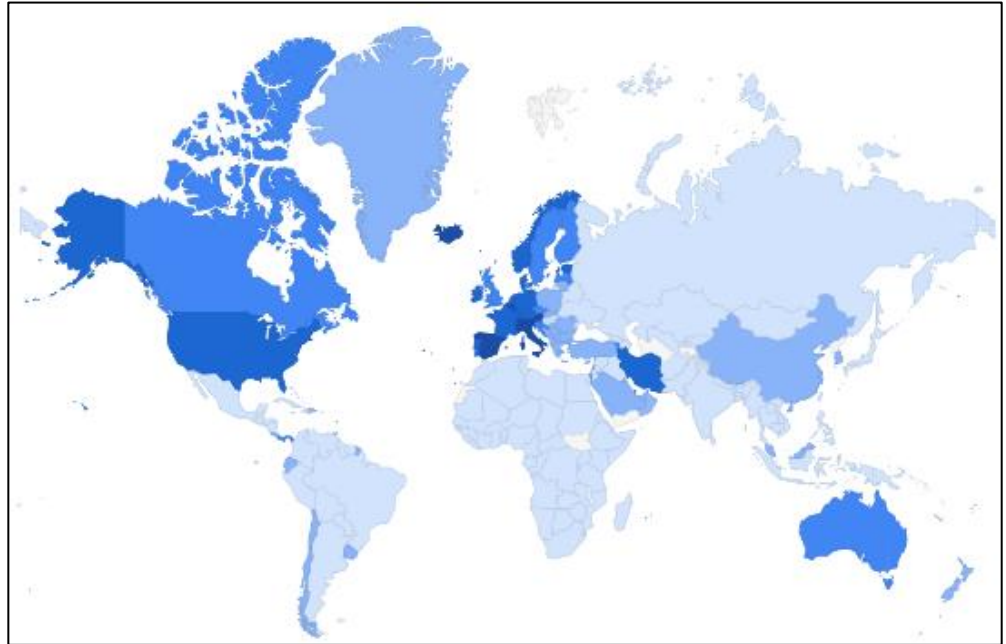


Gendered Impact and Implications of COVID-19 in Pakistan

COVID-19, the novel Corona Virus Disease that was first detected in China in November 2019, has now spread to 206 countries or regions. As of April 5, 2020, 1,203,485 cases have been reported worldwide with 64,784 confirmed fatalities.

There is an unequivocal evidence that COVID-19 is not just a global public health emergency but is also leading the world to a major global, economic downturn, with potentially strong adverse impacts on the livelihoods of vulnerable groups. In a developing country like Pakistan with already very low indicators of socio-economic development, an epidemic is likely to further compound pre-existing gender inequalities.

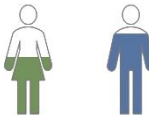
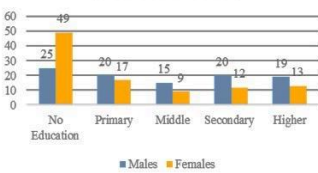

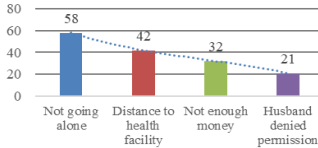


This policy brief provides evidence on existing multidimensional gender inequalities, identifies specific vulnerabilities of women and girls to COVID-19 transmission and impact, and provides broad policy recommendations to mitigate immediate risks for women and girls and prevent exacerbation of the existing gender gaps.

Taking Stock of the Current Gender Inequalities:

Women make almost half of the population of Pakistan; however, despite contributing significantly to economic and social growth, they generally suffer from multidimensional inequality of opportunities. The following thematic areas are analyzed through the gender lens:



Thematic Area	Current Inequalities	Impact of COVID-19																		
<p>Education</p>	<p>Literacy Rate in Pakistan</p> <p>53% (Males) 73% (Females)</p>  <p>Educational Attainment</p>  <table border="1"> <caption>Educational Attainment Data</caption> <thead> <tr> <th>Education Level</th> <th>Males (%)</th> <th>Females (%)</th> </tr> </thead> <tbody> <tr> <td>No</td> <td>25</td> <td>49</td> </tr> <tr> <td>Primary</td> <td>20</td> <td>17</td> </tr> <tr> <td>Middle</td> <td>15</td> <td>9</td> </tr> <tr> <td>Secondary</td> <td>20</td> <td>12</td> </tr> <tr> <td>Higher</td> <td>19</td> <td>13</td> </tr> </tbody> </table> <p>According to the data, the literacy levels of both genders (72.5% males vs 52.4% females) are disproportionate. Even though Pakistan has made steady but slow progress with regards to the Gender Parity Index (GPI), the gap between educational attainment between the two genders remain wide. Evidence suggests that 20% of the male respondents have completed secondary education as compared to only 12% of the female respondents. Similarly, 19% of the male respondents have a degree in higher levels of education as compared to only 13% of the females¹. In terms of gender inequalities in education; women not only lag behind men in education but also in terms of the number of educational institutions. The differences in enrollment rates and educational attainment are primarily led by the demand side problems in terms of direct and indirect costs of attending school (including the opportunity cost of girl's labor in the household), distance of school and quality of school facilities (including safe water supply and separate toilet facilities).</p>	Education Level	Males (%)	Females (%)	No	25	49	Primary	20	17	Middle	15	9	Secondary	20	12	Higher	19	13	<p>Impact of COVID-19</p> <p>Given the infectious nature of the COVID-19, in order to contain the spread of the virus, the government has instructed public and private schools to shut down across Pakistan. As observed in previous health emergencies such as the Ebola outbreak, the education system in Pakistan with low learning levels and high dropout rates is likely to be severely impacted. Within the system, it is the vulnerable students, including girls who face the most disproportionately negative impacts. Given mobility constraints, when schools are closed, girls are generally given more household responsibilities as compared to boys. Prolonged closure could exacerbate the inequalities in educational attainment as this will result in higher rates of female absenteeism and lower rates of school completion. As the schools open a lot of girls will find it difficult to balance schoolwork and increased domestic responsibilities.</p>
Education Level	Males (%)	Females (%)																		
No	25	49																		
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<p>Health</p>	<p>Life Expectancy in Pakistan</p> <p>68% (Males) 66% (Females)</p>  <p>Problems in access to health care by females</p>  <table border="1"> <caption>Problems in access to health care by females Data</caption> <thead> <tr> <th>Problem</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>Not going alone</td> <td>58</td> </tr> <tr> <td>Distance to health facility</td> <td>42</td> </tr> <tr> <td>Not enough money</td> <td>32</td> </tr> <tr> <td>Husband denied permission</td> <td>21</td> </tr> </tbody> </table> <p>Improved physical and mental health, and reproductive outcomes for both men and women have numerous positive impacts on the society. Women's health and reproductive outcomes have improved substantially over the years in Pakistan and the gender gaps in health care have substantially narrowed as well. Data suggests that the life expectancy of females is 67.7 years as compared to 65.5 years of males irrespective of hurdles they face in accessing health services. About two-third of women reported at least one problem in accessing health care for themselves (67%) About three-fifth of women reported not wanting to go alone (58%), for two-fifth distance to a health facility was a problem (42%), about one-third of women reported problems getting money for treatment (30%), and one-fifth mentioned that getting permission for accessing health care was a big problem (21%). Similarly, women from rural areas (75%) were more likely to report at least one problem in accessing health care than women in urban areas (53%). Women in the lowest wealth quintile (80%) were far more likely to report at least one problem in accessing care than women in the highest quintile (48%)².</p>	Problem	Percentage (%)	Not going alone	58	Distance to health facility	42	Not enough money	32	Husband denied permission	21	<p>Impact of COVID-19</p> <p>In Pakistan, only 55% of the women have access to adequate healthcare, and only 34% have reported consulting a doctor or a medical professional for health-related problems - providing evidence that women are less likely to seek and receive medical attention. Hindered mobility because of sporadic transport availability, may result in women not receiving timely care for COVID-19. This could lead to serious complications in elderly women and those with weakened immune systems; many of which are spread across Pakistan. Evidence suggests that in case of outbreak of disease, there is an additional burden of domestic work and disease prevention that falls on women. Women are therefore more likely to be exposed to the virus and continue with their domestic responsibilities even if they fall ill. The responsibility of women in prevention and care of disease extends outside the household as well. In Pakistan, a large majority of nurses and health workers are female. These women are at the forefront of identifying and treating patients with COVID-19, and hence at a greater risk of exposure to the infection.</p>								
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¹ Pakistan Demographic and Health Survey 2017-2018

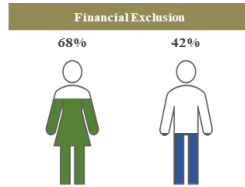
² Pakistan Demographic and Health Survey 2017-2018

<p>Labor Force Participation</p>		<p>There is a constant gender disparity in terms of women’s labor force participation and their unemployment. According to the Labor Force Survey (2017-18), refined percentage of women in the labor force of Pakistan is 20.1% as compared to 68% for men. This highlights the fact that the labor market in Pakistan creates greater job opportunities for women in elementary and mid-level occupations, which require primary skills and lower levels of education whereas the trend is reversed for men. Furthermore, a high proportion of women in Pakistan are engaged in the informal sector due to limited employment opportunities, as girl’s education is not considered an important investment by the society hence low skilled jobs are traditionally associated with women and girls. Similarly, the incidence of involuntary unemployment is also higher for females which is 8.3% as compared to 5.1% of males³.</p>	<p>Approximately 20% of the women in Pakistan are currently involved in income generating activities. Most of them are part of the informal low wage market. During public health emergencies, it is these low-wage markets that are most adversely affected. Many women, including domestic workers and those working for small and medium businesses may also be laid off due to the inability of employers to continue paying wages during lockdown. Similarly, analysis on Home-based Workers (HBWs) shows that there are currently 12 million HBWs who earn around Rs. 3000-4000/months and will face multidimensional issues such as low income security, absence of social protection and highest economic vulnerability in times of crisis.</p>
<p>Time Use & Mobility</p>		<p>83% of the total time of females is spent at home providing care to other household members, in household maintenance and in self-care. The difference with men is large as men reported having spent only 60% of their time at home. Only 5% of the total time of females is spent on learning or working in an establishment. This is statistically lower than that of males who spend 9% of their time on working and learning⁴. For mobility, our analysis estimates a total of 120,000 trips and 2.6 million minutes of travel with an average of 3.1 trips and 70 minutes of travel per person. Males account for approximately 80% of these trips and 79% of the travel duration, while females only account for 20% of these trips and 21% of the travel duration⁵. Therefore, it can be said that, in general, Pakistani women are nearly four times less mobile than men.</p>	<p>In Pakistan, norms dictate that women and girls are the main caretakers of the household. This can mean giving up work to care for children out of school and/or sick household members, impacting their levels of income and heightening exposure to the virus. It is estimated that with the current lockdown situation the workload of household chores on women and girls will increase substantially and will further shrink their time dedicated for learning and skills development. This will have serious impediments on the efforts of women empowerment which will not only be seen in the short run but also in medium and long run.</p>
<p>Financial Empowerment</p>		<p>One of the main contributing factors and consequences of gender inequality is women’s less access and control over financial and physical assets (house, land, etc.). Women not only have less ownership of land but their actual control over land and other physical assets is very less. Our analysis suggests that only 2% of women reported owning a house as compared to 72% of men. Similarly, only 2% owned any kind of land including agricultural or</p>	<p>Over the years, Pakistan has seen an increase in the number of women taking microfinance and agricultural loans. As of 2017, 26% of all microfinance loans have been taken out by women. In times of public health crises, as women are less fluid in terms of cash flows and savings, the ability to pay back loans may be affected. This could result in higher interest rates, penalties in repayment and reduced access to loans from formal</p>

³ Pakistan Labor Force Survey (LFS) 2017-18

⁴ Time Use Survey 2007 – Pakistan Bureau of Statistics

⁵ Pakistan Demographic and Health Survey 2017-2018

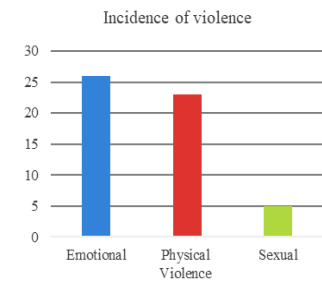


non-agricultural land as compared to 27% of males⁶. According to data from State Bank of Pakistan, 56% of the population is financially excluded and the gap for females is even wider; where 68% of females are financially excluded as compared to 42% of male population. Only 6% of females reported having a bank account as compared to 32% of males. Females also have low access to information as only 39% of females own a phone as compared to 93% of males. A very small proportion of men and women use their mobile phone for financial transactions (21% & 7% respectively). Similarly, CNIC registration is also low for females (76%) as compared to males (91%)⁷.

associations in the future. In a humanitarian emergency these numbers will worsen if not at least remain the same as mobility of the women will further decrease their access to these financial empowerment instruments.

Heightened Risk of Gender Based Violence in the Context of COVID-19

Women across the globe face a plethora of problems, and among the most serious is violence. Pakistan is no exception in this regard; 28% of women aged between 15-49 have experienced physical violence since the age of 15, and 6% have experienced sexual violence. 7% of the women who have ever been pregnant have experienced violence during their pregnancy and 34% of ever-married women have experienced spousal physical, sexual, or emotional violence. The most common type of spousal violence is emotional violence (26%) which is followed by physical violence (23%). 5% of the married women have experienced spousal sexual violence⁸. Evidence suggests that epidemics and stresses involved in coping with the epidemics may increase the risk of domestic abuse and other forms of gender-based violence. Studies have also found that unemployment tends to increase the risk of depression, aggression and episodes of violent behavior in men. Hence, the country may experience a rise in cases of domestic abuse as a result of the COVID-19. It is reported that the economic repercussions of the Ebola outbreak, led to increased risk of sexual exploitation of women. Given the current climate of decreased economic activities, financial uncertainties and a situation of lockdown being faced in Pakistan, heightened tensions could translate into women facing more vulnerabilities.



⁶ Pakistan Demographic and Health Survey 2017-2018

⁷ State Bank of Pakistan Data

⁸ Pakistan Demographic and Health Survey 2017-2018



Policy Recommendations:

- 1. Reduce the impact on girls' education:** While schools remain closed, the Education Ministry has announced the 'Tele-school' initiative to provide learning opportunities for school going children. A large majority of households in the country have access to television and smartphones and will be able to access these educational programs. Public-private partnerships can be established to develop learning content and increase accessibility of learning materials to children. Once schools reopen, additional efforts will be needed to bring girls back to school and bridge the education gap. Monthly stipends and conditional cash transfer on high rates of attendance can be used to encourage girls to return and attend schools. Remedial classes should also be set up in order to bridge the learning gap.
- 2. Ensure continuation of basic and reproductive health services for women:** Through mass media and telecommunication campaigns, pregnant women should be advised on the conditions in which they should seek medical help and care in order to avoid complications during delivery. While intensive campaigns with COVID-19 care and prevention protocols are already underway, women should be encouraged to visit hospitals and clinics for pre and postnatal checkups while observing measures such as hand washing, wearing masks, avoiding physical contact and maintaining safe distance from other visitors at the hospital. COVID-19 response efforts should address the immediate reproductive health, maternal and family planning needs while ensuring that case management and referral pathways are responsive to the needs of pregnant women with COVID-19.
- 3. Generate sex disaggregated data and more primary micro-level evidence:** After an extensive review of all the major secondary data sets available for analysis it is observed that there is need for improvement in terms of collecting and collating sex disaggregated data which not only covers all the aspects of the Agenda 2030 but also informs policy makers effectively in terms of safeguarding the agency and empowerment of women. The lack of data disaggregated on multiple levels such as gender, district and disability status not only keeps the information flow limited but also hinders targeted and effective relief response in times of crisis and humanitarian emergency. Due to current data gaps, there is also a need to generate more primary-level evidence from gender perspective to inform policy decisions.
- 4. Support recovery from shock and build economic resilience:** Given the economic impacts of COVID-19 on both formal and informal markets, livelihood interventions should be informed by gender-based livelihoods and risk analysis. Mechanisms need to be devised for providing regular support to the more vulnerable segments of the labor market such as Home-Based Workers (HBWs), which includes the casual, daily wage and piece rate workers and HBWs, who are most vulnerable to losing their livelihoods due to slowdown of economic activities in wake of possible shut down. Majority of the women work on orders, and the access to markets and delivery channels would also be affected in COVID-19 lockdown. Therefore, a cash transfer programming through the *Ehsaas* program and the Prime Minister's Relief Fund for COVID-19, would mitigate the impact of the outbreak and its containment measures including supporting them to recover and build resilience for future shocks. As households are to be identified through CNIC numbers, this will also serve as a stimulus for women to register themselves with NADRA, decreasing the gap between the number of male and female ID card holders. The initial response should be focused towards mitigating the spike in unemployment and bringing individuals, especially women, back to work. Relief should be provided to individuals, who have received microfinance loans for small and medium enterprises. As a considerable proportion of the female labor force is employed at low wages in microenterprises, rescheduled payments and lowered rates of interest for new loans can provide temporary relief to small businesses. If business owners are able to restart economic activities, women will be able to return to work, thereby improving the financial standing of households. As women and women-headed households are at a greater risk of food insecurity, essential food items should be made readily available.
- 5. Increase access to information and services for women and girls:** By using mediums such as Radio and PTV which have higher coverage rate to spread awareness messages including hygiene and other preventive measures; and increased coverage of telemedicine where women are provided with medical consultations through internet in urban and semi-urban areas. Possible collaborations with private sector including initiatives like Sehat Kahani can help increase telemedicine access.
- 6. Integrate GBV services in response efforts as an essential service:** GBV prevention and response in lockdown situations is lifesaving and can prevent grave harm. Keeping GBV service providers (police, health, social workers and crisis centers) available during times of emergency is critical. Movement restrictions during the COVID-19 pandemic require adapted solutions to GBV service provision therefore transitioning to remote and technology-based support is strongly recommended. Shelters for survivors of violence should remain operational but should have specific protocols to avoid the spread of the virus. Keeping hotlines for GBV crisis response open and working is also essential. All frontline workers should be sensitized to existing and expected protection risks including GBV and be trained to respond to disclosures of GBV, especially domestic violence, as well as to guide individuals through the existing referral mechanisms. Protection against Sexual Exploitation and Abuse guidelines should be established to ensure safety of female doctors against any incident.
- 7. Promote positive change in gender norms:** As depression and negative emotions ensue lockdowns, media campaigns should be designed, targeting men and boys. Evidence from field experiment in Liberia shows that television drama serials aimed at improving gender norms had a positive effect on decreasing gender-based violence triggered by male depressive moods. The media campaign should focus on sensitizing men towards increased responsibilities of women during lockdowns and encouraging them to share the caregiving and domestic burden.
- 8. Inclusion of women leadership in policy making and response efforts:** In order to ensure a gender-sensitive policy response, representation from women commissions and women development departments should be ensured in decision-making bodies. Gender parity should be promoted in recruitment of staff and volunteers for COVID-19 response teams.