mobilize civil society platforms for sensitization of communities in rural and peri-urban areas, particularly influential male religious leaders to protect rights of women during the pandemic. Information on helplines, counselling and other support services should be included in COVID-19 messaging issued by the government⁹². Ensure that women with disabilities receive information about referral channels in a diversity of formats, such as sign language, with the use of accessible technologies.
 6. 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 women with disabilities, transgender persons and use findings to inform, adjust and reprioritize policy focus.
 7. Utilize the country's 90,000 strong **Lady Health Worker (LHW) force to sensitize communities on GBV** and deliver essential information on GBV related available services (e.g. on how victims can access help) as part of their routine visits. The LHWs can also be trained⁹³ on how to

92. For example, in Spain, a guide for women suffering gender-based violence under domiciliary confinement was published and disseminated, providing information on protection measures and support services available as well as the exceptional measures put in place for the pandemic. The guide also contained information about the ALERTCOPS app for women in emergency situations who cannot call the police. The Punjab government can do the same by including information about the Punjab Police's WOMEN SAFETY app as part of their Covid public messaging. <https://rm.coe.int/summary-report-webinar-on-domestic-violence-and-covid-19/16809ea45a>

93. In Czech Republic, delivery personnel from the Czech Post and six other delivery companies were trained online about the Bright Sky App (a domestic violence reporting App), and on how to recognize and react to signs of domestic violence (e.g. by asking closed questions), as they were among the few people who might have contact with victims during the lockdown. <https://rm.coe.int/summary-report-webinar-on-domestic-violence-and-covid-19/16809ea45a>

recognize signs of domestic abuse and violence and report them to relevant authorities such as the local police.

8. The Supreme Court has announced an intention to set up 116 **gender-based violence courts** in every district of Pakistan. These courts should be modelled such that criminal justice procedures

can be made more accessible through **innovative service delivery channels**⁹⁴ during the current and any future crisis by:

- Allowing remote applications for protection and restraining orders
- Enabling submission of statements and other evidence through electronic means.

Checklist for provinces and district governments

1. Functioning of shelter homes for women was continued during the lockdown.
2. Data is collected and compiled on the number of admissions during and after the lockdown.
3. Alternative reporting mechanisms were introduced for women to report on GBV.
4. Awareness campaigns were carried out for available services for victims of GBV.
5. Transgender members were provided shelter in case of abuse.

GENDER BASED VIOLENCE				
Sr No.	Short-term Recommendations	Long-term Recommendations	Corresponding Constitution Article	Relevant SDGs
1.	<p>Issue special notifications that exempt support services for GBV victims (including helplines, medical, psychosocial, judicial services and shelters) from any state issued guidelines on halting of routine work activities during a crisis and declare them part of essential services. Additionally, measures restricting movement should provide protection for transgender persons and law enforcement officials should be instructed and trained accordingly.</p>	<p>Develop a contingency plan containing operations and communications SOPs to ensure continuation of GBV support services during a crisis period, through dialogue with all stakeholders including specialized GBV NGOs.</p>	<p>Articles 25(3) special provisions to be made for women and children for equality before law.</p> <p>Article 26(2) allows for special provisions for the protection of women and children for accessing public spaces</p> <p>Article 34 directs the state to take appropriate measures to enable women to participate in all spheres of life and social activities.</p> <p>Article 4 provides for the right of individual to enjoy the protection of law and to be treated in accordance with the law.</p> <p>Article 25 Ensures equality before the law and equal protection of the law and states that there shall be no discrimination on the basis of sex alone.</p>	<p>SDG 5 - Achieve gender equality and empower all women and girls, including the targets:</p> <p>5.1. End all forms of discrimination against all women and girls everywhere.</p> <p>5.2. Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.</p> <p>5.b Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women</p> <p>5.c Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels</p>
2.	<p>Ensure all state-owned shelters and Dar ul Aman for GBV victims are open (for walk-in clients and not just for court referrals).</p> <p>Ensure all shelters are following COVID-19 prevention SOPs including provision of PPE, proper WASH facilities, testing and quarantine arrangements for the care of women who may not be admitted to shelters due to exposure to the virus.</p> <p>Additionally, shelters, support services and other measures to address gender-based violence during the COVID-19 pandemic must include the trans-population.</p>	<p>As shelters exceed capacity, explore the provision of alternative accommodation for GBV victims by hotels and hostels.</p>		

3.	Adoption of remote/technology-based support services like the Punjab Police's Women Safety App by all provinces.	Explore the provision of Mobile GBV service delivery. The IRC's (2018) Guidelines for Mobile and Remote Gender-Based Violence (GBV) Service Delivery can be consulted as a useful resource in this regard.		
4.	<p>Deliver a clear and targeted public communication and awareness campaign on GBV and mobilize civil society platforms for sensitization of communities in rural and peri-urban areas, particularly influential male religious leaders to protect rights of women during the pandemic.</p> <p>Information on helplines, counselling and other support services should be included in COVID-19 messaging issued by the government. Ensure that women with disabilities receive information about referral channels in a diversity of formats, such as sign language, with the use of accessible technologies.</p>	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 women with disabilities, transgender persons and use findings to inform, adjust and reprioritize policy focus.		
5.	Utilize the country's 90,000 strong Lady Health Worker (LHW) force to sensitize communities on GBV and deliver essential information on GBV related available services (e.g. on how victims can access help) as part of their routine visits. The LHWs can also be trained on how to recognize signs of domestic abuse and violence and report them to relevant authorities such as the local police.			
6.	<p>The Supreme Court has announced an intention to set up 116 gender-based violence courts in every district of Pakistan. These courts should be modelled such that criminal justice procedures can be made more accessible through innovative service delivery channels during the current and any future crisis by:</p> <ul style="list-style-type: none"> • Allowing remote applications for protection and restraining orders • Enabling submission of statements and other evidence through electronic means. 	Islamabad should have a Domestic Violence Bill passed so that this issue can become a cognizable offense.		



8. Child Protection

Evidence from previous infectious disease outbreaks and natural disasters reveals that pandemics like COVID-19 significantly affect the environment wherein children grow and alter their safety and development outcomes. Children⁹⁵ are one of the most vulnerable groups in these circumstances, especially those without parental/family care, at risk of separation from family, in alternative care and detention, children with special needs or disabilities, children living on the streets, and those engaged in child labour.

Being a hazard prone nation and the 5th most vulnerable country to climate change⁹⁶, Pakistan can expect an increase in the frequency, magnitude, timing, and location of natural hazards and their resultant impact on the most vulnerable sections of society, including children.

The UN Secretary-General has stated that the COVID-19 crisis is quickly turning into a “broader child rights crisis”. A child’s right to be safe – as outlined in the Convention on the Rights of the Child⁹⁷ and Child Protection Minimum Standards (CPMS)⁹⁸ – is at risk because of the financial shock, loss of income to households and food insecurity

resulting in poor nutritional outcomes, disruption in education/learning opportunities and increased probability of violence and exploitation, including domestic violence, abuse, neglect, child marriage, and child labour. As a signatory of the Convention on the Rights of the Child and as a nation formally committed to the SDGs and keeping in mind articles 25(3)⁹⁹ and 26(2) of Pakistan’s Constitution, the government needs to ensure that the most vulnerable groups in the current crisis, which includes children and adolescents, should be the focus of the Government’s COVID-19 response plans.

The Federal Ministry of Human Rights has carried out a situation analysis with the intent to support the Government of Pakistan to respond more comprehensively to the Coronavirus crisis and mitigate the dangers to children as disasters and pandemics become more powerful and more frequent, while working simultaneously to achieve progress towards the Sustainable Development Goals (SDGs), and help children realise their rights under the Convention on the Rights of Children and Pakistan’s Constitutional framework.

95. The UNCRC defines ‘child’ as every human being below the age of 18 years, unless under the law applicable to the child, majority is attained earlier. Under Pakistan’s Majority Act of 1875, “every person domiciled in Pakistan is deemed to have attained his majority when he shall complete his age of 18 years and not before”.

96. Pakistan 5th most vulnerable country to climate change, reveals Germanwatch report, Dawn News <https://www.dawn.com/news/1520402>

97. Article 6 of the UNCRC state that: i) States Parties recognize that every child has the inherent right to life. ii) States Parties shall ensure to the maximum extent possible the survival and development of the child.

98. Child Protection Minimum Standards, https://alliancecpma.org/en/CPMS_home

99. Articles 25(3) and 26(2) of the Constitution of Pakistan allow the state to make special provisions for the protection of women and children.

8.1. Initiatives for child protection by the government

Fortunately, the government has already taken several admirable steps to mitigate the immediate socio-economic impact of the COVID-19 on vulnerable low-income households including those with children. The federal government has announced a fiscal stimulus package of PKR 1.2 trillion and fiscal measures announced by provincial governments include expanding the outreach of Ehsaas cash grants from 5.2 million to 12 million households and allocating PKR 50 billion to provide Pakistan's poorest people with food items from Utility Stores at subsidized rates.

The Pakistan Paediatric Association (PPA), under the leadership of Ministry of National Health Services, Regulations and Coordination (MoNHSR&C) in collaboration with UNICEF have launched 'The National Guidelines for Management of COVID-19 in Children', through a three-day National Training of Trainers, the first of a series of training for Paediatricians, Family Practitioners and General Physicians from across the country. The 'Sehat Tahaffuz (Health protection) 1166' helpline at the National Emergency Operations Centre (NEOC) for Polio Eradication in Islamabad, has been expanded by the government to help people get information on how to stay safe from COVID-19 and seek professional medical advice. 6 doctors and 30 more agents have joined to increase the capacity of the helpline.

The Department of Health is working on a

strategy with UNICEF to support the government on continuing critical services like Routine Immunization and Maternal New-born Child Health (MNCH). Additionally, provincial governments are working with UNICEF to train social workforce professionals in psychosocial support and stigma prevention. A total of 52 children in addition to 681 parents, caregivers, and individuals have been provided with psychosocial support and services by social workforce professionals in Punjab. In Khyber Pakhtunkhwa (KP), the Sector Engagement Framework/Operational Plan on Mental Health and Psychosocial Support is now operational, including several initiatives such as a live MHPSS radio show and a live intervention of a senior psychologist on the MHPSS Facebook page.

A nationwide Digital Victim's Support Services Directory¹⁰⁰ is also in existence, which is an unprecedented database (a collaboration between MOHR and Group Development Pakistan-GDP) containing all the relevant information on support available nationwide for children, including details of more than 500 public and private service providers.

The State was also mindful of the need to ensure that gender and child-sensitive justice services would be provided to children in conflict (child accused) or in contact with the law (child victims or witnesses). Earlier¹⁰¹, the higher judiciary, in collaboration with government agencies and Group Development Pakistan, had established 7 pilot specific child courts in Lahore, Peshawar, Mardan, Abbottabad, Ghalanai (Mohmand, newly merged

100. During July 2020 a total of 1,100 users visited the directory to instantly search for referral service providers, out of which 42.7% were females and 57.3% males. A further breakdown of the metrics reveals that the highest age bracket of traffic was 25-34 years (approximately 45%), followed by 18-24 years bracket (approximately 42%), reflecting how youth-relevant this deliverable has been.

101. As of 19th December 2017

district in KP), Quetta and Islamabad. 160 judges (131 males, 29 females), 86 lawyers (70 men, 16 women), and 23 prosecutors (20 men, 3 women), as well as 64 men police officers, have been trained on child rights and child justice.

As a result, between December 2017 to June 2020¹⁰², 1326 children (72% boys, 28% of girls) have accessed gender and child-sensitive justice services. To keep these children in conflict with the law away from detention to the furthest possible extent, and thereby contribute to reducing the virus spread, 475 children accused were granted bail (98% boys, 2% girls), 72 (94% boys, 6% girls) were acquitted/released and 4 boys availed diversion¹⁰³. Overall, the national average case disposal rate of these child courts is 43%. To further improve these efforts and safely provide justice to children in the context of the Covid-19 crisis, the KP higher judiciary has also been consulting relevant actors of justice to pilot seven virtual child courts.

While the importance of these measures cannot be understated as they have helped counter the transmission of the virus and prevented an untold number of deaths, it is time now for complementary measures that mitigate COVID-19's more multidimensional impacts on children.

8.2. Gaps and opportunities: rights-based recommendations

The country has a birth rate of six million children

each year, of whom only 66% (3.4 million children) are fully immunized. Between January and March 2020, the country¹⁰⁴ reported 4,500 suspected cases of measles and 146 confirmed cases of polio. These trends may lead to a future outbreak of vaccine-preventable diseases, such as measles, typhoid, and polio, and almost 17 million children under age 5 are at-risk due to delay or complete miss of their immunization.

In addition, the already limited availability of lifesaving emergency obstetric and neonatal care will worsen as health systems struggle under the pressure of the pandemic and resources are diverted to combat it. Pakistan has a high lifetime risk of maternal death, which is at 1 in 180 (the third highest in the Asia Pacific region) and a maternal mortality ratio of 140 per 100,000 live births, with wide variation between provinces. The incidence of under-five mortality (74 per 1000 live births) and infant mortality (62 per 1000 live births) are also high.

Issues of child malnutrition also alarmingly high. Pakistan is already facing a triple burden of malnutrition and has the highest numbers of stunted children in the world after India and Nigeria. Findings of the National Nutrition Survey 2018¹⁰⁵ reflect that nearly 40.2 percent of children under 5 are stunted, 28.9 percent are underweight, and 17.1 percent are wasted. More than half⁹ of Pakistani children (53.7%) are also anaemic. The country

102. Data collected from the pilot child courts by GDP for the Higher Judiciary

103. A first in the history of Pakistan for Child Justice

104. Covid-19 – Pakistan Socioeconomic Impact Assessment & Response Plan May 2020

https://reliefweb.int/sites/reliefweb.int/files/resources/PAKISTAN-Preparedness-and-Response-Plan-PPRP-COVID-19_0.pdf

105. National Nutrition Survey 2018,

<https://www.unicef.org/pakistan/sites/unicef.org.pakistan/files/2019-07/Final%20Key%20Findings%20Report%202019%20%281%29.pdf>

missed its first round of Vitamin A supplementation campaign in April 2020 due to the pandemic, leaving approximately 36 million children (6 months to 59 months) without vitamin A supplementation for the first half of 2020. UNICEF estimates warn that an additional 6.7 million children under the age of five could suffer from wasting globally as a result of the socio-economic impact of the COVID-19.

Protection issues for children who are in isolation/quarantine and have mental health concerns are also manifold. Key findings from a rapid assessment done by UNICEF¹⁰⁶ on the impact of confinement on children indicates that changes in their home life due to COVID-19, may be linked to increases in violence and reduced patience of caregivers, with 34.5 percent of the respondents reporting that they believed people were screaming at/slapping their children more as a result of the confinement. Caregivers also reported increases in indicators of stress in children (38 percent crying and throwing tantrums and 30.3 percent not sleeping properly like before) which has significant negative impacts on child development and manifests in disruptive behaviours, thus making children potentially more vulnerable to violent discipline from their caregivers.

Data from national sources also indicates that 81% of children in Punjab and Sindh (MICS 2014) and 84.6% of children in GB (MICS 2016), aged 1-14 have experienced psychological aggression,

physical punishment or violent behaviour as a form of discipline. The incidence of these is expected to increase during the pandemic as a systematic review of longitudinal studies on Violence against Children by DFID¹⁰⁷ notes that the most reliable predictor of child maltreatment is economic insecurity, including income losses, cumulative material hardship and housing hardship. This is corroborated by data from national sources. The Police Dept KPK has recorded 150 cases of violence against children between January and April 2020, with a marked increase during the lockdown period. Similarly, the 15 Madadgar helpline in Sindh received 8 times as many calls¹⁰⁸ about Child Abuse in Karachi in March 2020 as compared to January 2020. According to research¹⁰⁹ by Sustainable Social Development Organization, child abuse cases jumped from 119 (Jan-March 2020) to 457 (April-June 2020), with Punjab displaying the highest prevalence. Their analysis shows that there has been an over 300 % increase in the child abuse cases during the second quarter of the year as compared to the first quarter.

The exploitation of children in the form of child labour is also expected to get worse. According to the Labour Force Survey 2018, 3.7 million children between the ages of 10-17 are engaged in child labour in Pakistan, a decrease from the 4.02 million in 2014. However, with millions of households pushed into loss of income and financial insecurity due to the pandemic, this trend could see a

106. UNICEF- Pakistan COVID-19 Situation Report No. 13

<https://reliefweb.int/sites/reliefweb.int/files/resources/UNICEF%20Pakistan%20COVID-19%20Situation%20Report%20No.%2013%20for%20the%20period%20-%2015%20Jul%202020.pdf>

107. Impact of COVID-19 Pandemic on Violence against Women and Girls, Dr Erika Fraser

<http://www.sddirect.org.uk/media/1881/vawg-helpdesk-284-covid-19-and-vawg.pdf>

108. Madadgar helpline 15 received 2 calls in January 2020 from Karachi, 9 calls in February 2020, and 16 calls in March 2020.

109. Tracking Numbers: State of Violence against Women and Children in Pakistan, 2020

<https://www.ssd.org.pk/storage/app/uploads/public/5f3/194/905/5f319490542f2833661474.pdf>

reversal as children are sent to work to generate supplementary income for the household. A study¹¹⁰ in Côte d'Ivoire during the 1990 economic crisis found that a 10 per cent fall in income led to a more than 5 percentage point increase in child labour. Keeping in mind the heavy income losses incurred due to the pandemic, the incidence of child labour is expected to increase. As formal and informal credit options become unavailable, households will also turn to more desperate ways to access credit, such as bonded labour. The risk that children will be exploited by predatory lenders may grow especially once lockdown measures are lifted and normal manufacturing activities resume. Moreover, girls will likely end up worse off because of Covid-19 as global findings¹¹¹ from Ebola and other disasters confirm that in the face of financial distress, many low-income families refuse to send their female children back to school and either task them with additional housework and caregiving responsibilities, subject them to child marriage or send them to generate extra income through informal work.

Children in detention also require special attention of the State under the present circumstances. According to the Prison Reforms Report compiled by MOHR, there are 83 mothers with children in various jails of Punjab and a total of 90 children. In KPK and Sindh prisons, there are 37 mothers with 50 children, and 23 children respectively. There are also about 1,156 juveniles in various prisons across the four provinces as well as 1010 juveniles under

trial. Not all prisons are providing child-care facilities especially in prisons where children are residing with their mothers. Prison Reforms Report, MOHR). Keeping in mind that Pakistan's prisons are a hub for communicable diseases because of overcrowding, children in detention are particularly vulnerable to the effects of the pandemic.

Considering these threats to the health, safety and overall well-being of children, there is a pressing need to put in place and sustain specific, systemic, and coordinated support services (including protection services) for vulnerable children-including migrants, the displaced, refugees, minorities, children with disabilities, street children, and slum-dwellers.

In light of these concerns, it is recommended that the government adopts the following actions:

1. Ensure immunization drives and supplementation awareness campaigns (particularly for Vitamin A¹¹²) are restarted, with all services delivered by establishing and maintaining infection prevention and control (IPC) principles.
2. Invest in mobile clinics to deliver basic health services where most needed and put in place disease surveillance, early detection and case reporting systems.
3. Ensure that the data collected by the National Socio-Economic Registry (NSER) and population

110. Commodity Price Shocks and Child Outcomes: The 1990 Cocoa Crisis in Cote d'Ivoire. Denis Cogneau, Rémi Jedwab. <https://halshs.archives-ouvertes.fr/halshs-00967328/document>

111. Women and girls must be at the center of Pakistan's COVID-19 recovery, Uzma Quresh <https://blogs.worldbank.org/endpovertyinsouthasia/women-and-girls-must-be-center-pakistans-covid-19-recovery>

112. More than half of Pakistani children (53.7%) are anemic and the country missed its first round of Vitamin A supplementation campaign in April 2020, leaving approximately 36 million children (6 months to 59 months) without vitamin A supplementation for the first half of 2020.

health census on household on socio-economic conditions includes indicators pertaining to children's nutrition and health (disaggregated by age, gender, disability, refugee status etc.) and this data is used for future programmatic targeting.

4. Establish child and gender-sensitive regulations¹¹³ for children in alternative care institutions that prioritize the best interest of the child and include:
 - a. SOPs to ensure quality care standards during a public emergency
 - b. Medical, psychosocial, and educational services to facilitate the rehabilitation of children recovering from trauma/COVID-19.
5. Promote timely registration of births by simplifying procedures related to birth registration throughout the country, including through the development of mobile registration units. The existing project¹¹⁴ on Mobile Registration Units¹¹⁵ between Telenor and the government should be scaled up, especially to cover rural districts hardest hit by the pandemic in terms of mobility.
6. Declare child protection departments and systems as essential services and ensure their continuity during public emergencies (including recognizing social workers conducting street outreach as essential workers and allow them to continue working during lockdowns). Collaborate with Non-Governmental Organizations (NGOs) and international partners to provide safe and age-appropriate protection services and shelter (whenever needed) for all children in street situations¹¹⁶.
7. Take urgent steps to transfer children in prisons to other residential institutions like orphanages or family-based care, and reallocate resources accordingly to support such setups to care for these children.
8. All preparedness and response plans must be inclusive of/accessible to persons with disabilities, ensuring:
 - a. All frontline staff have sufficient training¹¹⁷ on disability inclusion, providing individualized support, and have the

113. A good example of support to children left behind in residential care is from North Macedonia. As a first response, the Ministry of Labor and Social Policy disseminated information from the Ministry of Health and instructed directors and managers to use current budgets (regardless of previously earmarked funds) to procure personal protective items, disinfection, hygiene products, etc.

114. In 2014, an app developed by Telenor Pakistan was launched whereby authorised personnel, including lady health workers (LHWs), marriage registrars and Telenor agents were trained to record birth-related data through household visits and report directly to the Government via the app. The pilot phase resulted in an increase in birth registration from 30% to 90% in targeted areas during just six months, and nearly 50% of the registered children were girls. Source: Telenor, Giving Pakistani children an identity <https://www.telenor.com/sustainability/digital-birth-registration/giving-pakistani-children-an-identity/>

115. Innovations in Mobile Birth Registration: Insights from Tigo Tanzania and Telenor Pakistan https://www.gsma.com/mobilefordevelopment/wp-content/uploads/2017/01/Innovations-in-Mobile-Birth-Registration_Insights-from-Tigo-Tanzania-and-Telenor-Pakistan.pdf

116. For example, more than 500 children have been taken off the streets in Senegal and returned to their families as a safeguarding measure against COVID-19 through the coordinated efforts of the Senegalese Ministry of Family and Child Protection and the United Nations Office on Drugs and Crime (UNODC). The national authorities and UNODC launched an identification process to locate children in need through foot patrols organized by NGOs, to facilitate either family reunification or the placement of children in transit shelters, child services housing centres or alternative families within the community. They were also tested for Covid-19 before their return to their families.

117. For example in Georgia, specialized TV education programmes for parents with children with disabilities have been initiated on the main educational channel. Topics will include how to provide emotional support to children, how to manage/influence behavior at home, how to develop independent living skills at home.

skills and knowledge to provide MHPSS to children with disabilities and their caretakers.

- b. Children with disabilities (and their caretakers) receive information about infection mitigating tips, public restriction plans, and the services offered in a diversity of accessible formats and regional languages.
9. The state should administer a survey¹¹⁸ both online and if possible, through physical dissemination in residential care facilities for children with disabilities to collect:
 - a. Data (disaggregated by gender/age/type of disability etc.) on how the pandemic has affected the population of persons with disabilities and their caregivers.
 - b. Suggestions on how the government can better incorporate measures in their
 10. Stricter enforcement of child labour and bonded labour laws through extensive combing exercises of registered factories and other manufacturing units to prevent the use of child labourers (small and medium businesses will try and operate through unregulated manufacturing units to avoid inspection and must be brought within the system of accountability).
 11. Protect working children and those vulnerable to child labour, by conducting outreach programmes and mass media education (e.g. dedicated radio and television channels, dedicated timeslots in mass communication channels, etc.) and community awareness-raising on the negative effects of engaging children and promote the concept of replacing children by young adults at work.

Checklist for provinces and district government

1. Delays in child immunization drives have been addressed and all children eligible for vaccines have been vaccinated.
2. Children with disabilities are part of the policy response for medicine, food drives, education etc. addressing their specific needs.
3. Child protection against violence and abuse has been made part of essential services.
4. Prisons and detention centres are following the Bangkok Rules for Children.

118. A useful resource is the Covid-Disability Rights Monitor available at <https://www.covid-drm.org/country/PK> which could be translated in regional languages and shared with relevant organizations for dissemination to the persons with disability community and their caregivers.

CHILD PROTECTION					
	Sr. No.	Short-term Recommendations	Long-term Recommendations	Corresponding Constitution Article	Relevant SDG
Child Health and Nutrition	1.	Ensure immunization drives and supplementation awareness campaigns (particularly for Vit A) are restarted, with all services delivered by establishing and maintaining infection prevention and control (IPC) principles.	Invest in mobile clinics to deliver basic health services where most needed and put in place disease surveillance, early detection and case reporting systems.	Articles 25(3) and 26(2) allow the state to make special provisions for the protection of women and children	SDG 4: Ensure inclusive and equitable quality education and promote life-long learning opportunities for all, including: ¹
	2.	Ensure that the data collected by the National Socio-Economic Registry (NSER) on household on socio-economic conditions includes indicators pertaining to children's nutrition and health (disaggregated by age, gender, disability, refugee status etc.) and this data is used for future programmatic targeting.	Data collected by the NSER should be used to establish a baseline, and regular monitoring of the nutrition status of young children, pregnant and lactating women should be carried out, particularly in areas that have been left food-insecure by the pandemic.	Article 4 provides for the right of individual to enjoy the protection of law and to be treated in accordance with the law.	Target 4.a: build and upgrade education facilities that are child, disability and gender-sensitive and provide safe, non-violent, inclusive and effective learning environments for all SDG 16 including, Target 16.1: significantly reduce all forms of violence and related deaths everywhere
	3.	Establish child and gender-sensitive regulations for children in alternative care institutions that prioritize the best interest of the child and include: <ul style="list-style-type: none"> • SOPs to ensure quality care standards during a public emergency • Medical, psychosocial, and educational services to facilitate the rehabilitation of children recovering from trauma/COVID-19. 	Promote timely registration of births by simplifying procedures related to birth registration throughout the country, including through the development of mobile registration units.	Article 35 directs the state to protect the marriage, the family, the mother and the child. Article 37 (e) directs the state to make provisions for securing just and humane conditions of work ensuring that children and women are not employed in vocations unsuited to their age or sex, and for ensuring maternity benefits for women in employment	Target 16.2: end abuse, exploitation, trafficking and all forms of violence and torture against children Target 16.9: By 2030 provide legal identity for all including birth registration Goal 5: Achieve gender equality and empower all women and girls, including: Target 5.2: End all forms of violence against women and girls in public and private spheres, including trafficking and sexual and other types of exploitation Target 5.3: Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilations ²
Child Protection against Violence and Abuse	4.	Declare child protection departments and systems as essential services and ensure their continuity during public emergencies (including recognizing social workers conducting street outreach as essential workers and allow them to continue working during lockdowns).	Collaborate with Non-Governmental Organizations (NGOs) and international partners to provide safe and age-appropriate protection services and shelter (whenever needed) for all children in street situations.		
	5.	A joint coordination mechanism ¹¹⁹ must be set up between all concerned federal and provincial child protection authorities, whereby daily data on the evolving situation can be compiled (from key structures such as shelters, police, child courts and educational institutions) including: Number of cases of social workforce staff in quarantine; # of available places for protection of children affected by COVID; # of children who are at risk of being left without care due to their caregivers falling ill, being quarantined, hospitalized or death.	Ensure children in street situations have access to essential services, by prioritizing them in emergency funding schemes such as providing handwashing stations on the streets, food outreach programmes		

119. A good example of coordination at national and local level can be learnt from Romania, where the National Authority on child protection has set up a Crisis Cell for ensuring comprehensive management of child protection during COVID-19. The National Authority collects data daily on the evolution of the situation including: # of cases of social workforce staff in quarantine; # of available places for protection of children affected by COVID; # of children who are at risk of being left without care due to their caregivers falling ill, being quarantined, hospitalized or passing away. Based on the data collected in real time, feedback from beneficiaries and recommendations from other Ministries and also UNICEF and WHO, the National Authority is issuing recommendations on case management for the most vulnerable children. In Pakistan, the NDMA's Gender and Child Cell should establish a communication protocol with provincial authorities and Children's NGOs to adopt a similar approach.

Children in Detention	6.	Take urgent steps to transfer children in prisons to other residential institutions like orphanages or family-based care and reallocate resources accordingly to support such setups to care for these children.	Set up separate prison facilities for Juvenile prisoners and female prisoners with children in Balochistan ¹²⁰ .	SDG 8, target 8.7: Take immediate and effective measures to secure the prohibition and elimination of the worst forms of child labour, eradicate forced labour, and by 2025 end child labour in all its forms including recruitment and use of child soldiers` SDG 11, Target 11.7: Provide universal access to safe, inclusive and accessible, green and public spaces, particularly for women and children, older persons and persons with disabilities
	7.	Consider all juveniles ¹²¹ , convicted for minor or non-violent offenses, and all other petty offences for immediate release. The same should be applied to female under-trial prisoners (UTPs) who are pregnant & having children with them in jail for minor crimes.	Bring the juvenile justice system fully in line with the CRC and other relevant standards, and revise legislation to increase the minimum age of criminal responsibility (currently 10 years old) to an internationally accepted level to ensure children are not treated like adults by the justice system.	
	8.	The sanctioned strength of female medical officers, nurses and LHWs in prisons where children are present should be increased and vacant posts immediately filled.	Adopt the implementation of Rule 48 of the Bangkok Rules for Children ¹²² for all prisons.	
Children with special needs and disabilities	9.	All preparedness and response plans must be inclusive of/accessible to persons with disabilities, ensuring: <ul style="list-style-type: none"> • All frontline staff have sufficient training on disability inclusion, providing individualized support, and have the skills and knowledge to provide MHPSS to children with disabilities and their caretakers. • Children with disabilities (and their caretakers) receive information about infection mitigating tips, public restriction plans, and the services offered in a diversity of accessible formats and regional languages. 	The state should administer a survey both online and if possible, through physical dissemination in residential care facilities for persons with disability children to collect: <ul style="list-style-type: none"> • Data (disaggregated by gender/age/type of disability etc.) on how the pandemic has affected the persons with disability population and their caregivers. • Suggestions on how the government can better incorporate measures in their response plans to support children with disabilities during the pandemic. 	

120. Presently, Balochistan has no separate prisons for juveniles and female prisoners, one enclosure in the existing prison is separately allocated for the purpose.

121. For example, In Brazil's São Paulo state, justice officials have ordered the release of all children held for nonviolent crimes with staff follow-up after their release.

122. Rule 48 of the Bangkok Rules for Children: Pregnant or breastfeeding women prisoners should receive advice on their health and diet under a programme to be drawn up and monitored by a qualified health practitioner. Adequate and timely food, a healthy environment and regular exercise opportunities shall be provided free of charge for pregnant women, babies, children and breastfeeding mothers. Where children are allowed to stay with their mothers in prison, awareness-raising on child development and basic training on the health care of children shall also be provided to prison staff, in order for them to respond appropriately in times of need and emergencies.

Child Labour	10.	Stricter enforcement of child labour and bonded labour laws through extensive combing exercises of registered factories and other manufacturing units to prevent the use of child labourers (small and medium businesses will try and operate through unregulated manufacturing units to avoid inspection and must be brought within the system of accountability).	Balochistan has not yet established a minimum age for work or hazardous work in compliance with international standards. This should be rectified.		
	11.	Engage with financial regulatory authorities and microfinance institutions to: <ul style="list-style-type: none"> • Guarantee access to credit for low-income clients as it allows poor households to keep children in school and avoid child labour. • Take measures to ensure restructuring/suspension of loans for those with existing microcredit debt who find themselves unable to perform repayments due to the pandemic. 	Protect working children and those vulnerable to child labour, by conducting outreach programmes and mass media education (e.g. dedicated radio and television channels, dedicated timeslots in mass communication channels, etc.) and community awareness-raising on the negative effects of engaging children and promote the concept of replacing children by young adults at work.		



9. Refugees and Migrants

COVID-19 has exacerbated risks for certain marginalized members of the community. Particularly vulnerable are the refugees, Internally Displaced Persons (IDPs) and migrants, who depending on their legal status, are often deprived of accessing social protection and equal rights in countries of residence. The case of Pakistan is interesting as it not only has one of the highest refugee population in the world, and has had large numbers of IDPs as a result of internal conflict in different times, but is also heavily reliant on its overseas Pakistani labour that is a source of remittance and foreign exchange. In that sense, the vulnerabilities of Pakistan are two-fold – as a host and home country.

9.1. Refugees

Pakistan hosts about 1.4 million registered Afghan refugees, holding Proof of Registration (PoR)¹²³. In addition, there are about 890,000 Afghan Citizens Cards (ACC) holders, and about 1.1 million unregistered Afghans residing in Pakistan¹²⁴. Among the PoR holders, 54% are male, while 46% are female, out of which about 5% are elderly (above the age of 60)¹²⁵. About 31% of the Afghan refugees live

in refugee villages, while 69% live outside, mostly in urban settlements. About 72,000 of Afghan refugees are already suffering from certain medical conditions¹²⁶.

The refugee villages are overcrowded, and ill-equipped with basic facilities, forcing many, who can afford, to move out in search of better neighborhoods with more amenities. However, lack of legal protection through a specific law pertaining to the refugees, and reliance of access to services on legal status hampers many refugees' struggles to access education, health services, property, housing and legal aid. Not being a signatory to the 1951 Geneva Convention on Refugees, Pakistan claims to 'generally respect' international conventions related to refugees¹²⁷. Moreover, there is no national law or legal act that protects refugees residing in Pakistan. General provisions of the Foreigners' Act 1946 are applicable to Afghan refugees residing without a PoR.

The vulnerability of refugees during disasters, both natural and human-made, can be particularly acute which may require specific and targeted assistance. Experiences from the floods of 2010 demonstrate that external hazards such as natural disasters,

123. 'Overview of Afghan Refugee Population' – UNHCR (March 15, 2020)
<https://reliefweb.int/sites/reliefweb.int/files/resources/74750.pdf>

124. 'Pakistan Situation of Afghan Refugees' – European Asylum Support Office (May 2020)
<https://easo.europa.eu/sites/default/files/publications/easo-coi-report-pakistan-situation-afghan-refugees.pdf>

125. Overview of Afghan Refugee Population' – UNHCR (March 15, 2020)
<https://reliefweb.int/sites/reliefweb.int/files/resources/74750.pdf>

126. 'COVID-19 Pakistan: Socioeconomic Framework' – UNDP (May 21, 2020)
https://www.pk.undp.org/content/pakistan/en/home/library/development_policy/covid-19-pakistan--socio-economic-framework.html

127. Pakistan Situation of Afghan Refugees' – European Asylum Support Office (May 2020)
<https://easo.europa.eu/sites/default/files/publications/easo-coi-report-pakistan-situation-afghan-refugees.pdf>

and outbreak of a pandemic slowdown relief efforts¹²⁸. Moreover, with many refugees residing in cramped and congested refugee relief camps, there is a severe hazard of transmission of contagious diseases. This is particularly a risk during COVID-19, for which social distance is a key preventive tactic. Moreover, the recent torrential rains may lead to water logging in camps, which risks the spread of other communicable diseases. their livelihood and housing insecurity and a lack of full protection under the social welfare programmes makes them particularly at-risk during disasters. Additionally, cultural norms and traditions may bar women and girls to access services or travel by themselves, which places them at a greater risk during disasters when people have to be evacuated. This issue is a key concern particularly for single mothers who may get neglected in support activities, that are largely conducted in public places dominated by men.

9.2. Overseas Pakistanis

On the other hand, Pakistan is also facing the risk of returning Overseas Pakistanis who have lost their jobs as a result of economic slowdown in host countries, particularly the Gulf States. It is estimated that about 1,262 overseas Pakistanis have lost their lives while about 7,808 had contracted the virus while abroad¹²⁹. About 200,000 Overseas Pakistanis

have become unemployed due to COVID-19, and their return home is seen as an additional burden on rising unemployment rates and weakening economy¹³⁰. Interestingly though, during the period of March – June 2020, Pakistan experienced a rise of 7.8% in workers' remittances corresponding to the same time period last year¹³¹ boosting government's confidence regarding their contribution to the foreign exchange reserves.

9.3. Government initiatives for protecting refugees and migrants

Refugees

For refugees, most work during COVID-19 has been conducted by the UNHCR in collaboration with different government departments. One of the main initiatives by the Government of Pakistan for the refugees is their inclusion in the Ehsaas Emergency Cash Programme¹³². Under Category IV of the Ehsaas Programme, 36,000 vulnerable refugee families received a one-off payment of PKR 12,000.

In collaboration with different donor agencies, the Government of Pakistan has made significant efforts to counter the risks being posed to refugees in the purview of provision of hygiene kits, medical services, social protection, and awareness campaigns. Provincial health departments in

128. 'Pakistan: Getting Bugged Down' – UNHCR (August 10, 2010)

<https://www.unhcr.org/news/latest/2010/8/4c612fea9/pakistan-bugged.html>

129. 'Over 1200 Pakistanis lost to COVID-19 while abroad' – The Express Tribune (August 1, 2020)

<https://tribune.com.pk/story/2257708/over-1200-pakistanis-lost-to-covid-19-while-abroad>

130. 'Government launches portal to help unemployed overseas Pakistanis' – The News (June 19, 2020)

<https://www.thenews.com.pk/latest/674844-govt-launches-portal-to-help-unemployed-overseas-pakistanis>

131. 'Record high workers' remittances received in June 2020' – State Bank of Pakistan (July 13, 2020).

<http://www.sbp.org.pk/press/2020/Pr-13-Jul-20.pdf>

132. 'Most vulnerable refugee families begin receiving Rs. 12,000 emergency cash assistance' – UNHCR (May 20, 2020)

<https://reliefweb.int/report/pakistan/most-vulnerable-refugee-families-begin-receiving-rs12000-emergency-cash-assistance#:~:text=The%20emergency%20cash%20follows%20the,UNHCR%20through%20the%20Pakistan%20Post.>

Khyber Pakhtunkhwa, where 58% of registered refugees reside, and Balochistan where 22% registered refugees live, have been provided with 10 fully equipped ambulances and 28 housing unit facilities to serve refugees¹³³. In addition, medical supplies, personal protection equipment (PPEs) and sanitation products have also been distributed in refugee camps.

For awareness raising among the refugees for the protection against COVID-19, community networks such as shuras (community consultations), and women welfare committees are being used to dispel information, particularly in the 54 refugee camps through orientation sessions, digital platforms, and telephonic trainings and awareness sessions¹³⁴. UNHCR is also operating special helplines to link refugees with medical facilities during COVID-19. Moreover, Commissionerate of Afghan Refugees, in collaboration with Afghan refugees is improving and upgrading water and sanitation services in refugee villages.

Overseas Pakistanis

The government's initial focus had been on repatriating overseas Pakistanis stuck in countries where they had run out of visas or could not stay any longer because of unemployment. The National Assembly of Pakistan constituted a committee in coordination with the Ministry of Foreign Affairs and the Ministry of Overseas Pakistanis and Human

Resource Development (MOPHRD) for repatriation. A Crisis Management Cell within the FO has been set up in this regard. About 412,000 people were repatriated from abroad on 478 specially authorized flights¹³⁵.

The next step was to cater to the returning overseas Pakistanis, especially those who had lost their jobs. MOPHRD launched a web portal to connect recently unemployed overseas Pakistanis with employment opportunities abroad, acquire certified training, and apply for financial assistance from the government. The Bureau of Emigration and Overseas Employment (BEOE) is in consultation with the National Vocational and Technical Training Commission for skills improvement and certification for reemployment. BEOE is also helping overseas Pakistanis to recover overdue payments by foreign employers¹³⁶.

In addition, the government is also entering into bilateral agreements with some countries regarding the retaining of Pakistani labour. For instance, an agreement was signed with Saudi Arabia to bar companies from laying off workers amid lockdown for 3 months and to extend the duration of entry and exit visas for Pakistani labour up to December 2020. About 40,000 overseas Pakistanis in Saudi Arabia are expected to benefit from this agreement.

More recently, Roshan Digital Accounts scheme was launched to attract investment from the diaspora

133. 'UNHCR Pakistan stays and delivers amidst Coronavirus Outbreak' – UNHCR Pakistan (April 24, 2020)
<https://unhcrpk.org/unhcr-pakistan-stays-and-delivers-amid-coronavirus-outbreak/>

134. 'Pakistan – Fact Sheet' – UNHCR (April 30, 2020).
file:///Users/ayesha/Downloads/01_Pakistan%20Fact%20Sheet%20-%20April%202020.pdf

135. '86 Overseas Pakistanis honored for contribution to COVID-19 fight' – The Express Tribune (August 15, 2020)
<https://tribune.com.pk/story/2259671/86-overseas-pakistanis-honoured-for-contribution-to-covid-19-fight>

136. 'Repatriation of Pakistani expats' – The Express Tribune (June 13, 2020)
<https://tribune.com.pk/story/2241465/6-repatriation-pakistani-expats>

to boost up foreign exchange reserves by allowing overseas Pakistanis to open and operate bank accounts in Pakistani banks¹³⁷.

The embassies and consulates of Pakistan across the world have also been active in providing relief to vulnerable overseas Pakistanis. For instance, the Consulate of Pakistan in Dubai has helped and distributed ration to about 17,000 needy Pakistanis families and individuals in Dubai and the Northern Emirates¹³⁸. Through its own resources, the consulate distributed free tickets among 561 Pakistanis.

9.4. Gaps and opportunities: rights-based recommendations

Despite the above-mentioned notable measures taken by the government to protect and facilitate refugees and overseas Pakistanis, several aspects need consideration from a human rights perspective to improve service delivery during disasters of all forms.

1. Lack of a legal status for many Afghan refugees may hamper them from accessing social protection and proper healthcare. During a health emergency, all refugees should be given healthcare irrespective of their legal status and be provided with free life-saving medical care, as well as reproductive healthcare. Medical facilities offered at Basic Health Units in refugee villages should be improved and be equipped with essential medicines and instruments.
2. Refugee camps tend to be overcrowded and not adequately provisioned with basic amenities. Hygiene and sanitation standards must be improved and overcrowding should be reduced by reducing per camp density of refugees. The Government together with the MoHR, Ministry of National Health Services, Regulation and Coordination (MoNHSRC) and relevant UN bodies must devise and implement new safety standards for refugee settlements to avoid relocation and disruption in a similar crisis in the future.
3. Intersectoral coordination needs to be strengthened to develop a coherent approach to refugee protection between UNHCR and the government bodies at the federal and provincial departments. The line of command for provision of services and protection to refugees should be made clear to the refugees in times of a crisis.
4. Regular testing and screening should be conducted at refugee camps to avoid a resurgence of the virus in crowded places. The health staff should also be trained to identify any potential gender-based violence cases in a situation where regular relief channels may be disrupted.
5. Social protection schemes should be considered to be continued for medium term for vulnerable refugee families who may be struggling to get their livelihood on track after the lockdown.

136. 'Repatriation of Pakistani expats' – The Express Tribune (June 13, 2020)
<https://tribune.com.pk/story/2241465/6-repatriation-pakistani-expats>

137. 'PM Imran okays 'Roshan Digital Account' for expats' – The Express Tribune (August 20, 2020)
<https://tribune.com.pk/story/2260430/pm-approves-roshan-digital-account-initiative-for-the-overseas-pakistanis>

138. 'Pakistan completes largest ever repatriation from UAE' – Khaleej Times (June 27, 2020)
<https://www.khaleejtimes.com/coronavirus-pandemic/pakistan-wraps-up-repatriation-programme-in-uae->

6. Returning overseas Pakistanis who have lost their jobs should be integrated in the Ehsaas Emergency Cash Programme, based on their vulnerability. OPF should play an active role in ensuring that families of migrants are able to access social protection services.
7. For overseas Pakistanis, besides job-matching initiatives, job creation methodologies also need to be used to spur employment. Establish and promote businesses that are geared towards using the skillset that migrants bring back.

Checklist for provinces and district governments

1. WASH facilities were improved in refugee camps.
2. Essential medicines were provided in the Basic Health Units in refugee camps.
3. Provision of social protection was ensured to deserving refugees.
4. Families of Overseas Pakistanis were included in the relief package.
5. Returning Overseas Pakistanis are considered in employment generation programmes.

REFUGEES AND MIGRANTS				
Sr No.	Short-term Recommendations	Long-term Recommendations	Corresponding Constitution Article	Relevant SDGs
1.	All refugees should be given healthcare irrespective of their legal status and be provided with free life-saving medical care.	Medical facilities offered at Basic Health Units in refugee villages should be improved and be equipped with essential medicines and instruments.	Given the absence of a national refugee legal framework they are governed by the Foreigners Act 1946 which applies to persons who are not citizens of Pakistan. Pakistan has no national framework for the accommodation of refugees and transitioning them to citizenship	*The original indicator framework and goals in the SDGs did not include any mention of refugees. In 2019, an indicator on refugees was included as part of Goal 16.3- promoting rule of law 3.8 - achieve universal health coverage 3.3 - fight communicable diseases 10.3 - Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard
2.	Hygiene and sanitation standards must be immediately improved and overcrowding should be reduced by reducing per camp density of refugees.	Devise and implement new safety standards for refugee settlements to avoid relocation and disruption in a similar crisis in the future		6.2 - end open defecation and provide access to sanitation and hygiene 11.1 - ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums
3.	Intersectoral coordination needs to be strengthened for refugee protection			10.7 - Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies
4.	Regular testing and screening should be conducted at refugee camps to avoid a resurgence of the virus in crowded places			3.3 - fight communicable diseases
5.	Health staff should also be trained to identify any potential gender-based violence cases			5.2 - end VAWG and exploitation of women and girls 10.2 - empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status

6.	Returning overseas Pakistanis who have lost their jobs should be integrated in the Ehsaas Emergency Cash Programme, based on their vulnerability	OPF should play an active role in ensuring that families of migrants are able to access social protection services. Employment bureau agents can help	Article: 38 Promotion of social and economic well-being of the people 38 (c) (social protection)	10.2 - empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status 1.3 - Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable
7.	Use innovative job-creation methods to convert these returning migrants into a resource for recovery.		Article: 38 Promotion of social and economic well-being of the people	8.3. - promote policies to support job creation and growing enterprises 8.5. - full employment and decent work with equal pay

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10. Prisons and Detention Centres

Even in the best of times, prisons are hotbeds for communicable diseases as they are often closed and overcrowded. In emergency scenarios, including natural disasters, and during a pandemic situation, prisoners are even more vulnerable as they do not have the capability or freedom to make independent decisions to protect themselves.

Pakistan's prisons are overcrowded and are accommodating more prisoners than the infrastructure's lawful capacity. A significant majority of the detainees are under trial prisoners, who are not yet convicted¹³⁹. A UNODC study shows that the system made for a capacity of 57,742 is hosting about 77,275 prisoners. This shows that Pakistan's prisons are operating at 134% of their lawful capacity¹⁴⁰. Many of the prisoners are already vulnerable owing to their age demographic, historic marginalization or poor health conditions¹⁴¹.

Consequently, the transmission of Covid-19 will have devastating consequences for detainees, prison staff, visitors, and the general public alike. An international study by Johns Hopkins University

shows that prisoners are 5.5 times more likely to get infected with COVID-19 and 3 times more likely to die from it¹⁴². Currently, of the 193 posts of medical officers in jails of Pakistan, 108 remain vacant¹⁴³. Lack of sufficient medical facilities and shortage of doctors further exacerbate health-related matters. Before COVID-19 struck, some 2,400 inmates including juveniles, women, and persons with physical disabilities were reported to be suffering from contagious diseases such as HIV and TB. In addition to that around 1,500 are above the age of 60, including 46 senior female inmates. Their advanced age, coupled with limited disease prevention measures, makes their situation particularly dire¹⁴⁴.

Unfortunately, prisons in Pakistan are not designed to cope with emergency scenarios. Overcrowded prisons with meagre resources are not equipped with the capacity to carry out protective action for the inmates, and disaster response of the country often overlooks the needs and rights of the prisoners. Evidence from the United States

139. 'Overcrowded jails, inept police and untrained magistrates failing criminal justice system' – The News (July 15, 2018)

<https://www.thenews.com.pk/print/134887-Overcrowded-jails-inept-police-and-untrained-magistrates-failing-criminal-justice-system>

140. Pakistan: Protect prisoners during COVID-19 outbreak, says Amnesty International and Justice Project Pakistan (JPP)

<https://www.amnesty.org/en/latest/news/2020/03/pakistan-must-protect-prisoners-during-covid-19-outbreak/>

141. Pakistani prisons house 77,275 inmates against authorised capacity of 57,742 | The Express Tribune

<https://tribune.com.pk/story/2183601/pakistani-prisons-house-77275-inmates-authorized-capacity-57742>

142. 'Prisoners 550% More Likely To Get Covid-19, 300% More Likely To Die, New Study Shows' – Forbes (July 8, 2020)

<https://www.forbes.com/sites/alexandrasternlicht/2020/07/08/prisoners-550-more-likely-to-get-covid-19-300-more-likely-to-die-new-study-shows/#2c01fdf53a72>

143. Disease in detention

<https://www.thenews.com.pk/print/637026-disease-in-detention>

144. Pakistani prisons house 77,275 inmates against authorised capacity of 57,742 | The Express Tribune

<https://tribune.com.pk/story/2183601/pakistani-prisons-house-77275-inmates-authorized-capacity-57742>

shows that lack of evacuation and emergency plan in prisons during Hurricane Katrina led to acute shortage of food and clean water, loss of power, lack of air circulation, and widespread prisoner-on-prisoner violence¹⁴⁵, endangering the lives and rights of the prisoners and prison staff.

As citizens of Pakistan, prisoners have the same right to life and health protection measures as any other individual in the country. The Constitution of Pakistan offers protection to every citizen based on the Right to Life (Article 9) and the responsibility of the state to provide basic necessities such as food, clothing, housing, education, medical relief (Article 38d). In addition to that, Pakistan's commitment to the global development agenda of Sustainable Development Goals also warrants that health and well-being of all citizens is protected (SGD 3) and SDG 16 states that it is the government's responsibility to promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels. Based on these commitments to protect the human rights of all citizens of Pakistan, the Government has a responsibility to ensure that prisons attain the State's attention to ensure no human rights violations take place within them.

10.1. Government's initiatives for protecting prisons during COVID-19

In response to COVID-19, the Government of Pakistan has taken several positive measures such as awareness campaigns regarding preventive measures for the eradication of coronavirus in all prisons across the country. Information, Education, and Communication (IEC) materials in different languages are also provided to sensitize detainees, prison staff, and visitors on the preventive measures for COVID-19¹⁴⁶.

The Government has developed gender-sensitive SOPs for quarantine centres and is working towards strengthening essential GBV services (police, social workers, prisons and shelters) across the country, especially in hard to reach and especially high-risk settings, through provision of trainings for police and prison staff¹⁴⁷. In addition, the government has distributed hygiene kits, including face masks, sanitizer, body soaps, bleach-chlorine, no-touch thermometers, sanitary pads and other items in prisons and shelter homes.

In March 2020, provincial governments announced early release and testing in prisons. The Islamabad High Court also issued directives to release vulnerable and pre-trial immediately or remand

145. 'Up the Creek without a Paddle: Consequences of Failing to Protect Prisoners During a Natural Disaster' – Rachel Shaw (2019), Environment and Earth Law Journal, Vol. 9

<https://lawpublications.barry.edu/cgi/viewcontent.cgi?article=1077&context=ejej>

146. Pakistan: ICRC and PRCS distribute hygiene supplies at places of detention in Sindh to prevent outbreak of COVID-19

<https://www.icrc.org/en/document/pakistan-icrc-and-prcs-distribute-hygiene-supplies-places-detention-sindh-prevent-outbreak>

147. Pakistan Humanitarian Response Plan for Covid-19 Pandemic 2020.

<https://reliefweb.int/sites/reliefweb.int/files/resources/globalhumanitresponseplancovid19-200510.v1.pdf>

detainees. However, on 30 March, the Supreme Court of Pakistan suspended all orders granting bail, stating that only the highest court could issue a suo motu (a decision made by a judge at their discretion, without the prompting of another party) in the country, and not the Islamabad High Court¹⁴⁸.

In an interim order, the Supreme Court ordered the relevant authorities to release prisoners suffering from a physical or mental illness, under-trial prisoners who were 55 or older, male under-trial prisoners who had not been convicted in the past as well as female and juvenile prisoners¹⁴⁹.

More recently, the Prime Minister ordered the release of women under trial and those convicted for petty crimes, such as overdue fines. The Prime Minister also pledged that the government will bear the expenses of those overdue fines¹⁵⁰. It is estimated that more than 500 women and juvenile prisoners are facing imprisonment for petty crimes in the prisoners of Pakistan.

Pakistan's existing legal framework allows executive and judicial authorities the discretion to carry out exceptional measures such as immediate release, commutation and suspension of sentences, conditional early releases, and granting bail to under-trial prisoners. In brief, a mix of policy, legal/judicial and other institutional measures can go a long way in addressing the challenge of potential outbreaks across the Pakistan in prison.

10.2. Gaps and opportunities: rights-based recommendations

Despite the several positive interventions taken by the government, the present structure of the prison system in Pakistan has several problems such as overcrowding, mal-administration, lack of training and low salaries of jail staff, and outdated methods of treating prisoners. Extreme overcrowding sometimes causes nine or more prisoners to be held in one small cell. They suffer from inadequate nutrition, sanitation and lack of exercise¹⁵¹. The stress of such degrading living conditions makes the prisoners in Pakistan as one of the most vulnerable groups.

Following are some relevant recommendations that can be adopted as distinct measures for the containment and suppression of virus and prison reforms strategy.

- The 108 vacant medical posts in the prisoners of Pakistan need to be immediately filled with capable medical staff, geared with the expertise of controlling communicable diseases in overcrowded places, such as prisons.
- About 1,121 of the total number of prisoners are women, and 134 of them have children residing in prisons with them¹⁵². Only 24 women healthcare workers are available to look after the needs. Reproductive healthcare of

148. Coronavirus: SC overturns courts' decisions of granting bail to prisoners
<https://nation.com.pk/30-Mar-2020/coronavirus-sc-overturns-high-courts-decisions-of-granting-bail-to-prisoners>

149. 'SC recalls bails granted by high courts to under-trial prisoners after virus outbreak' – The News (April 7, 2020)
<https://www.dawn.com/news/1547156>

150. 'PM orders release of women in jail on flimsy grounds' – The News (September 3, 2020)
<https://www.dawn.com/news/1577671/pm-orders-release-of-women-in-jail-on-flimsy-grounds>

151. Justice Project Pakistan, The Death Row Phenomenon, undated, <http://www.jpp.org.pk/-the-deathrow-phenomenon.html>

152. 'Plight of Women in Pakistan's Prisons' – Ministry of Human Rights, Government of Pakistan (2020).
http://www.mohr.gov.pk/SiteImage/Misc/files/Prison%20Report_1pbleed_pq.pdf

women prisoners, including current and recent pregnancies should be given proper attention. Proper medical care should be ensured for childbirth ensuring safety and hygiene standards.

- About 600 prisoners in Pakistan suffer from mental illnesses¹⁵³. There is a need for mandatory provision of mental healthcare for the prisoners, including support for post-traumatic stress disorder and risk of suicide and self-harm. the existence of drug dependency, and history of sexual violence or abuse. Follow-up needs to be conducted if prisoners with mental health needs have been released based on the Supreme Court's order.
- Medical records of prisoners should be updated and needs assessment should be conducted to ensure logistical arrangements for medical supplies.
- Assign and authorize concerned staff to immediately isolate prisoners already infected with diseases and subject them to timely testing and screening. Ensure that detention centers are equipped with the necessary facilities to isolate infected prisoners and have the capacity to follow WHO guidelines. Protocols should be practiced for patients requiring hospitalization.
- Reduce the number of admissions in already overcrowded detention centers. Newly admitted prisoners should be placed in quarantine until they are tested negative for COVID-19. Regular testing should also be conducted for prison staff members as well as a precautionary measure. In Vietnam and Turkey all officers and inmates must undergo daily temperature screenings. Face masks must be worn during duties, manual labour, and meetings.
- Ensure that all prisons are equipped with emergency protection and evacuation plans and have safe transfer mechanisms for prisoners in case of an emergency. Regular training of prison staff should be conducted to apprise them of the SOPs during a disaster or emergency.
- During suspended (social) or modified (legal) visitation programmes , the facilities should provide access to virtual visitation options where available. In Vietnam, the prison administration has allowed longer telephone calls between detainees and their families. Explore opportunities to enhance attorney access while legal visits are being impacted.

153. 'Prisons and Pandemic: Inaction is not an option' – UNODC (2020)

https://www.unodc.org/documents/pakistan//SP2_Advocacy_Brief_1_Prisons_-COVID-19-Balochistan.pdf

Checklist for provinces and district governments

1. Alternatives for non-custodial measures have been introduced to avoid over-crowding.
2. Budget allocations to detention centres have been increased to introduce COVID-19 protocols.
3. Prisoners have been given awareness regarding precautions and prevention of COVID-19.
4. Prisons have an emergency plan in place in case of a crisis.

PRISONERS AND DETENTION CENTERS				
Sr No.	Short-term recommendations	Long-term recommendations	Corresponding Constitution Article	Relevant SDGs
1.	Adopt appropriate measures to expedite pending cases and reduce prison overcrowding through early release or alternate punishments e.g. community service.	Increase budgetary allocation for prisons and detention centres to ensure improved facilities for human rights protection	Article 10: Safeguards as to arrest and detention. Article 10-A: Right to Fair Trial Article 9: Right to life, Article 38c (social protection)	Target 16.3: Promote the rule of law at the national and international levels and ensure equal access to justice for all.
2.	Provide for basic healthcare needs in prisons, starting with the basic requisites for effective handwashing and sanitation facilities	Improve the overall health services in prisons and improve the capacity of prisons to provide medical care to unwell patients	Article 9: Right to life Article 27: Safeguard against discrimination in services.	Target 16.1: Significantly reduce all forms of violence and related death rates everywhere
3.	Ensure that all prisons are equipped with emergency protection and evacuation plan		Article 9: Right to life	Target 16.3: Promote the rule of law at the national and international levels and ensure equal access to justice for all.
4.	Ensure reproductive healthcare for pregnant women and new mothers, and ensure female prisoners and children are free of any abuse	Health, safety and human dignity of all prisoners and inmates, including women and children should be ensured through improvement in institutional capacity and practices	Article 38: Promotion of social and economic well-being of the people. Article 9: Right to life	Target 16.2: End abuse, exploitation, trafficking and all forms of violence against and torture of children
5.	Offer alternate options for family visitation for instance longer phone calls and virtual meetings on online platforms	Any limitations on rights of prisoners during emergency times should be compensated with an alternate offer to reduce the risk of riots and protests.	Article 38: Promotion of social and economic well-being of the people.	Target 16.3: Promote the rule of law at the national and international levels and ensure equal access to justice for all. Target 16.10: Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements
6.	Launch awareness and training and capacity building programmes for the prisons staff and inmates for COVID-19 precautions and protection.	Provide information to the prisoners about their rights Strengthening education, work vocational training and recreation programmes in prisons in all the provinces	Article 27: Safeguard against discrimination in services.	Target 16.10: Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements Target 16.b: Promote and enforce non-discriminatory laws and policies for sustainable development

11. Conclusion

The Ministry of Human Rights, in partnership with the United Nations Development Programme Pakistan, has conducted this thorough evidence-based analysis of human rights implications of Pakistan's response to COVID-19. Taking a lead from the UN Secretary General's advice to prioritize human rights in COVID-19 response, the report specifically focuses on issues related to health, unemployment, food insecurity, education, gender-based violence, child protection, refugees and migrants, and prisons and detention centers. The recommendations that were drawn from the analysis are well-aligned with Pakistan's commitment to the SDGs and the Constitution of Pakistan.

Adopting a human rights perspective to the Government's COVID-19 response, the research was able to identify the marginalized groups of people that were 'left behind' to access government's relief services. The research took guidance from the recommendations given by the Office of the United Nations High Commissioner for Human Rights with regard to COVID-19. Based on the recommendations, a set of indicators were developed for each thematic dimension to track Pakistan's compliance. Evidence was collected from all four provinces through secondary sources, including situation reports, government's official documents and notifications, and media reports from reliable sources.

Findings of the report indicate that while Pakistan's overall COVID-19 has been cognizant of the general hardships experienced by people, there is a lot of room for improvement to ensure human rights protection at the grass-root level. The pandemic has highlighted preexisting and current shortcomings in

the system, addressing which will not just contribute to a more holistic rebuilding and rehabilitation strategy for COVID-19 prevention, response and post pandemic recovery, but also develop resilience against other disasters and shocks that may threaten lives and livelihoods, amongst right holders and duty bearers.

Furthermore, taking on an intersectional approach helped to identify most vulnerable groups susceptible to bearing disproportionate burden and brunt of complex emergencies including COVID-19 pandemic and their long-term impacts. For instance, while online remote learning during COVID-19 lockdowns has unveiled Pakistan's huge digital divide, further disadvantaging those students, teaching staff and learning systems – that either economically left behind or remain deprived of the digital coverage, it has also unearthed, the groups who amongst the disadvantaged are further excluded. In terms of remote access to education, young girls from poor households in remote areas where internet connectivity was lesser affordable for the households, or it suffered from low/uncertain electricity supply and internet availability, were found to be the most neglected within the households and just as much as in the government's remote education strategy. Similarly, detainees and prisoners in overcrowded detention centres and displaced populations residing in over-populated spaces and shelters remained at far higher risk of contracting the virus despite the safety protocols of social distance.

In addition to provincial initiatives with regard to COVID-19 and disasters, this study also takes into

account, best practices from around the world to suggest actionable policy recommendations. Moreover, these findings also elucidate entry points and opportunities which have risen during the pandemic and dedicated policy initiatives and implementation would help capitalise on their momentum.


For instance, with the increased scope of e-commerce, and in light of Pakistan's recently launched E-Commerce policy, there is abundant potential to improve the e-commerce skills of

those in the labour market. Particularly focusing on increasing women's and marginalised groups' digital accessibility and improving their skills, women-owned businesses and small enterprises can access remote markets, even internationally.

While the findings of this study are overarching and focus at the national level, provinces are encouraged to take these into account as per their localized contexts and carry out their respective district and local level analyses of human rights protection during COVID-19.



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