



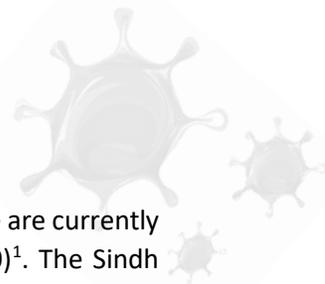
RAPID ASSESSMENT

ON CURRENT STATUS OF ESSENTIAL SERVICES FOR SURVIVORS
& VICTIMS OF GENDER-BASED VIOLENCE AND SEXUAL OFFENCES

(SINDH)

MAY 2020





Introduction

Pakistan confirmed its first COVID-19 case on 25th February 2020. As of 11th May 2020, there are currently 30,466 cases across Pakistan with highest numbers in Punjab (11,093) and Sindh (11,480)¹. The Sindh Government was the first province that took essential steps to prevent the spread of COVID-19 through a provincial lockdown placed on 23rd March 2020². This included closure or restriction on all non-essential services and businesses and Government departments. Resultantly, the Women Development Department (WDD), Human Rights Department (HRD) and the Social Welfare Department (SWD) are amongst the 25 administrative departments which have remained closed since 19th March 2020 as part of precautionary measures of the Government of Sindh in pursuance of the Sindh Epidemic Disease Act of 2014³. While staff remains available on the phone, these departments and their services have been at a standstill. This lockdown continued to be extended until 10th May 2020.

In line with the Federal Government's announcement of easing of the lockdown⁴, the Government of Sindh issued guidelines for this easement, particularly for small traders⁵ and offices⁶. It has allowed for opening of certain businesses and services but continued restriction of movement, public transport, public places including entertainment places. It has also announced the opening of Offices of Secretaries of certain Government departments including SWD and HRD. WDD remains closed.

Sexual and Gender Based Violence in COVID-19

The Governments (at varying degrees of responsiveness between provinces and the federal level) have been responsive to the health aspect of this emergency i.e. ensuring establishment of isolation centers, access to ventilators and increased testing. However, there has been little recognition or response of ancillary issues that emerge as a result of health emergencies. In particular, with the exception of a hotline for domestic violence established by the Federal Ministry of Human Rights⁷, the issue of increased Sexual and Gender Based Violence against Women and Girls (SGBV), especially domestic violence remains largely ignored.

Statistics demonstrate that a third of women across the world have experienced some form of violence in their lives⁸, for example, WHO reports 87,000 women who were intentionally killed in 2017 globally were killed by intimate partners or family members⁹. This reality is reflected in the high incidence of SGBV in

¹ Dawn news online, <https://www.dawn.com/>, accessed on 11th May 2020

² NO:SO(Jud-I)HD/8-1(04)/2020-Corona, issued on 22-03-2020, Government of Sindh

³ Notification No.AS(SGA&CD)COVID-19/2020, Government of Sindh

⁴ "Provinces announce easing of lockdown even as Pakistan witnesses record rise in coronavirus cases", Dawn News 08-05-2020, <https://www.dawn.com/news/1555575>, accessed on 09-05-2020

⁵ "SOP for Retail, Shops/Small Traders, No. SO(Jud-I)HD/8-1(04)2020-Corona/SOPs-Shops, published on 10th May 2020

⁶ Advisory for offices regarding Covid-19 (corona Virus), NO.TO-VII(PH)NCOV-2/2020/32

⁷ "HR Ministry establishes helpline to protect women and children", The News, 31-03-2020, , <https://www.thenews.com.pk/print/637175-hr-ministry-establishes-helpline-to-protect-women-and-children>, accessed on 30-04-2020

⁸World Health Organization, Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, South African Medical Research Council (2013). Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence, p.2. For individual country information, see UN Women Global Database on Violence against Women.

⁹United Nations Office on Drugs and Crime (2019). *Global Study on Homicide 2019*, p. 10



Pakistan. Pakistan currently ranks at 151 out of 153 countries on the gender inequality index of the World Economic Forum's Global Gap Report of 2020¹⁰ and ranks as the sixth most risky country in the world for women¹¹, with rampant cases of sexual and domestic violence. While statistics are scant and scattered, the few existing figures are indicative of the widespread and culturally and systematically embedded nature of the issue in the country. The Pakistan Demographic Health Survey (PDHS) 2017-18 evidences that 28% of women/girls aged 15-49 have experienced physical violence; 3% admitted to having had an abortion, miscarriage or other health problems because of the violence. The Punjab police reported an increase in crime rate against women and children in Punjab in 2019 with the registration of 3,881 cases of rape, 1,359 cases of child sexual abuse, 1,126 cases of child abuse, 1,758 cases of violence against women, 12,600 cases of kidnapping of women and 197 cases of honour killing¹². In Sindh, a total 516 cases of sexual violence in 2018 and of 196 cases of rape between January – November 2019 were reported to the Police according to the DIG Investigations, Sindh Police.

It is a well-documented phenomenon that any emergency or conflict impacts women and men differently, including pandemics such as Covid 19. The United Nations, its various departments and international and national organisations and agencies across the world have highlighted the reality the epidemics make existing inequalities for marginalized groups including women, children, people with disabilities etc. worse. The current pandemic of Covid 19 is no exception. In addition to the health threats and consequences, the increased socio-economic instability and frustration and lockdown have a different impact on women, particularly regarding violence. Victims of domestic violence are locked away with their perpetrators. Across the world, there are increased reports of domestic violence. France reports a 30% increase since lockdown, while Cyprus, Singapore and Argentina report increase in calls relating to domestic violence by 30%, 33% and 25% respectively. It is pertinent to note, there are many cases which remain undetected and such crimes remain underreported due to women being unable to leave their homes or having limited access to help online or via telephones¹³. While other countries, such as Pakistan, do not have regular data to be able provide statistical analysis of increase, but anecdotal reporting and calls to the Ministry of Human Rights Domestic Violence helpline and Rozan helpline indicate an increased rise of incidents.

The United Nations as well as national activists and the women's rights movement have highlighted the need to the Government to incorporate a focus on domestic violence and responding to the needs of women, children and other victims of domestic violence. The recommendations include¹⁴:

1. Allocate additional resources and include evidence-based measures to address violence against women and girls in COVID-19 national response plans.
2. Strengthen services for women who experience violence during COVID-19
3. Build capacity of key services to prevent impunity and improve quality of response
4. Put women at the centre of policy change, solutions and recovery

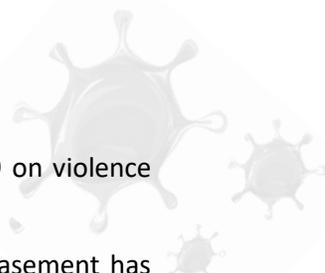
¹⁰http://www3.weforum.org/docs/WEF_GGGR_2020.pdf

¹¹ <https://bigthink.com/strange-maps/worst-countries-for-women?rebelltitem=1#rebelltitem1>

¹² Omar, S. "Massive increase in rapes, child sexual abuse in Punjab", 06-02-2020, Pakistan Today, <https://www.pakistantoday.com.pk/2020/02/05/massive-increase-in-rapes-child-sexual-abuse-in-punjab/>

¹³ Ibid

¹⁴ "Covid-19 and Ending Violence Against Women and Girls", UN Women

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5. Ensure sex-disaggregated data is collected to understand the impact of COVID-19 on violence against women and girls and inform the response

At present, in Pakistan, particularly in Sindh the continued lockdown, albeit with some easement has significant consequences for women and children victims of SGBV. Lockdown measures result in vulnerable women and children being confined in their homes for long periods, and familial perpetrators of violence exercise further dominance and control over their victims. This is exacerbated by increased threats to safety and security, increased socio-economic instability and frustration of perpetrators, leading to increased violence. This is also further exacerbated by the fact that the lack of public transport results in women unable to access any existing resources or simply even being able to leave. The lockdown results in women being cut off from familial or community structures that offers some protection to them.

In times of emergency, as in the current scenario, there is a break in the provision of essential services and response to incidents of violence against women. Administrative Departments such as WDD and SWD's closure results in the breakdown of planning on responsive essential services to victims of SGBV. For example, shelter homes, both public and private are reluctant to take in new entrants due to the threat of Covid 19. Without official notification or guidance from the WDD or SWD, no new measures could be taken. Similarly, courts across the country are only hearing cases on urgent matters, where cases relating to the family or domestic violence are heard based upon the discretion of the judge as noted by *Bassam Dahri*, a Karachi based advocate interviewed for this assessment. The vast majority of the police force is deployed to ensuring the lockdown is maintained and responding to emergencies relating to Covid 19.

Objectives of the Rapid Assessment

With increasing reports of incidents of SGBV, particularly domestic violence, it is essential to recognize what services for victims are operational, functional and to what extent. Thus, a rapid assessment has been carried out for 3 districts in Sindh of the gaps in essential service providers in Sindh. This preliminary Rapid Assessment has the following objectives:

1. To map the availability of essential services during the COVID-19 period responding to SGBV cases;
2. To analyze and understand the essential services providers' prevention strategies, responses and challenges during this time period;
3. To analyse and understand the different impacts that the COVID-19 has on different institutes.

Methodology

The rapid assessment was undertaken over a period of 14 days in 3 districts of Sindh (Karachi, Hyderabad, and Sukkur) from 27th April 2020 to 11th May 2020. A qualitative approach was adopted in the analysis of the primary and secondary data. Primary data included a semi-structured questionnaire administered through the telephone with 11 Government, Quasi-Government and public-private partnership essential services providers which included Government Department representatives. These were cross-checked through discussion with non-Government organizations and activists working in the field through unstructured interviews. Secondary data included analysis of published materials regarding SGBV and SGBV in the context of COVID-19.

For the purposes of this assessment, the United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence¹⁵ definition of “Essential Services” was relied upon. The program identifies “**essential services**” to be provided by health, social services, police and judiciary¹⁶.

The key hallmarks of such services include internal coordination and strong referral linkages with other sectors and agencies that would assist the victims to receive timely and appropriate services. Further, the referral processes must have standards for informed consent. The overall framework of essential

Overall Framework of Essential Services¹⁷:

Essential Services and Actions		
Health	Justice & Policing	Social Services
1. Identification of survivors of intimate partner violence; 2. First line support; 3. Care of injuries and urgent medical treatment; 4. Sexual assault examination and care; 5. Mental health assessment and care; and 6. Documentation (medico-legal)	1. Prevention; 2. Initial contact; 3. Assessment/investigation; 4. Pre-trial processes; 5. Trial processes; 6. Perpetrator accountability and reparations; 7. Post-trial processes; 8. Safety and protection; 9. Assistance and support; 10. Communication and information; and 11. Justice sector coordination.	1. Crisis information; 2. Crisis counselling; 3. Help lines; 4. Safe accommodations; 5. Material and financial aid; 6. Creation and recovery replacement of identity documents; 7. Legal and rights information, advice and representation, including in plural legal systems; 8. Psycho-social support and counselling; 9. Women-centred support, 10. Children’s services for any child affected by violence; 11. Community information, education and community outreach; and 12. Assistance towards economic independent, recover and autonomy.

The individuals selected for the assessment represent essential service providers in context with GBV in Sindh, including both Government and public private partnerships. These institutions were selected because they have been the key players of the criminal justice system in context with GBV.

¹⁵Essential Services Package For Women and Girls Subject To Violence
<https://www.unfpa.org/essential-services-package-women-and-girls-subject-violence>

¹⁶Ibid

¹⁷Ibid



The following were interviewed for this rapid assessment:

1. Ms. Nuzhat Shirin, Chairperson, Sindh Commission on the Status of Women (SCSW).

SCSW has been set up since May, 2015 by the Sindh Government for the promotion of social, economic, political and legal rights of women, as provided in the Constitution of Islamic Republic of Pakistan, and in accordance with international declarations, conventions, treaties and covenants and agreements relating to women, including Convention on the Elimination of all forms of Discrimination against Women (CEDAW), in the province of Sindh.

2. Ms. Farida Tahir, Sindh Human Rights Commission (SHRC)

SHRC is established since 2008 by the Sindh Government, with powers to inquire into cases of violation of human rights and the Commission is empowered to pursue such cases and to intervene directly when required to facilitate access to justice.

3. Ms. Marvi Awan, Director Women Protection Cells (WPC) Hyderabad

4. Ms. Rukhsana Mangi, In charge WPC Sukkur, Women Protections Cells (WPCs)

The WPCs are established across Sindh in collaboration with Sindh Police to address SGBV issues. These are created by the police and established in police spaces (e.g. the Hyderabad WPC is established in the Office of the DIG Hyderabad). All SGBV cases are processed through the WPCs which have a dedicated staff to respond to such cases.

5. Ms. Zar Bano, In charge, Panaah Shelter Home, Karachi

Panah is a public private partnership with Sindh Government which provides shelter and legal assistance to women who are victims of SGBV.

6. Ms. Zubaida Thaeem, In charge of Dar-ul-Aman, Hyderabad

7. Ms. Saeeda Mughal, In charge of Dar-ul-Aman, Sukkur

Dar-ul-Amans are Government shelter homes established across Sindh which provides temporary shelter women, who are victims of SGBV. They operate under the Social Welfare Department, Government of Sindh.

8. Mr. Qarar Abbasi, Police Surgeon, Karachi, Medico-Legal Department (MLD)

Medico-legal Department comes under Sindh Health Department. Upon filing of a criminal complaint or FIR, an injured person or a dead body must undergo examination by the MLD. The evidence and testimony are the only medical evidence considered at a criminal trial.

9. Ms. Mehwish Ali Khan, Lawyer, Sindh Legal Advisory Call Centre (SLACC)

SLACC is a public private partnership with the Law Department, Government of Sindh, which provides legal advice through toll-free helpline 0800 70806, on any issue to anyone who calls, across the country and abroad.



10. Mr. Khalid Noor, Controller of Citizen Police Liaison Office (CPLC)

CPLC is a public partnership with the Sindh Government. It provides help to citizens of Sindh by providing mechanism of launching FIR through their Police Complaint Cells.

11. Sup-Inspector Abdullah Memon, 15 Madadgar, Sindh Police

The 15 Madadgar Helpline in Karachi functions as an emergency police helpline. As per directives of the Government of Sindh and Sindh Police, mobiles of Madadgar 15, Special Security Unit, (SSU) and Muhafiz Force have been allocated to jointly work as an emergency response force and act on any information received on the helpline

12. Ms. Malka Khan, Programme Manager, Aurat Foundation

Aurat Foundation is a non-Government organization functioning in the Federal and Provincial capitals across the country. They work extensively with victims of SGBV to provide facilitation and support in accessing or acquiring any required services.

13. Ms. Fareiha Aziz, Bolo Bhi and member of Women's Action Forum (WAF).

Bolo Bhi is a civil society organization geared towards advocacy, policy, and research in the areas of digital rights and civic responsibility. This encompasses the right to information, free speech, and privacy online, so that the internet can be realized as a free and representative space for civic and political engagement for all segments of society, including marginalized communities and genders.

WAF is a voluntary and non-partisan women's group that focuses on collective leadership and formulates policy statements and engages in political action to safeguard women's legal position

14. Mr. Bassan Dahri, Advocate

Mr. Dahri works as a criminal lawyer in Karachi and has worked extensively with the police and medico-legal department.

15. Barrister Haya Emaan Zahid, Legal Aid Society (LAS) & Member Sindh Public Safety and Police Complaints Commission.

LAS is a not for profit organization operating in Sindh. It connects vulnerable and disempowered end users of justice with effective and expedient services for the delivery of justice. LAS's interventions have been aimed at increasing access to justice for poor and marginalized communities, particularly women, across the province of Sindh as well as at the Federal level.

The Sindh Public Safety and Police Complaints Commission is established under the Police Order 2002 and functions as an oversight body of the police and its operations.

The rapid assessment questionnaire attached as Annexure A, included the identification of the following:

- Types of services provided.
- To whom services are provided.
- Accessibility and availability of services.
- Operations and safety planning during the Covid-19 pandemic.
- Numbers of cases they are dealing with.

Limitation

- Due to the lockdown announced by the Sindh Government, the Women Development Department (“WDD”) and Social Welfare Department (“SWD”) have been closed for public dealings since 19th March, 2020. Hence, it was difficult to obtain data from these departments.
- A complete detailed interview of the SWD could not be conducted as SWD staff was only available on 11th May 2020, the first day of its opening since lockdown and were resultantly extremely occupied.
- There were delays in responses to interview requests and several organisations working in the field were not available or accessible for the assessment.
- Ramazan further shortened the time period of availability of all individuals who were reached out to for the purposes of this assessment.
- Physical verification of facilities such as shelters etc could not be carried out by the LAS staff involved due to the lock down situation and reliance was placed on data obtained through interviews over the phone.
- It was not possible to triangulate the findings through incorporation of perspectives of victims and survivors due to the time limit and accessibility on the rapid assessment process.
- Data collection resources were limited and the mode of verification was collecting data from the spokesperson of the institute.
- Police data on number of cases registered were not received in time to be included in this assessment.
- There is no available published data for mental health of victims, which has therefore not been captured by these institutions and thus this rapid assessment.



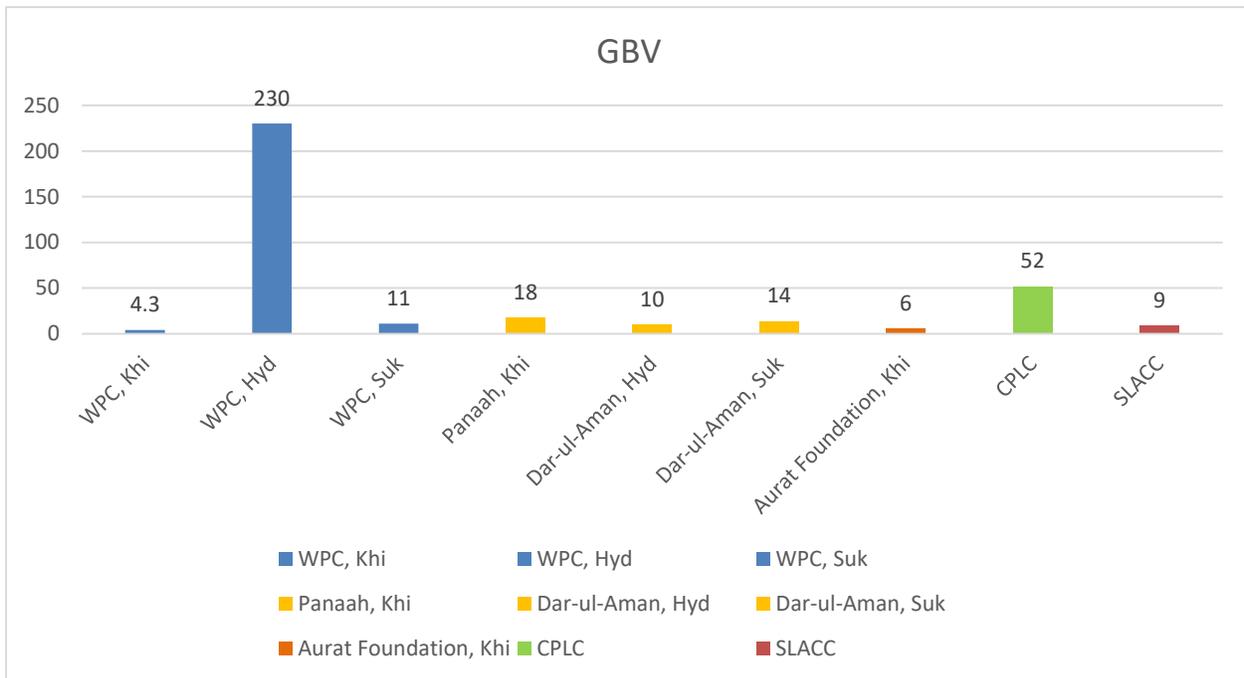
Findings

The findings of the rapid assessment are provided below in tabular form. This is followed by a narrative explaining the current status, responses and strategies of these institutions and actors during Covid 19. The following key is provided for comprehending the tables.

KEY	
✓	Positive
—	Partial
✗	Negative

1. GBV Case Trends

Following are the cases received by the Institutions and Line Depts since 23rd March, 2020 with the exception of the police:



These figures reflect that cases of SGBV are continuing despite the lockdown. As indicated by the Panaah representative, with restricted mobility and access to communication and information, women are unable to reach out for help. Thus, as evidenced in Panaah, as opposed to approximately 50% of walk in cases that they commonly received, they received only 5% of such cases during the ensuing lock down period . Fareiha Azia, Bolo Bhi and member of Women’s Action Forum (WAF) noted that WAF and other organizations and activists have all reported increase of cases being shared with them in person and online.



The figures may not be true indicators of the level of violence. Many activists, including Malka Khan of Aurat Foundation, Fareiha Aziz of WAF and Bolo Bhi note that many women may not be able to report violence due to lack of access to the phone or ability to leave homes. Fareiha Aziz notes that members of WAF, particularly those working in online spaces and psychologists however note and are in the process of documenting the increased number of incidents reported or shared with them.

According to UN Women’s Regional Office for Asia and the Pacific’s rapid assessment survey indicated that 66% of females’ mental health was affected in Pakistan due to the COVID-19 outbreak and change in socio-economic consequence attached to it¹⁸. With that said, in general, there is a gender-based barrier to primary health care in Pakistan with regard to females. Hence, access to medical care is most likely to decrease further due to the COVID-19 outbreak. According to the UN’s survey, 52% of females were unable to seek medical care during this period. Further, 97% of females were either covered by health insurance or did not have any knowledge about it in Pakistan¹⁹. As there is an increase in women’s unpaid work within the home, it increases the physical and mental burden on women.

2. Types of Protection or Response Services Provided

Type of Protection or Response Services Provided											
	SCSW	SHRC	WPC Khi	WPC Hyd	WPC Sukkur	Panaah	Dar ulAman Hyd.	Dar ulAman Suk	Medico- legal	SLACC	CPLC
Registration of Complaint or case			✓	✓	✓						
Legal aid						✓	✓	✓			
Legal advice or information	✓					✓	✓	✓		✓	✓
Health						✓	✓	✓			
Medical or medical aid						✓	✓	✓	✓		
Shelter						✓	✓				

¹⁸Surveys Show That Covid-19 Has Gendered Effects in Asia and the Pacific: Un Women Data Hub
<https://data.unwomen.org/resources/surveys-show-covid-19-has-gendered-effects-asia-and-pacific>

¹⁹ Ibid

Type of Protection or Response Services Provided											
	SCSW	SHRC	WPC Khi	WPC Hyd	WPC Sukkur	Panaah	Dar ulAman Hyd.	Dar ulAman Suk	Medico- legal	SLACC	CPLC
Referral/ Facilitation services	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Others	✓										✓

With the exception of Panaah which provides all the services itself, all institutions and departments offer referral and facilitation services.

Shelter is only provided in 3 places. This reflects the need for increased shelter which includes spaces for isolation. Fareiha Aziz notes that WAF has demanded the Government of Sindh to increase the number of shelters to cater to women and children victims of SGBV, particularly during the pandemic.

The WPC provides options for registration of FIRs and complaints i.e. special measures have been created for improved and more victim-friendly spaces. These have proven to be successful and the Sindh Police has plans to increase their numbers and locations.

Legal aid is only provided by the shelter homes. Legal advice is provided by SLACC, CPLC and the SCSW and SCHR. There must be an expansion of these services and links to the systems and others to establish a seamless protection service. In particular the WPC should be able to provide at the very least legal advice if not aid.

Medical and other health services are provided by the shelter homes and the medico-legal department. Physical health services are provided. Panaah provides access to a psychologist and the other Dar ul Amans also have limited access. However, there is too little focus placed on this. The medico-legal department does not do a psychological or mental assessment by professionals nor reference to any. Thus, no official medical evaluation can be presented in court unless private medical information is submitted but with express permission and upon discretion of the judge.

Mental health, as noted earlier is a massive area of concern during the Covid-19 time period. While the Federal Government does provide a helpline for support of domestic violence victims, but reportedly it does not function effectively.

3. Who are Protection and Response Services Provided to?

Who are Protection or Response Services Provided to?											
	SCSW	SHRC	WPC Khi	WPC Hyd	WPC Sukkur	Panaah	Dar ulAman Hyd.	Dar ulAman Suk	Medico-legal	SLACC	CPLC
All persons		✓	✓	✓	✓				✓	✓	✓
Women	✓					✓	✓	✓			
Children	✓					✓	✓	✓			
Transgenders	✓						✓	✓			

The SHRC, WPCs, medico legal, SLACC and CPLC all provide services to all individuals. SCSW and the shelter homes all provide their services to women and children. The SCSW and shelter homes provide their services to transgenders.

4. Availability and Accessibility to services

Availability and Accessibility to Services										
SCSW	SHRC	WPC, Khi	WPC, Hyd	WPC, Sukkur	Panaah Shelter Home	Dar-ul-Aman, Hyd	DarulAman, Suk	Medico Legal	SLACC	CLPC
—	—	✓	✓	✓	✓	✓	✓	✓	✓	✓

It is imperative for essential health care, social services, justice and policing services to be available in sufficient quantity and quality and physically accessible to all the victims and survivors of GBV without any discrimination as per the United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence.

The key state actors of the criminal justice system i.e. the police and medico-legal department have continued their operations. Police stations continue to be accessible to the public and cases are routinely taken for medico-legal examination as per routine. The 15 Madadgar helpline is operational and responds to call as and when needed. The WPCs, thus, have continued functioning within the police stations, but with limited resources. The cases are increasing on a daily basis regarding domestic violence and other forms of SGBV.

However, Bassam Dahri, a lawyer noted that not all FIRs are registered and sometimes the police uses its own discretion in doing so. He noted in some cases, the courts had to be approached to circumvent the police stations and initiate the case in court or through other means such as Habea Corpus petitions. Barrister Haya Zahid did on the other hand note increasing calls from police stations to provide legal support to victim. Thus, this seems to be a more discretionary occurrence as opposed to a set standard. Thus, there does not seem to be a set standard.

Panaah Shelter Home and the Dar ul- Amans are currently functional. However, the court has ordered that anyone entering the shelters must undergo testing. This has placed strain of victims who are now responsible for ensuring they are tested as shared by Malka Khan, Aurat Foundation. Panaah provides a few rooms where new entrants are isolated before joining the others, but this is not available in the other shelters. A proper protocol is needed to ensure seamless testing and isolation of victims within the shelter or another location to wait for their results.

SCSW and SCHR were both shutdown during the lockdown but continue working remotely over the telephone. In particular, they provide key support in legal advice and support and in facilitation of the victims, for example providing legal aid or rations etc., as the need may be.

SLACC and CPLC have been functioning since the lockdown. SLACC was physically closed from 19th March – 14th April 2020. However, the lawyers were responding to the voicemail calls from their respective homes. Hence, due to the online and voice recording system being intact and properly functioning, there was reduced impact of closure of the SLACC as legal advice was still being provided offline. SLACC resumed its operations from 14th April, 2020 and is taking live calls from 9.00 am onwards 6 days a week with a voice recroding mechanism in place after operational hours.

5. Risk Management due to Covid-19 Pandemic

Risk Management due to Covid 19 Pandemic										
SCSW	SHRC	WPC, Khi	WPC, Hyd	WPC, Sukkur	Panaah Shelter Home	Dar-ul-Aman, Hyd	DarulAman, Suk	Medico Legal	SLACC	CPLC
✗	✗	✗	✗	✗	✓	✗	✗	✗	✓	✗

During the COVID-19 period, in general, a lot of institutes around the globe have taken precautionary measures. Hence, developing standard operating procedures (SOPs) are important to guide service delivery. The protocols/SOPs support and ensure to provide safe and good quality of services. The ideal SOPs should cover the process involved in the delivery of services to the GBV victim in context with COVID-19 and adhere to the social distancing and precautions given under WHO Guidelines²⁰.

²⁰Advice For Public, WHO

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>



The medico-legal departments have no proper equipment or protocols or SOPs in place for security. The only precautions they are taking is reducing their strength at work and providing masks to the employees and as well as the patients they are checking.

The police also have no set standards regarding protection during Covid-19. There are police officers on the streets with masks and gloves, while others do not wear either. Lack of social distancing is seen between police officers. Bassam Dahri confirmed that police stations are operational, but the ones he visited were not seen to be wearing any protective gear in the police stations themselves. SI Abdullah Memon from 15 Madadgar Police confirmed that all 15 police officers are wearing appropriate gear. However, in cases where there is scuffle or struggle, this may not always be enough. He noted that was no Covid-19 specific protocol or SoP in place yet.

The WPCs has not put into place any internal SOPs or safety plan/risk assessment for the victims of GBV in the context of COVID-19 that consider the particular risks of quarantine, home confinement and other measures to address COVID-19. Further, there are no pro-active measures observed to be taken to monitor the high-risk neighborhood and households, based on previous reports of GBV due to shortage of staff being deployed in the field.

Dar-ul-Aman receives cases from courts. Thus, with regards to COVID-19, the courts have given direction to screen the victims/inmates before sending them to shelter homes. Dar- ul- Amans in Hyderabad and Sukkur have not developed any SOPs specifically in the context of COVID-19. Additionally, they have not been provided any sort of resources for their hygiene and protection such as sanistizers of other protective equipment. This is largely due to the fact that SWD, the administrative department of the Dar ul Amans was shut down immediately upon lockdown. The lack of such resources increases the risk of contracting the disease.

Unlike other shelter homes across Sindh, Panaah Shelter Home, which public private partnership, allows walk-in clients which are approximately 50% of the cases as per the institutions representative. Since the lockdown (i.e. from 18th March 2020 till 30th April 2020) Panaah has received only 5% walk-in clients. Thus, the ratio has seen to be reduced, which raises concerns regarding women's lack of mobility and access to shelter. However, they are still receiving cases from courts which follow the same protocol of testing and screening as other Dar ul Amans. Panaah has taken further precautions by not only developing SOPs in this context but has set up 4 transitional rooms in place where they quarantine new inmate for 7 to 14 days and then move her to the hostel once she is cleared. However, due to the requirement of shelter homes only permitting admission to those who are screened, there have been problems particularly for those victims who are rescued at night. They are not allowed to enter the facility until they have received the court's direction of being screened and admitted. Thus, as Ms. Shirin, Chairperson SCSW shared, some victims have stayed a night in police lock-ups until approved for admittance into the shelter homes. Malka Khan from Aurat Foundation also noted that testing is often the responsibility of the victim, which makes it challenging for her to have the test conducted before entry. WAF, as noted by Fareiha Aziz, has been demanding temporary shelters for new entrants, but the Government of Sindh has yet to respond. This has also largely been due to the lack of operational SWD which is in charge of shelters etc.

SLACC has put into place SOPs for its own internal working which include reduced/cluster based staffing measures . However, they have no interaction with outside persons and is able to control its environment.

The CPLC on the other hand, does not have any internal SOPs made with regards to the COVID-19 and is said to be following the precautions stated by the Government of Sindh.

6. Linking with other sectors and agencies

Linking with other sectors and agencies										
SCSW	SHRC	WPC, Khi	WPC, Hyd	WPC, Sukkur	Panaah Shelter Home	Dar-ul-Aman, Hyd	DarulAman, Suk	Medico Legal	SLACC	CPLC
✓	—	✓	✓	✓	✓	✓	✓	✓	✓	✓

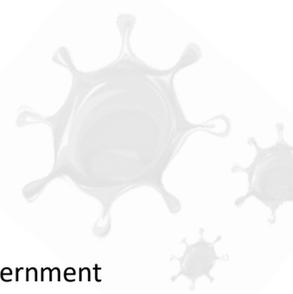
As COVID-19 is one of the moments where there are extreme and sudden movement restrictions or quarantine, there may be very few locations where the SGBV victim or survivor is able to have interaction with anyone other than the abuser. All the institutes interviewed for the assessment, have intact referral mechanisms within the agencies and other sectors which have been key throughout the lockdown.

A number of cases have been reported through the phone. This has included calls to the SLACC, SCSW, SCHR and CPLC. All of these departments and institutions have intact referral mechanisms which have facilitated the victims in accessing the necessary services. For example, the Chairperson SCSW arranged immediate legal aid for a victim to appear in court straight away.

SHRC is not receiving new cases through letters because of the closure of the office. However, they are taking suo moto and virtually working from their home.

The police and Medico-legal departments continue to be linked with the police departments and other criminal justice actors as per routine. Barrister Haya Zahid has reported that police stations have been given lists of organizations who provide legal aid and often call them for support. She confirmed having been contacted by several police stations and the Legal Aid Society for provision of legal aid regularly.

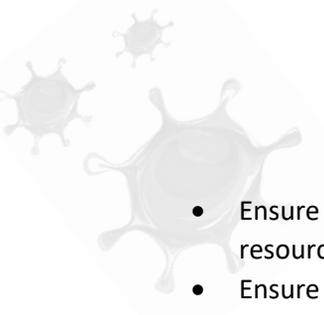
The police along with Women Protection Cells and Medico-legal departments continue to be linked with the police departments and other criminal justice actors as per routine.



Recommendation:

Although, with limited resources and access, COVID-19 creates a unique opportunity for the Government as well as other institutes functioning with regards to essential services, to invest in public health, social infrastructure (such as safe houses to be made operational across Sindh for victims) and to devise a mechanism which allows taking concrete steps to ensure women's rights and access to justice.

- Formation of a SGBV Task Force consisting of key actors and female civil society representatives to oversee the Government response to increased SGBV during covid-19.
- Ensure adequate resources are pledged for support of victims of SGBV during Covid-19 pandemic and institutions and services providing such support.
- Establish sufficient number alternative shelters for victims of SGBV during covid-19 pandemic
- Consider removing the abusers from the home and placing them in alternative housing as opposed to the victims.
- Mental health of women and other vulnerable groups in Covid-19 times to be recognised as a priority area of concern
- Psycho-social help lines either be created or existing help lines adopted for psychological support and counselling of people, particularly those vulnerable to SGBV during Covid-19
- Existing essential services including police, shelters, legal aid providers and other call centers and help lines have information about where and how a victim may receive psychological support during this time.
- Medico-Legal officers be provided adequate protection equipment
- SoPs for functioning of the medico-legal department during Covid-19 be developed and implemented.
- Ensure the provision of resources for the protection of all police officers
- Capacity building of all police on the increased vulnerability of women and girls to SGBV, particularly to domestic violence during the pandemic to prepare and better respond to the potential increase in the volume of emergency calls and developing risk management
- Develop an SOP for 15 Madadgar in their emergency response to calls for SGBV, particularly domestic violence during the pandemic
- Develop an SOP for police force on responding to cases of SGBV, particularly domestic violence during the pandemic.
- Allowing remote applications and complaints to be registered with the police or relevant government or quasi government bodies through electronic means.
- Support and publicly promote online reporting/advice mechanism developed by the institutions.
- Develop special protocols with relevant healthcare providers to enable SGBV victims to immediate report such cases even in situations where they are under threat or unable to articulate their danger. For example, in England and Wales, the police has made provision that silent call can be made to the ordinary three-digit emergency number, and the person subjected to violence can enter a code.
- Government of Sindh to establish a relationship with CSOs and NGOs to support gender-responsive and people-focused responses to the pandemic and to include them in national COVID-19 preparedness, response and recovery plans.
- Government to ensure inclusion of women in the planning and response to Covid-19 pandemic

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- Ensure all SGBV essential service providers to be operational, such as WDD and SWD with appropriate resources.
 - Ensure essential service providers to have the necessary level of personal protective equipment and protocols intact to protect themselves and others during the COVID-19, without compromising the level of service.
 - Issuing public service announcements, through social media and print media, regarding strict consequences to be taken by the Government with regards to violence against women.
 - To priorities cases of SGBV and ensure judicial protective measures to be intact.
 - CSOs and NGOs to provide capacity building of essential services providers both Government and civil society, through e-learning and/or webinars, on how to handle disclosures of violence against women and girls, make referral mechanisms or to switch to online support.