

WOMEN'S VOICE &
LEADERSHIP – PAKISTAN
WORKING PAPER:
BRIDGING THE INFORMATION
AND KNOWLEDGE GAPS

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Women's Voice & Leadership – Pakistan

Working Paper: Bridging the Information and Knowledge Gaps.

By: Uks Research Resource & Publication Centre



Abstract

A triangulation-based research study to map out the socio-economic vulnerabilities of women home-based workers, women health workers, and women domestic workers during the covid-19 pandemic. With an overarching aim to bridge the existing information and knowledge gap on women, SDGs and Covid-19, this study also reveals the increased trends of gender-based violence, early child marriages, and forced marriages along with inadequate reportage of media on the above-mentioned issues. Data derived from quantitative surveys & media monitoring, qualitative focused group discussions, and interviews with key experts, extends a veritable knowledge base for media practitioners, WROs, parliamentarians, and government officials to enhance their presence in said aspects by whatever means necessary.

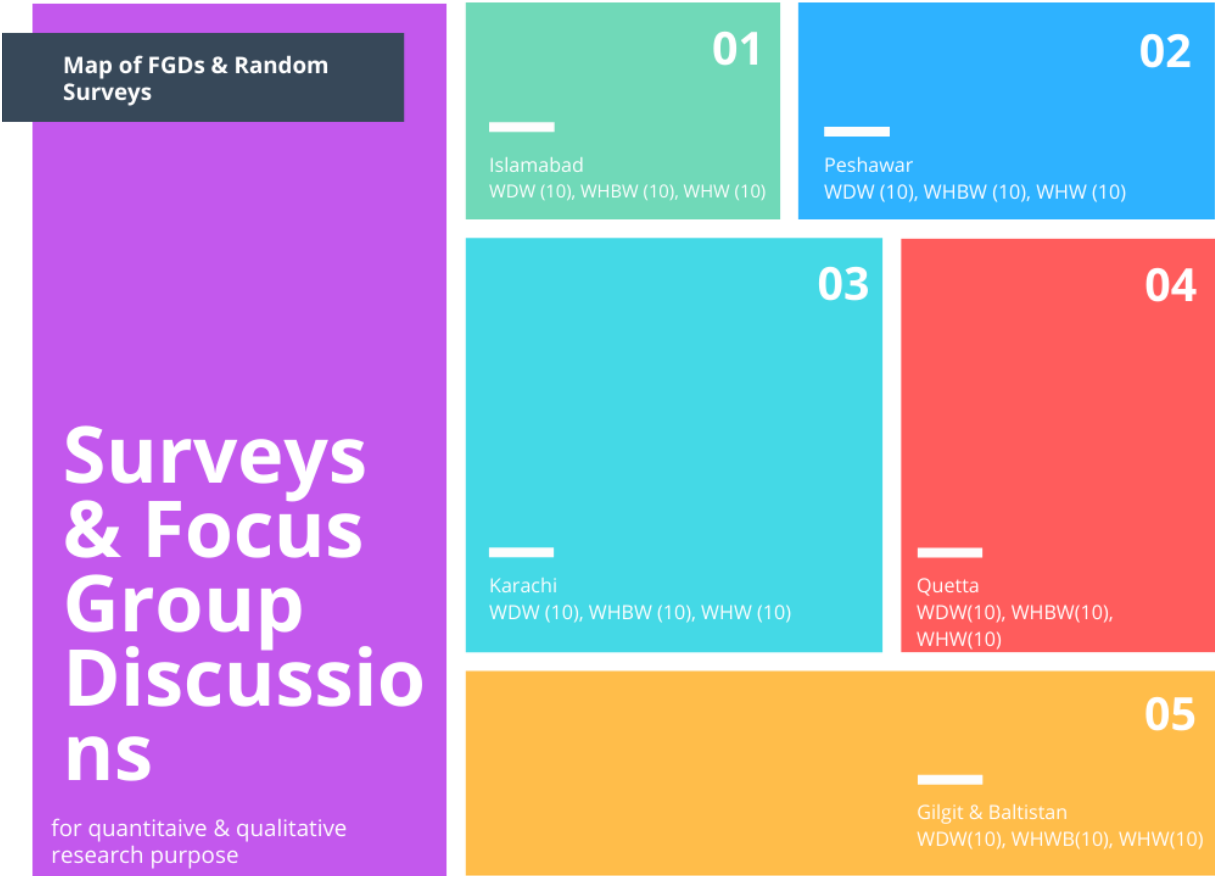
Acronyms

GBV	Gender-Based Violence
WDW	Women Domestic Workers
WHW	Women Health Workers
ECM	Early Child Marriages
FCM	Forced Child Marriages
WHBW	Women Home-Based Worker
FGD	Focused Group Discussion
IBA	Institute of Business Administration

Key Definitions

Vani	A custom found in parts of Pakistan (Sindh & KPK) where girls, often minors, are given in marriage or servitude to an aggrieved family as compensation to end disputes
Swara	A custom found in parts of Pakistan (Tribal areas & Baluchistan) where girls, often minors, are given in marriage or servitude to an aggrieved family as compensation to end disputes
Key expert	An individual professional whose skills, qualifications, knowledge and experience are critical to the performance of the consulting services

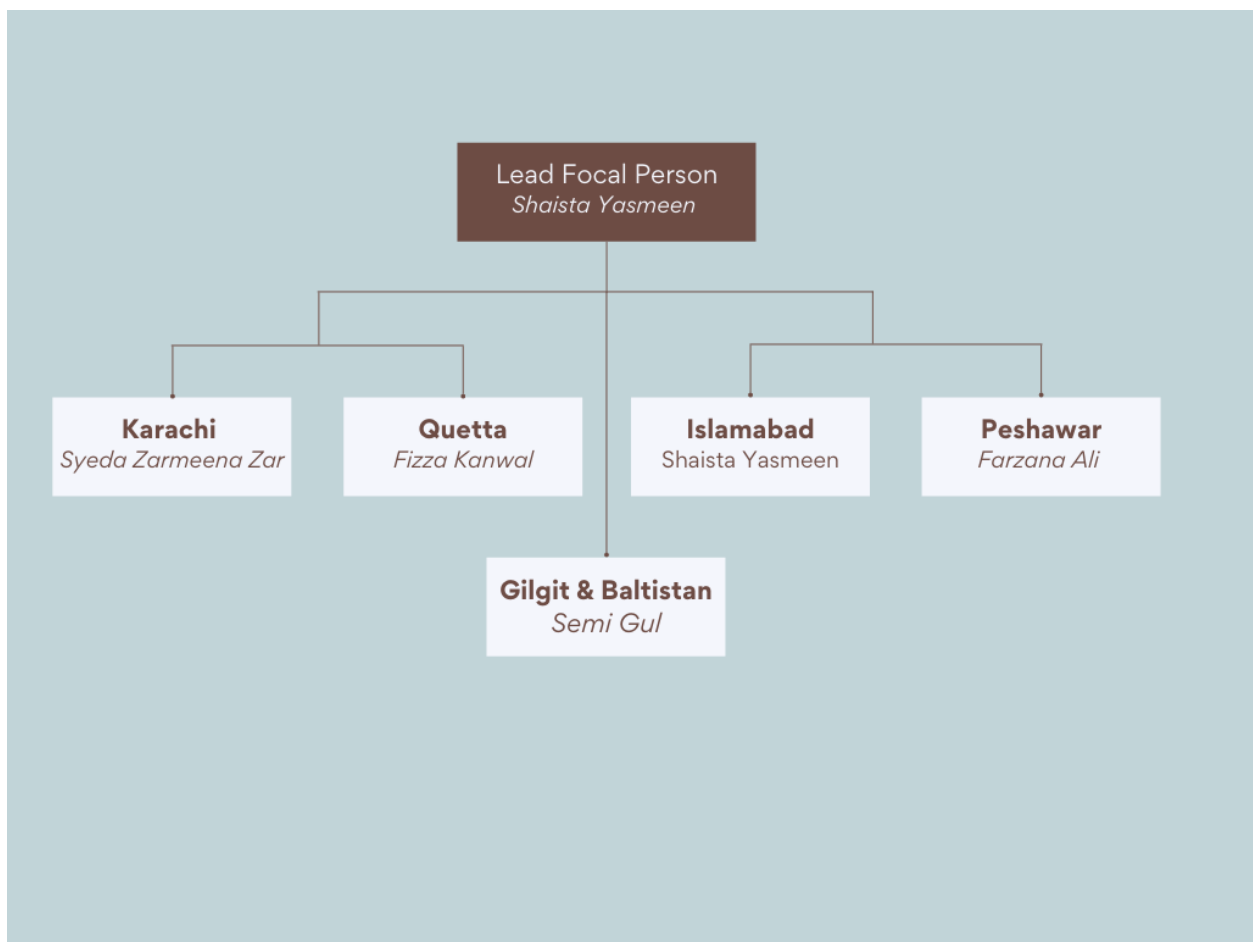
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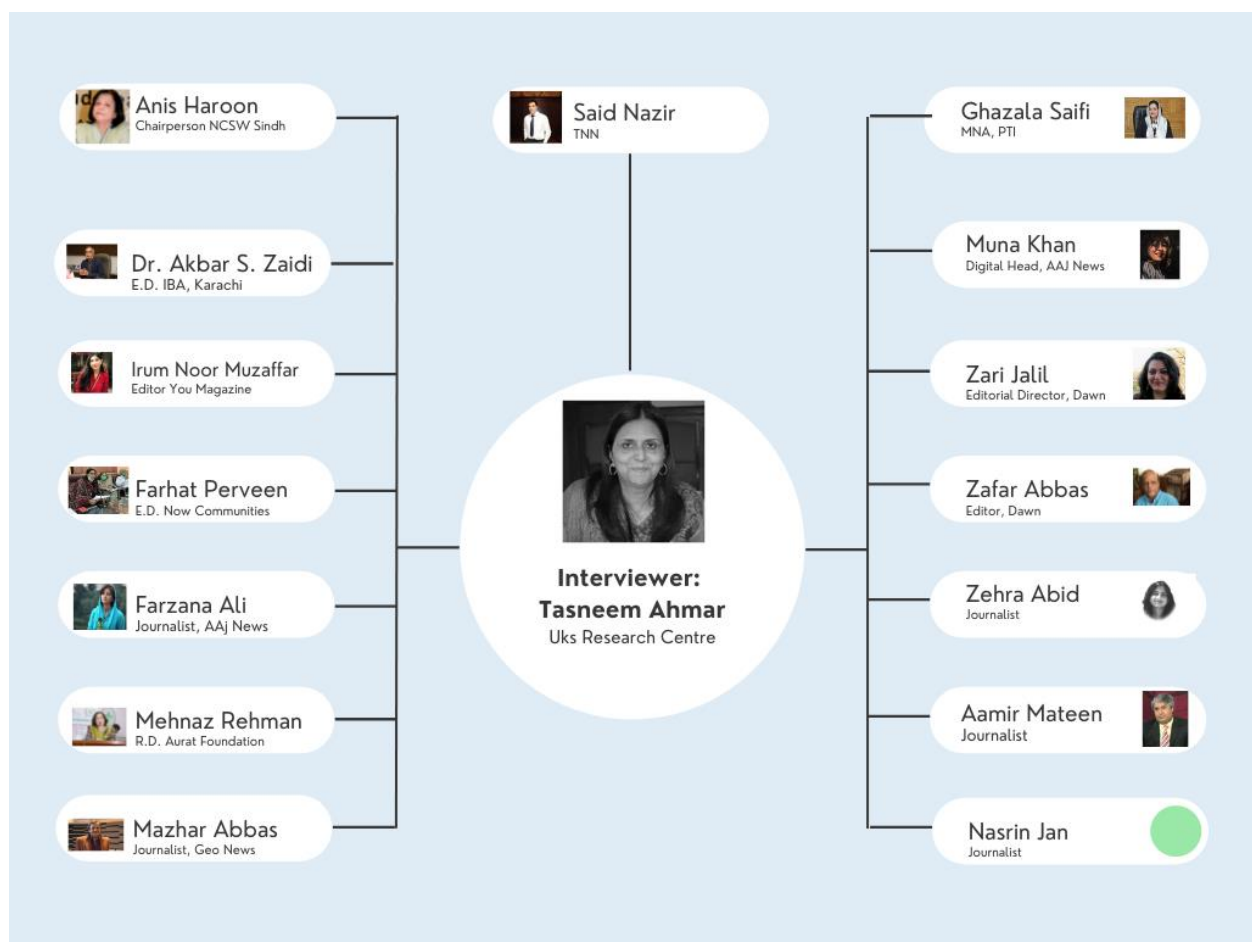
FGDs and Survey Respondents

WDW (001)					WHW (002)					WHBW (003)				
<i>RWP</i>	<i>Quett</i>	<i>KHI</i>	<i>GB</i>	<i>PW</i>	<i>RWP</i>	<i>Quett</i>	<i>KHI</i>	<i>GB</i>	<i>PW</i>	<i>RWP</i>	<i>Quett</i>	<i>KHI</i>	<i>GB</i>	<i>PW</i>
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001- R-1	001- Q-1	001 -K-1	001 -G- 1	001- P-1	002- R-1	002- Q-1	002 -K-1	002 -G- 1	002- P-1	003- R-1	003- Q-1	003 -K-1	003 -G- 1	003- P-1
001- R-2	001- Q-2	001 -K-2	001 -G- 2	001- P-2	002- R-2	002- Q-2	002 -K-2	002 -G- 2	002- P-2	003- R-2	003- Q-2	003 -K-2	003 -G- 2	003- P-2
001- R-3	001- Q-3	001 -K-3	001 -G- 3	001- P-3	002- R-3	002- Q-3	002 -K-3	002 -G- 3	002- P-3	003- R-3	003- Q-3	003 -K-3	003 -G- 3	003- P-3
001- R-4	001- Q-4	001 -K-4	001 -G- 4	001- P-4	002- R-4	002- Q-4	002 -K-4	002 -G- 4	002- P-4	003- R-4	003- Q-4	003 -K-4	003 -G- 4	003- P-4
001- R-5	001- Q-5	001 -K-5	001 -G- 5	001- P-5	002- R-5	002- Q-5	002 -K-5	002 -G- 5	002- P-5	003- R-5	003- Q-5	003 -K-5	003 -G- 5	003- P-5
001- R-6	001- Q-6	001 -K-6	001 -G- 6	001- P-6	002- R-6	002- Q-6	002 -K-6	002 -G- 6	002- P-6	003- R-6	003- Q-6	003 -K-6	003 -G- 6	003- P-6
001- R-7	001- Q-7	001 -K-7	001 -G- 7	001- P-7	002- R-7	002- Q-7	002 -K-7	002 -G- 7	002- P-7	003- R-7	003- Q-7	003 -K-7	003 -G- 7	003- P-7
001- R-8	001- Q-8	001 -K-8	001 -G- 8	001- P-8	002- R-8	002- Q-8	002 -K-8	002 -G- 8	002- P-8	003- R-8	003- Q-8	003 -K-8	003 -G- 8	003- P-8
001- R-9	001- Q-9	001 -K-9	001 -G- 9	001- P-9	002- R-9	002- Q-9	002 -K-9	002 -G- 9	002- P-9	003- R-9	003- Q-9	003 -K-9	003 -G- 9	003- P-9

Focal Persons and Surveyors



Key Experts



Executive Summary

The COVID-19 pandemic caused uncertainty and disruptions in all spheres around the world. In Pakistan, a country already overwhelmed by grave challenges on many fronts, the government moved quickly and was able to contain the spread of the virus through lockdowns. The decisive strategy worked and Pakistan experienced relatively low levels of infections and deaths. However, the resulting restrictions on mobility had a negative impact on the economy leading to school closures, loss of employment, and income. The impacts of this are expected to continue affecting Pakistan well beyond the pandemic.

The consequences of the pandemic and lockdown have had an especially pronounced impact on vulnerable groups like women and children. For instance, a significant and alarming rise in the incidence of gender-based violence during the pandemic was reported from around the world. COVID-19 has also thrown a spotlight on the staggering levels of gender imbalances that continue to persist worldwide and which have widened as a result of it. The pandemic also derailed Pakistan's hard-fought progress on several SDGs, such as girls' education. As the world moves towards containing the pandemic through vaccination and other means, there is a need to rethink how Pakistan will move towards economic and social recovery in ways that advance gender equality and women's empowerment.

Conducted by the Uks Research Centre in collaboration with Oxfam, the information in this report was gleaned from a triangulation study that employed a mixed-method approach to mapping the vulnerabilities of women domestic workers, women home-based workers, and women health workers, to socio-economic factors during the COVID-19 pandemic across Pakistan. This document presents the salient information from the knowledge content.

Recommendations

The broadest recommendation of this knowledge content is to make inclusivity and gender responsiveness a compulsory element in all response and recovery programmes. All economic and social policies need to be created with the input of women, keeping in mind the impact on them. And to this end, we recommend the following:

1. Create awareness in the media about the importance of the SDGs, especially those pertaining to women. More importantly apprise the media of the importance and relevance of the SDGs as a national and local goal as opposed to a foreign-imposed one.
2. Create awareness amongst parliamentarians and policymakers to mainstream and draw attention to women's issues on a regular basis, without politicising them.
3. Create awareness amongst women's rights organisations about the challenges induced by the pandemic and the issues it brought to the fore for women. Train women's organisation on advocacy and lobbying for women's rights issues to enable their voices to be heard at the national level.

4. Enable poverty-reduction schemes such as the Ehsaas Emergency Cash Programme to give emergency cash aid directly to women. Incorporate mechanisms that assure that the aid reaches women. The benefit of this will be manifold. This will ensure that the large number of women who are not entered in Pakistan's national database (NADRA) get registered, those who do not have cell phones are able to access them and those who don't have access to banking services gain access to them.
5. Give those women home-based workers who are entrepreneurs, easy and adequate access to credit, microloans and grants.
6. Remove barriers that prevent women from full participation in the economy. This includes implementing social protection mechanisms and safety nets that take into account the factors that prevent women from joining the formal economy.
7. Ensure that women who are employed in the informal economy have access to benefits.
8. Narrow the education gaps between men and women to enable greater participation of women in the economy.
9. Allocate and increase resources for the creation of women's shelters for victims of GBV. Creating widespread awareness about the facilities and making them accessible to women should be an integral part of the creation of women's shelters around the country.
10. Creating safe physical and online spaces where women can report abuse safely and expect adequate support. Create widespread awareness about such spaces.
11. Develop countrywide campaigns targeted at both women and men to create awareness about GBV. The campaigns should offer clear and safe solutions to women victims and make the consequences of the abuse clear to the perpetrators.

The findings of this knowledge content will enable policymakers to incorporate gender sensitivity and responsiveness in their planning and decision-making in a sustainable way during this difficult period in the world's history. We also hope to provide stakeholders with the necessary information to enable gender-informed resource allocations. In this way, we hope they are able to help make a difference in the lives of Pakistani women.

Ethics statement

Uks has extensive experience of undertaking studies in Pakistan, especially with groups that face exclusion because of gender. Thus, all survey instruments, assessment and research tools that we use have been adapted for the full participation of women and other genders.

Gender-based issues are central to our work and our team members have considerable experience researching women in a deeply traditional society like Pakistan. We understand the cultural and contextual sensitivities of working with women and ensure that we conduct all survey procedures sensitively. Cultural practices like *purdah* which are endemic to Pakistan were considered while conducting surveys and FGDs. *Purdah* is the practice of physically segregating men and women, as well as covering women's head, bodies, and often their faces. These were taken into account while collecting information, and women moderators and facilitators were engaged wherever required.

All the information collected in the creation of this knowledge content is strictly confidential. All participants were given information about the purposes of the study. During interviews and FGDs in the field, participants were made aware that the information they share will remain confidential and their identities will remain anonymous. All FGD participants signed consent forms which informed them that the video recordings of the sessions may be posted on social media. Two women subjects of the video films gave verbal consent and opted not to sign consent forms in order to retain stricter anonymity. Extra effort has been made to conceal their identities.

Foreword

Pakistan almost inevitably ranks near the bottom of all scales that have sought to measure gender equity, balance, and inclusivity in a country. With a deeply traditional society, deep-seated patriarchal biases and cultural practices, the average Pakistani woman is up against severe challenges to her agency in the form of restricted mobility, the concept of honour, and internalization of patriarchy by society as a whole. And this is just the tip of the iceberg when it comes to the trials Pakistan's women undergo every day.

Nevertheless, the country had been inching ahead on gender balance and inclusivity till the COVID-19 pandemic hit Pakistan's shores in February 2020. The health disaster threatened to roll back the little progress women had made. By exposing the vulnerabilities of the economic, political, and social systems, the impact of the pandemic on women has been amplified by virtue of their gender and their overall weak status in society. In every sphere of life, be it health, education, or the economy, women (already vulnerable as a group) have been hit harder and pushed back further by the pandemic.

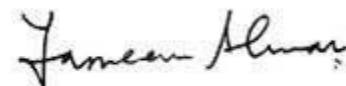
This report was initiated with the intent to draw attention to the severe crisis that Pakistan's working women are facing in a world still grappling with the effects of a global health disaster. A collaborative effort between Uks Research & Resource Centre and Oxfam, this report is an attempt to record and give an accurate account of the impact of the COVID-19 pandemic on informal women workers and women health workers across Pakistan. It lends credence to what many already know about the compounding of Pakistani women's economic and social stresses during the pandemic. Unfortunately, the only area in which this report does not disappoint is in its confirmation of what many feared was the pandemic's impact on women. Apart from that, the information is deeply troubling and the rollback in women's progress is daunting.

This triangulation-based knowledge content maps out the socio-economic vulnerabilities of Pakistan's women home-based workers, women health workers, and women domestic workers during the COVID-19. The overarching aim of this knowledge content is to bridge the existing information and knowledge gaps on the situation of women, Pakistan's progress on the SDGs, especially with regard to women, and the crippling impact of COVID-19. The study also throws a spotlight on increased trends in gender-based violence, early child marriages, and forced marriages with a special focus on media reportage (and the lack of it) on these issues.

Comprehensive information was derived for this study from quantitative surveys and media monitoring, qualitative focus group discussions, and interviews with key experts. It is hoped that this knowledge content will extend a veritable knowledge base for media practitioners, WROs, parliamentarians, and government officials. It is also hoped that the information included in this report will enable policy and opinion makers to comprehend the overwhelming need to institute pro-women social and economic reforms and women-friendly policies on an emergency basis.

Tasneem Ahmar

Executive Director, Uks Research Resource & Publication Centre



Rationale of the Study

Where the COVID-19 pandemic shone a stark spotlight on patriarchy and toxic masculinity, it has also exposed the intentional and systemic economic and social challenges that women face. These atrocities against women have been dubbed as the ‘shadow pandemic’ and given birth to a plethora of research studies and investigative literature on different aspects of it. The literature and veritable research studies on the topic indicate strong correlations between the COVID-19 pandemic and the socio-economic vulnerabilities of women¹. The latter have existed through time immemorial including for the duration of the modern history of Pakistan and have been documented in literature from time to time². The traditional structure of Pakistani society compels the vast majority of women to accept systemic subordination, powered by the forces of patriarchy. This is evident across races, classes, regions and ethnicities. In fact, gender is one of the primary factors that organises Pakistani society and its social values. Gender roles are determined through a patriarchal frame of references. The edicts of patriarchy are often justified through “religious” sanctions, which automatically entitles men to a higher status in society. Women are often relegated to reproductive roles and their mobility restricted to their homes as far as possible. This is frequently justified on the basis of a gender-based division of labour, where men occupy a higher status in a family unit based on their traditional role as breadwinners. This divide automatically leads to lower levels of resource investment in women vis-à-vis men³.

In February 2020, the Pakistan government announced the detection of the first two cases of COVID-19 in the country. Since then, the government machinery was set in motion; managing repeated COVID-19 infection waves, and disbursing cash among the ‘new-poor’, according to a report on the government’s poverty reduction initiative, the Ehsaas Emergency Cash programme, authored by Dr. Sania Nishtar, Special Assistant on Poverty Alleviation and Social Safety to the Prime Minister of Pakistan. Under the Ehsaas Emergency Cash programme the government disbursed close to Rs. 179.221 billion alone-time emergency cash assistance to 14.8 million individuals (out of 139 million aid applications⁴). Independent sources estimated that the pandemic had resulted in over half of the working population facing job and/or income losses as a result of widespread lockdowns between April and June 2020. An estimated 74 percent of affected workers are believed to be part of the informal sector, and the losses were only partly compensated through the public transfers. Around 33 percent of the households reported receiving some form of public cash handout⁵. While the labour force has fully returned to its pre-

¹Bari, F., Farooqui, A., Kamran, S., Shakil, S., Jamal, S. (2020). “COVID-19 and the New Normal for Women in the Economy: Case for Pakistan”. The Asia Foundation

²Bari, F., & Pal, M. S. (2000). Country briefing paper: Women in Pakistan. Asian Development Bank Programs Department and Office of Environment and Social Development, 8.

³Bari, F., & Pal, M. S. (2000). Country briefing paper: Women in Pakistan. *Asian Development Bank Programs Department and Office of Environment and Social Development*, 8.

⁴https://www.pass.gov.pk/Document/Downloads/Ehsaas%20Emergency%20Cash%20Report%20Oct%202020_Dec15_2020.pdf

⁵<https://thedocs.worldbank.org/en/doc/4fe3cf6ba63e2d9af67a7890d018a59b-0310062021/original/PDU-Oct-2021-Final-Public.pdf>

lockdown level, yet economic challenges abound as Pakistan faced 12.5 percent and 13.2 percent level of inflation in urban and rural areas respectively throughout FY21. These figures were 13.6 percent for urban and 15.9 percent for rural areas through FY20.

The economic emergency has led to a widening of the investment gap on women vis-à-vis men. Stagnation of economic activities has resulted in large sections of the population striving to buy basic food and necessities, which in turn has resulted in women becoming an even more vulnerable section of society. This view is further strengthened by UNDP's assessment that for informal workers, the short- and long-term impact of COVID-19 will manifest 'disproportionately and differently' for women as compared to men⁶ There is therefore a pressing need to further investigate the socio-economic vulnerabilities of women and children.

This study analyses the correlation between women's socio-economic vulnerabilities and the COVID-19 pandemic. Conducted by the Uks Research Centre in collaboration with Oxfam this study investigates patterns of the socio-economic vulnerabilities of Pakistan's women and children. It also explores the myriad negative impacts of COVID-19 and the associated socio-economic tolls on women, especially those who work in the informal sector and as frontline health workers. The study also investigates the increased trend of early child marriages and forced marriages during the pandemic and UNICEF ominously estimates that ten million additional child marriages may occur before the end of the decade, threatening years of progress in reducing the practice⁷.

Research Objectives:

The study was designed to unpack the impact of COVID-19 on women by addressing the following research questions:

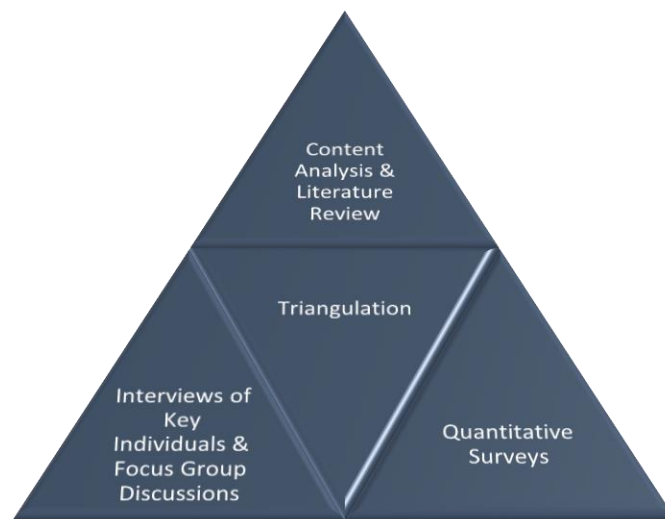
1. What is the extent of vulnerability of women health workers, domestic and home-based workers to the socio-economic effects of the COVID-19 pandemic?
2. What is the coping mechanism employed by women health workers, domestic workers and health workers to mitigate the negative effects of the pandemic?
3. What is the extent of reach of the government to address these socio-economic vulnerabilities?
4. What are the trends of GBV, Early Child Marriage and Forced Child Marriage during the pandemic?

⁶UNDP. (2020). COVID-19 -Pakistan socio-economic impact assessment and response plan

⁷<https://www.unicef.org/press-releases/10-million-additional-girls-risk-child-marriage-due-COVID-19>

Research Methodology:

The study employs a mixed method approach to address the research objectives. We used the triangulation technique using multiple sources to collect information and develop a comprehensive understanding of this phenomena. Triangulation is derived from map-reading, and in social development it involves looking at changes or situations in different ways, in order to compare or/and contrast different viewpoints⁸. For this study the information was collected through Content Analysis (media monitoring, evaluation and literature review), a Quantitative Survey, Focus Group Discussions (FGDs), and a semi structured Qualitative Interview series with key experts (concerned government officials and other relevant individuals). Triangulation allowed us to ground the quantitative findings into targeted groups' experiences for further precision.



A total of 15 focus group discussions and quantitative surveys were conducted from December 1st, 2021 to December 31st, 2021, in each province of Pakistan and Gilgit & Baltistan with three sub-sectors of the targeted population i.e. Women Domestic Workers (001), Women Home-based Workers (002) and Women Health Workers (003). In addition, a team of media monitors and evaluators conducted an extensive quantitative research and literature review to contribute to the study. The research strategy was to divide the entire process into three cycles, i) Content Analysis & Literature Review, ii) Qualitative Focus Group Discussions & Quantitative Surveys, iii) Interviews of Key Experts.

⁸Denzin, N (1978). The Research Act: A theoretical introduction to sociological methods, 2nd edition. New York, McGraw-Hill.

Content Analysis

To analyse the vulnerability to socio-economic factors of the three sub-sectors of the targeted population, researchers monitored reportage of selected media outlets between April 2020 and October 2020. For the trend analysis of GBV (Gender-based Violence), ECM (Early Child Marriage) & FCM (Forced Child Marriage) researchers monitored reports of selected media outlets between January 2019 and December 2020. Uks Research & Resource Centre is essentially a media monitoring and analysis institute, where media monitoring is ongoing process. Media monitors researched newspaper clippings and monitored information during the pandemic from Uks' Research Lab Archives to separated relevant information and content before coding it on monitoring sheets. Forty-six (46) news items from English and Urdu Pakistani newspapers were monitored and analysed to map the socio-economic vulnerabilities of the targeted sub-sectors. Thirty-eight (38) qualifying news items were monitored from January 2019 to December 2020 to monitor FCM and ECM.

➤ Criteria for Inclusion of News Items in The Knowledge Content:

Every news item from the archives anchored around 8 categories (annexed) and containing the peer-reviewed keywords (annexed) was considered a qualifying news item for the study. The list of newspapers containing.

Quantitative Surveys & FGDs

A simple random survey and FGDs were (map is annexed) carried out in five different localities, one in each of the four provinces and Gilgit Baltistan. Ten (10) women home-based workers, 10 women domestic workers and 10 women health workers from each location were provided with survey questionnaire by local enumerators. Uks engaged local female journalists as enumerators, and organised an online orientation session where they were familiarised with the basic theme of the knowledge content and the functioning of survey tools. The enumerators conducted FGDs with the targeted sub-groups i.e. women domestic workers, women health workers and women home based workers. Their qualitative accounts were recorded and transcribed and the quantitative survey questionnaires were filled.

➤ Population

In Pakistan, around 80 percent of the working population is engaged in the informal economy and out of those, 50 percent are women. The ILO estimates that there are around 85 million domestic workers in the country most of whom are women and children⁹. The working women's helpline indicates that there are around 12 million

⁹ <https://nhrf.no/article/2020/international-domestic-workers-day-the-work-of-our-grantee-organization-in-pakistan#:~:text=WISE%20is%20one%20of%20NHRF's,which%20are%20women%20and%20children>

women home-based workers in the country¹⁰ . Most of these domestic and informal workers are not registered with social welfare departments and do not have any legal protection. A disproportionate number of women hold jobs in industries that have poor legal protection, such as paid family and sick leave. According to research conducted by IFES, only 5.53% women representative were part of COVID-19 response committees across Pakistan, which is clear evidence of the unequal power relations of the genders. The absence of women-centric goals in Pakistan's strategy for meeting the SDGs by 2030 is also alarming.

➤ **Sample**

Ten (10) women of each sub-group from 5 locations across the country were randomly selected and a physical questionnaire was shared with them by Uks' enumerators. A total of 150 responses from Peshawar, Karachi, Rawalpindi, Quetta and Gilgit Baltistan were gathered and an electronic database was created. The responses were analysed on Microsoft Excel.

➤ **Survey Tool**

The Vulnerability Assessment Framework Questionnaire v.2, by UNCHR was adapted and altered in accordance with the necessities of this distinct study and demographics. After peer-reviewing and pretesting, a new questionnaire (annexed) was shared with the randomly selected sample.

¹⁰<https://blogs.adb.org/blog/how-protect-pakistans-home-based-workers#:~:text=The%20Working%20Women's%20Helpline%20in,the%20entire%20informal%20labor%20force.>

Chapter 1

Vulnerability to Socio-Economic Factors

Informal surveys indicate that there are 20 million home-based workers in Pakistan, however, labour force surveys put this figure at 4.8 million. The UN Women's report 2016 indicates that 65% of the total contribution of home-based workers to the economy is by women home-based workers¹¹. Domestic work is part of a large informal sector, and because of its fluid nature there is no agreed upon figure on the numbers of domestic worker in the country. However, studies show that every fourth household in Pakistan employs domestic workers, (mainly women or children¹²). Two years into the COVID-19 pandemic there is no doubt that women's groups working in the informal sectors, have been impacted the hardest by it. This group of workers has limited legislative support as well as limited resources to cope with the economic fallout of a disaster like the pandemic. With stagnant economic activities, the sub-sectors of women working in the informal sector were left more vulnerable to socio-economic factors. Another group of women who were left vulnerable during this difficult time were women health workers who were frontline warriors in the fight against the disease. From non-availability of PPEs to workplace harassment and from violence to unpaid overtime work, women health workers have faced severe challenges during the reporting period. Several research studies have attempted to map the extent of women's socio-economic vulnerabilities during the pandemic, yet a significant knowledge gap persists, hindering WROs (Women's Rights Organisations) and other rights-based agency from furthering their advocacy efforts. The current study fills the void by mapping these vulnerabilities and trends in GBV, ECM and FCM as documented in literature and media reportage. It also maps it through the personal narratives of affectees and experts as part of the quantitative information obtained through survey questionnaires. Although the study presents a snapshot of overall economic and social downturn of the aforementioned groups, differences in variance outcomes by subsectors are also estimated. Fig (1.1) shows the categorization of 46 coded news items.

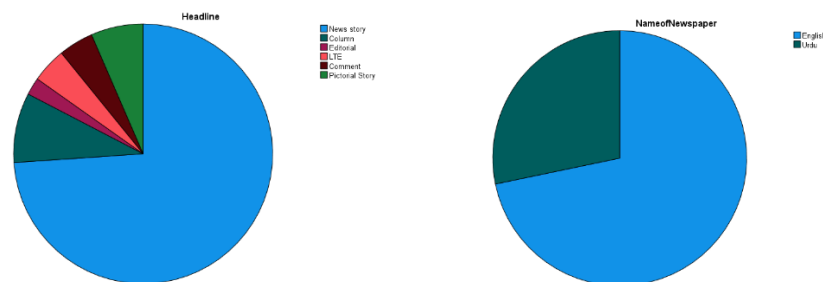


Fig (1.1) – Breakdown of news items

¹¹<https://paycheck.pk/labour-laws/home-based-workers-in-pakistan#:~:text=What%20is%20the%20situation%20of,which%2012%20million%20are%20women.&text=400%20billion%20through%20their%20wages,economy%2C%2065%25%20by%20women.>

¹²<https://paycheck.pk/labour-laws/domestic-workers-in-pakistan>

It shows that large proportion of the media sample comprises news stories followed by newspaper columns, pictorial stories, letters to editors, comments and editorials in chronological order. Some **71.7percent** of the total number of monitored items was reportage in English and the remaining **28.3 percent** were news reports in Urdu. This indicates that out of the 25 items that qualified for this knowledge content, 18 news items were from the English media (18:25). This division is an indication of the respective media's priorities and attitudes towards these social issues.

Fig (1.2), represents the percentages of news items related to each subsector in the targeted group i.e. Women Domestic Workers, Women Home-based Workers and Women Health Workers. News items related to women health workers (**65percent**) exceed news items about the other two subgroups, mainly because women health workers and their issues were relevant to the all-pervasive news of the pandemic.

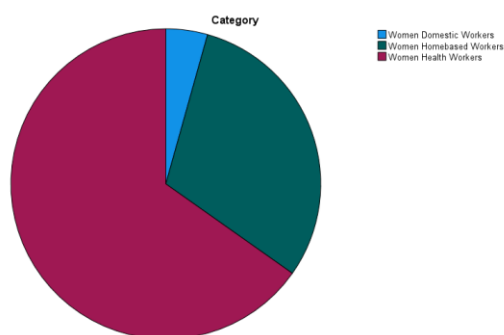


Fig (1.2) – Breakdown of targeted categories.

The news items related to women health workers were generally reported incidents of the health vulnerabilities of the concerned group. Deaths and the COVID-19 positivity rate of women frontline workers were reported from time to time. There were very few insights into the bigger story of women's vulnerabilities to other social and economic factors. This surface skimming of women's issues by the print media is not something new to Uks' media monitoring experience. Albeit, little news items deviated from the usual trends of shallowness and tended to explore other aspects and factors of women's vulnerabilities beyond reporting the number of deaths and the positivity rate amongst health workers.

Women Domestic Workers	4.3%
Women Home-based Workers	30.4%
Women Health Workers	65.2%

Table (1.1) - Breakdown of targeted categories.

Fig (1.3) maps the vulnerabilities of the targeted sub sector through news media reportage. It is evident that economic vulnerability (41.3%) of the three subgroups exceeds all other types of vulnerabilities.

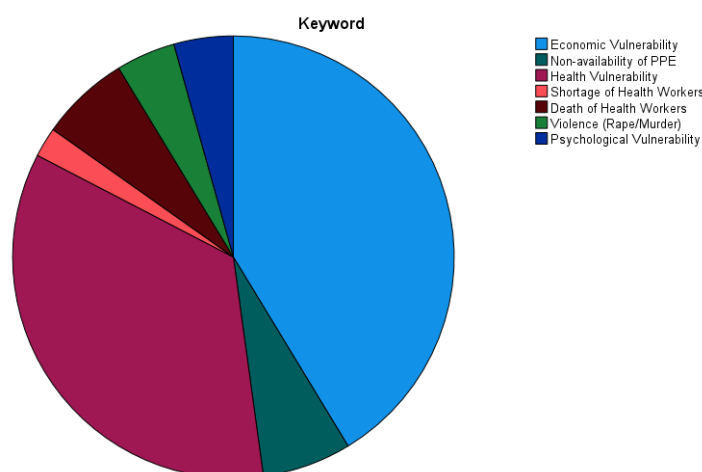


Fig (1.3) – Vulnerabilities through content

Below are the percentages of other vulnerabilities in comparison to social and economic factors:

Value	Percent
Economic Vulnerability	41.3%
Non-availability of PPE	6.5%
Health Vulnerability	34.8%
Shortage of Health Workers	2.2%
Death of Health Workers	6.5%
Violence (Rape/Murder)	4.3%
Psychological Vulnerability	4.3%

Table (1.2) –Vulnerabilities through content.

Fig (1.4) shows the division of different types of vulnerabilities with respect to the date line in print media. Pakistan's capital, Islamabad is the most reported dateline, mainly because it is home to the country's ruling elite and boasts a large proportion of privileged citizens. Thus, the proportion of households hiring domestic help is relatively higher. Slums and informal settlements around Islamabad are largely populated by domestic and sanitary workers who work in the city's homes. COVID-19 had left these settlements most vulnerable to the uncertain economic conditions.

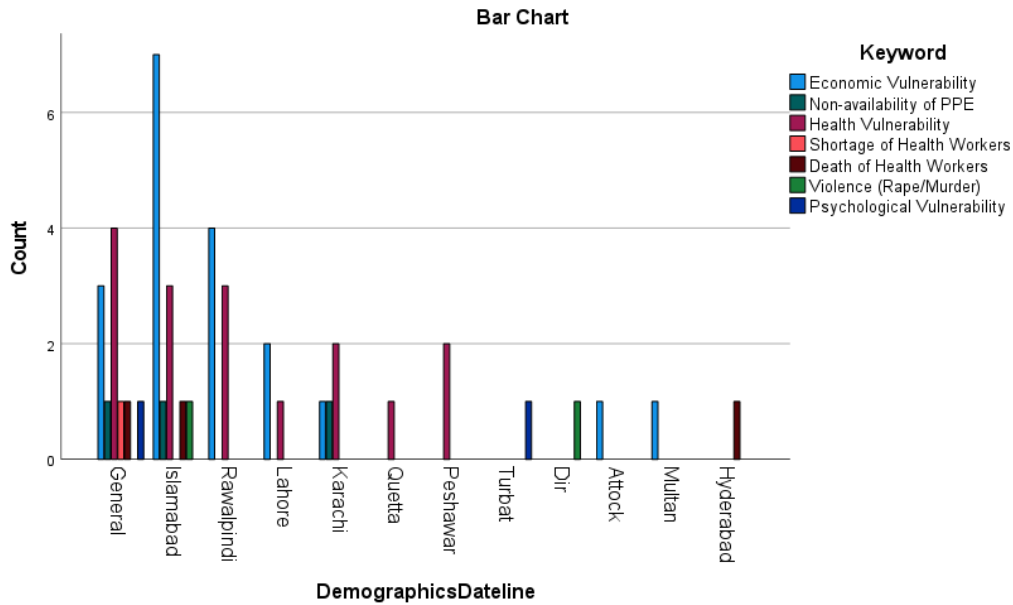


Fig (1.4) – Demographics (dateline)

Fig (5) maps the timeline of socio-economic vulnerabilities of the targeted sub-groups. It shows that the bars (depicting the vulnerabilities) are closer together at the beginning of the pandemic. However, as the pandemic proceeded the representation of women’s vulnerabilities in the media fell based on their proximity (or lack thereof) to the mainstream narrative about the pandemic.

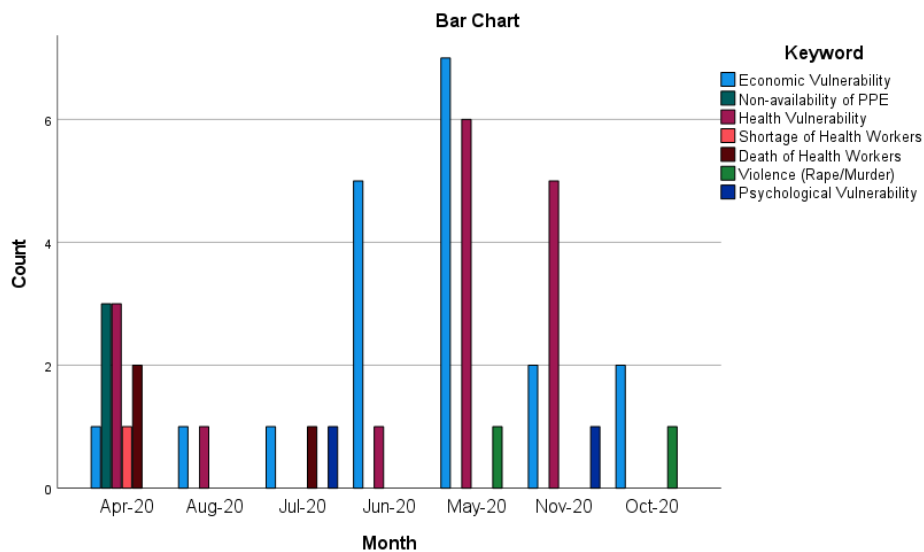


Fig (1.5) – Timeline

1.1 Women Domestic Workers

According to quantitative surveys there is a clear increase of **4.2 percent** in shelter displacement from formal housing to informal housing in the subgroup of women domestic workers throughout Pakistan. Thus, **4.2 percent of the** families of women domestic workers, (where **75percent** Women Domestic Workers are recorded as working mothers and **12.5 percent** as single mothers), were forced to leave formal housing for informal settlements during the pandemic.

Informal housing usually comprises makeshift tents, and is not recognised by the authorities. Formal substandard house settings remained constant during the pre and post pandemic periods. This was because in the rural cultural context, individuals live in extended families where

In extended families, house transitions are to an extent prevented through virtue of a shared roof. Exhaustive poverty coping strategies were recorded in the subgroup of women domestic workers where **33.3percent** spent their savings on trying to cope with increasing poverty, while another **50percent** could not do the same because they did not have savings to fall back on.

For this study, the criteria for poverty were based on the extent of inadequate supplies of food and basic

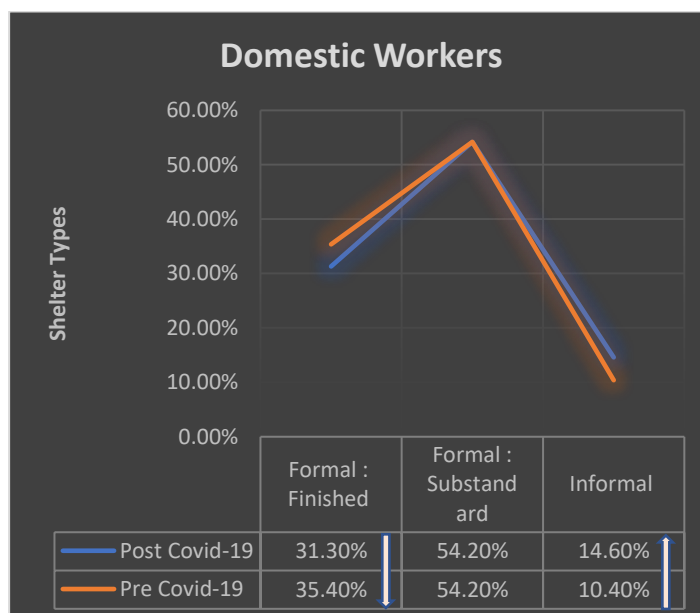


Fig (1.1.1) – House displacement

each 'nuclear' family (husband, wife and children i.e. two generations) lives in one room (sub-standard) under a shared roof. The age group of 28-59 years is frequently recorded in **77percent** of all family settings.

29.8 percent of women domestic workers sold their assets/goods such as jewelry, cell phone, furniture, household electronic goods etc., to cope with poverty while **22.9percent** sold their productive assets or means of transport, such as sewing machine, cars, bicycles, motorbikes etc. to cope with increasing poverty during

16.7percent of women domestic workers or their family members accepted socially degrading, exploitative, high risk or illegal temporary jobs in order to buy essential food and basic need items.

12.5percent of women domestic workers sent their under-age children out to work, adding to the child labour force, while **17 percent** withdrew their children from schools.

needs in the respondent subgroup, as defined in the vulnerability assessment framework questionnaire v.2, by UNCHR. An estimated **62.5 percent** of women domestic workers were forced to reduce their essential non-food expenditures like children's education and health. While **56.3 percent** struggled to buy food items and often purchased food with money borrowed from or on credit from non-relatives.

33.33percent of the women domestic workers (including single mothers) were left with no option other than taking their infant and toddlers to their workplace, leaving mother and child/children vulnerable to health risks.

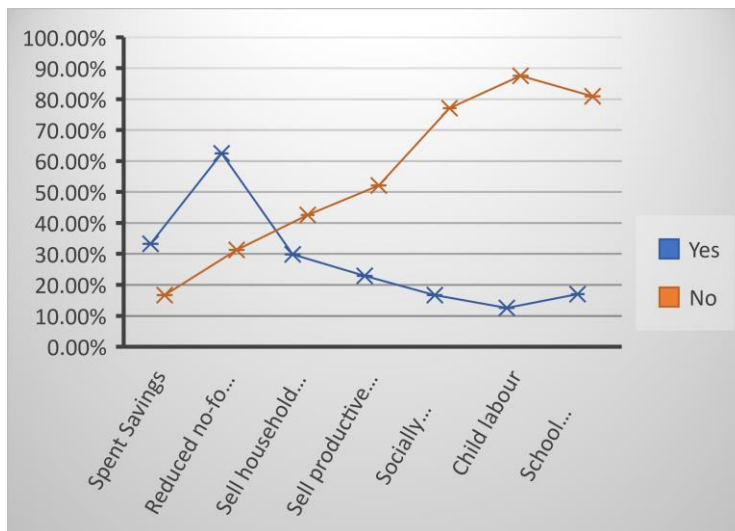


Fig (1.1.2) – Poverty Coping

The financial setbacks of the pandemic were severe and became the catalyst for the exacerbation of other social vulnerabilities, like psychological and physical violence against women and the menace of early and forced child marriages. Focus group discussions explored these issues with women from the targeted subgroups who narrated their lived experience of miseries, verifying the quantitative spectrum of information being reaped from surveys and content analyses. A picture of distress emerged when information collected from different observational sources was married to women's personal accounts, which is articulated in the words of the FGD participants:

It [COVID-19 pandemic] affected my life such that, I could not pay my rent & utility bills. I have 4 daughters and there was no one to earn. Even no one gave zakat (mandatory Islamic charity). We had nothing to eat for over a month.

WDW – Rawalpindi (001-R-5)

Such circumstances forced underprivileged families to withdraw their children from schools [17percent of women domestic workers withdrew their children from schools in order to cope with poverty – Fig 1.1.2, because they were not able to pay the school fee, other opted to marry off their girl children to alleviate the financial strain. Another response from an FGD in Lyari (a large slum in Karachi) articulated the respondent's rapidly increasing poverty during a time when the urban inflation rate was at 15.9percent throughout FY2020.

☞ **Increased poverty - Sometimes my children had to sleep without having proper dinner. At times, we even had to mix red pepper in water and eat it with bread. One of my brothers became paralysed because of increased mental pressure during lockdown.**

WDW – Karachi (001-K-0)

While **62.1percent** of women domestic workers managed to continue their children's education, they continued to face the challenge of non-availability funds for school fees. Simultaneously **55.2percent** were struggling to provide their children the technical gadgets required to attend online classes. Other challenges and difficulties on account of children's formal education as recorded by women domestic worker are depicted in Fig (1.1.3).

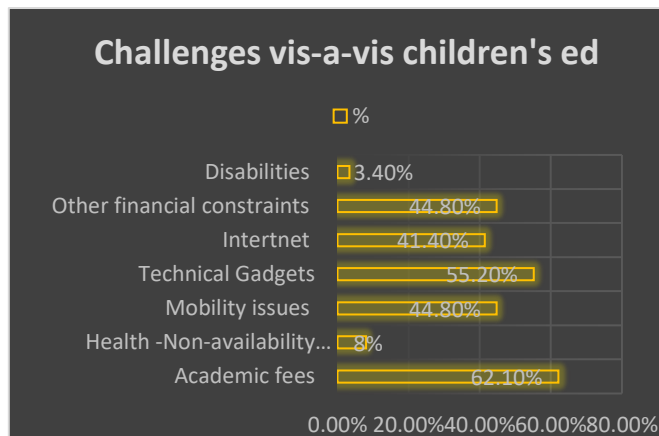


Fig (1.1.3) – Challenges vis-à-vis children's ed

Despite being a gendered crisis in several aspects, COVID-19 is arguably the most severe health crisis the world has had to face in modern history.

Quantitative enumeration of responses shows that **63.8percent** of respondents were not able to access doctors whether at hospitals or at local clinics in case of medical need during the pandemic. Some **29.2percent** of the respondents were forced to work in a health vulnerable environment to make ends meet during lockdown. A significant **31.3percent of the** respondents felt that financial constraints have affected their or their family members' health during the pandemic.

☞ **My husband and child were sick. I couldn't buy the prescribed diet for my son, and his treatment was also postponed. How would one pursue the treatments while struggling to afford meals twice a day?**

WDW – Lyari (001-K-9)

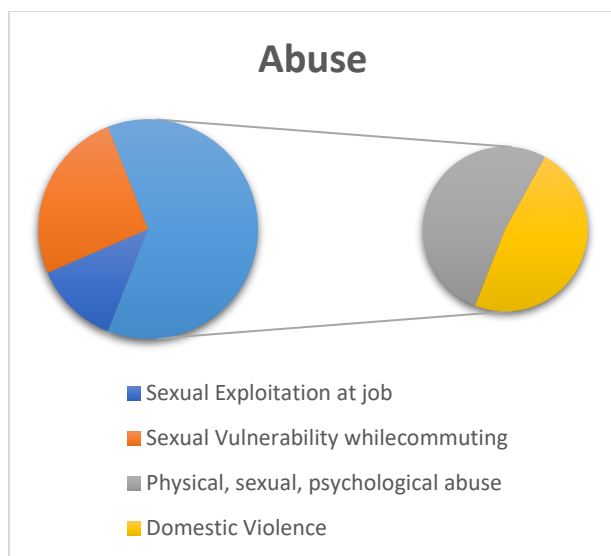


Fig (1.1.4) - Abuse

60.5percent of women domestic workers were laid off from their jobs during the pandemic while **50percent** were rehired once the lockdown was over.

Of the **39.5percent** of women domestic workers who retained their employment **10.5 percent** were sexually exploited in order to keep their jobs. **21.5percent** felt sexually vulnerable while commuting for work while **55 percent** were not provided any special mobility facilities.

25percent of the women domestic workers became victims of domestic violence by a male [**83.33percent of the time it was the husbands**] member of their family during the pandemic.

27.1 percent felt threatened because of physical, psychological and sexual abuse during the pandemic.

✍️ We cannot share with anyone the fact that our husbands are inflicting physical violence on us. Society isn't ready to own our sufferings. If someone dares to share her account, she immediately gets blamed for whatever is happening. This prevents women from speaking up.

WDW – Peshawar (001-P-8)

Some 34 percent of women domestic workers received the cash stipend of PKR. 12,000 from the Government's poverty alleviation Ehsaas Emergency Cash programme. Some **59.375percent** didn't receive any aid through the programme even though they had applied for it. Some **37.5 percent** of Ehsaas programme's beneficiaries faced the following kinds of exploitation during the process of obtaining the stipend.

Exploitation Type	%
Sexual Exploitation	50
Financial Deceit	16.7
Commission cut	16.7
Domestic servitude	16.7

Table (1.1.1) – Exploitation Types

1.2. Women Homebased Workers

Eighty (80) percent of the women home-based workers who were part of the survey were involved in small scale trade. They worked mainly as home tutors, beauticians, creators of handicrafts, packers and tailors. **Thirty-two (32) percent** of the respondents who were women home-based workers were the sole breadwinners in their families, while **6percent** were single mothers. **Thirty-six (36) percent** of the respondents contributed 50% to their monthly household income.

Some **87.5 percent** of women home-based workers were unemployed throughout the COVID-19 lockdown period. A significant **29.2percent** of the women home-based workers reported that their pre-pandemic dues had not been paid and **6.3percent** of the respondents felt that there was an unusual drop in their profit margins because middle men/ factory owners/ business owners were manipulating their economic vulnerability.

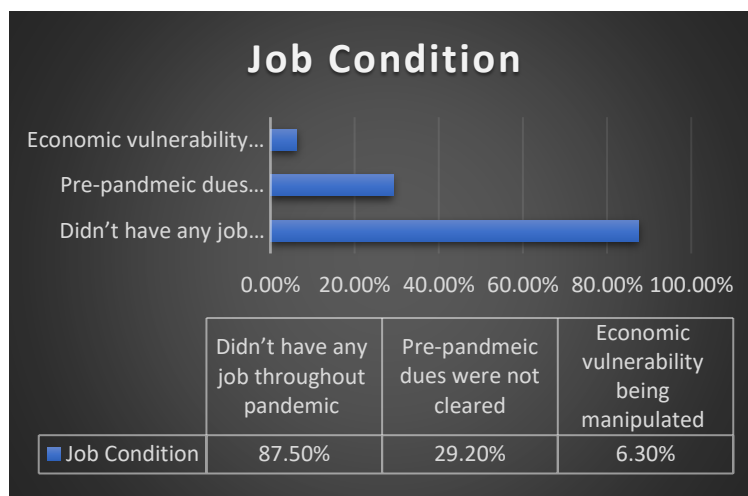


Fig (1.2.1) – Job conditions

I sold my home appliances, iron, TV, and sewing machines, but I still had no money for my expenses. We had nothing to eat.

WHBW – GB (001-G-1)

There was a **2percent** increase in displacement from formal: finished building to informal settlements (makeshift tents not recognized by state and building authorities). Some **4percent** of the women home-based workers had changed the location of their accommodation or the type of accommodation in order to reduce rental expenditures.

64percent of the women home-based workers were forced to purchase food and basic need items on borrowed money while **53.1percent** reduced their non-food expenditures such as health and education.

Forty-two (42) percent of the women home-based workers were left with no option other than selling their household assets/goods (jewelry, cell phone, furniture, household electronics etc.) to cope with ever increasing poverty. Another **28percent** of WHBW sold their productive assets such as sewing machines, bicycle, motorcycle etc.

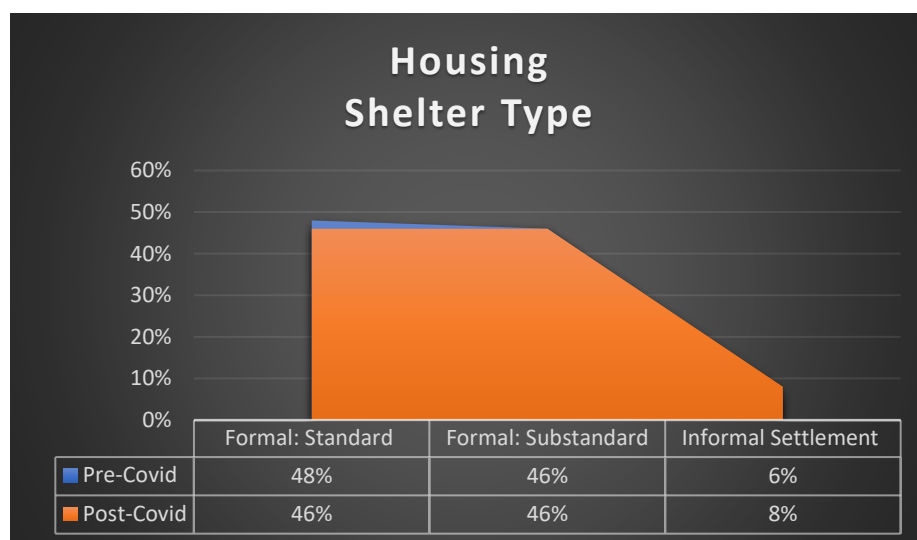


Fig (1.2.2) – Housing Shelter Type

Some 6.1 percent of the families of women home-based workers sent their children (under 18) out to beg for money, while **6.1percent of** other families sent their underage children to work in order to contribute to the family income. **Some 10.9 percent of** families withdrew their children from schools as they could not afford the school fee during the pandemic.

Women home-based workers who managed to continue their children’s education, faced several difficulties and challenges in doing so, and non-availability of funds for school fees topped the list of challenges

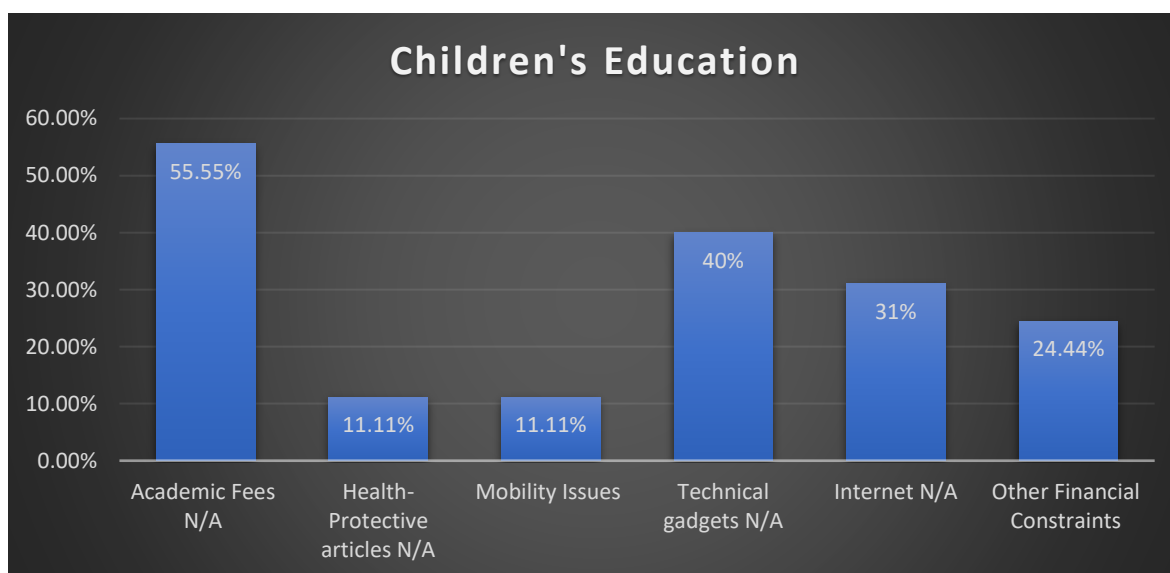


Fig (1.2.3) – Housing Shelter Type

Ninety (90) percent of women home-based workers were not able to access hospitals and/or local clinics in case of medical need including COVID-19 positivity. **Fifty-two (52) percent of** women home-based workers and their families were affected on account of health due to financial constraints. **Thirty-four (34) percent of the** women home-based workers were forced to work in a risky health environment.

✍️ I have breast cancer. My husband is alcoholic. My daughter and I worked very hard to cope with poverty. I am fighting this disease for the last 6 years. After the pandemic hit, I fought on two fronts, but I did not lose hope.

WHBW- Lyari Karachi (003-K-5)

Only 22 percent of the women home-based workers had received the Ehsaas Emergency cash aid, while **44percent** had applied for the aid but didn't receive the stipend. **Twenty-seven (27) percent of the** Ehsaas programme beneficiaries faced sexual exploitation during the process of obtaining financial aid.

✍️ I created a page on Instagram and initiated an online boutique, where I uploaded our samples and started taking orders. I also sold online beauty products

WHBW- Rawalpindi (003-K-9)

Twenty-six (26) percent of women home-based workers were subjected to domestic violence mainly by their husbands and **28percent of the** women home-based workers felt threatened by physical, psychological or sexual abuse during the reporting period. Some **6percent of** women home-based were sexually exploited due to financial vulnerability

1.3. Women Health Workers

Seventy-eight (78) percent of women health workers who formed the frontline in the fight against COVID-19 were not provided proper protective gear during the pandemic. In such a scenario **58percent** of women health workers were forced to work in an environment that was a risk to their health. At 16 percent, the highest recorded percentage of change in accommodation location or type of accommodation was recorded in the subgroup of women health workers partly because of increasing poverty and partly because of threats related to the nature of their occupation.

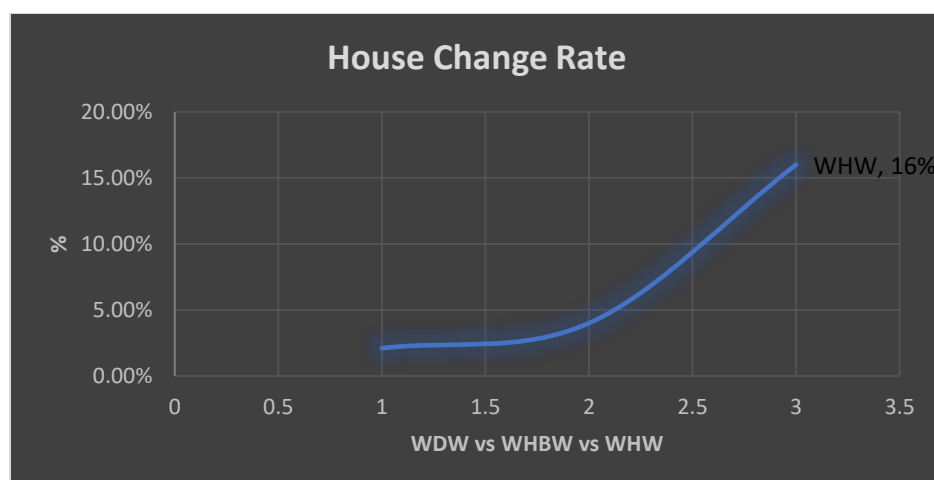


Fig (1.3.1) – House Change Rate

Some **76.6 percent** of women health workers were seen as ‘virus carriers’ in their communities because of the nature of their occupation. A significant **42 percent** of them were forced to move accommodation because of their occupation.

Ninety-four (**94**) **percent** of WHW retained their jobs during the reporting period, while **59.6 percent** of women health workers were not provided transport facilities, as a result of which **34 percent** felt sexually/physically vulnerable while commuting to their jobs.

72percent of women health workers spent their savings to help make ends meet despite a high percentage of job retention. Correspondingly, **44percent** bought food on credit or borrowed money from non-relatives.

Forty-eight (48) percent of women health workers reduced essential non-food expenditure, such as health and education while **22percent** withdrew

The percentage of women health workers who retained their jobs is 94 percent, which is far greater than those in the other targeted subgroups.

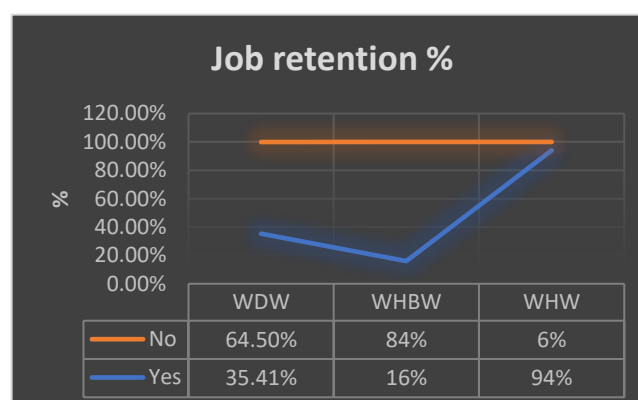


Fig (1.3.2) – Job retention

Ten (10) percent of women health workers sent their underage children to work in order to provide resources for their families. Some **6.1percent** sent their family member/children out to beg for money.

Thirty-eight (38) percent of women health workers sold productive assets of their household in order to provide resources. Correspondingly **34 percent** sold their household assets/ goods such as jewelry, cell phone, furniture etc.

their children from schools to cope with increasing poverty during COVID-19.

In the immediate family members of women health workers, the death rate due to COVID-19 was **18 percent**. This is higher than that of the other two sub groups.

Fifty (50) percent of women health workers think that their or their family's health was affected due to [any] financial constraint[s].

Some 53.2percent of women health workers had not applied for emergency cash i.e. Ehsaas Emergency Cash Programme while **31.9percent** had not received any cash assistance after applying.

Some 18percent of women health workers were victims of domestic violence by a male member of their family, primarily the husband, brother, uncle etc.

Eighteen (18) percent of women health workers felt threatened by physical, psychological and sexual abuse during the pandemic.

I am a single mother. My ex-husband was a doctor. He used to torture me mentally. After 4 years I sought a divorce (Khula) from him. I have a 14-year-old daughter. The court has asked him to pay certain amount of alimony. I just want to highlight that in our society women are not supported. If a woman goes out to work, she faces harassment.

WHW-RWP (002-R-5)

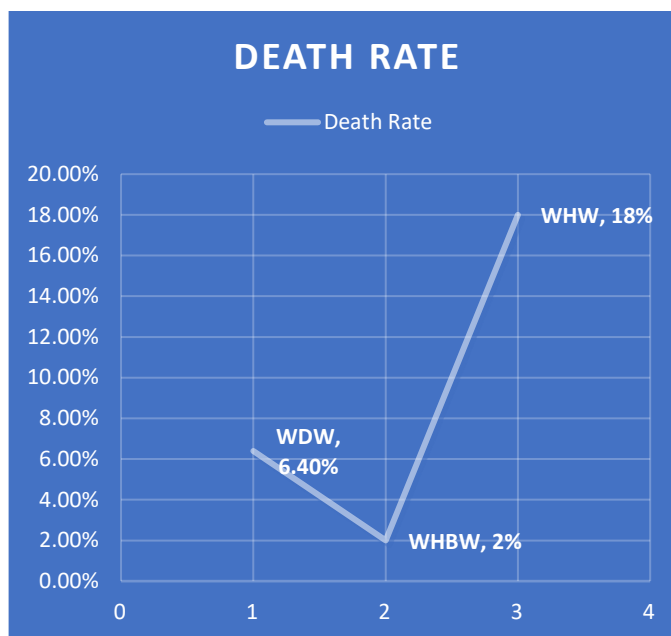


Fig (1.3.3) -Death Rate

We did not get any breaks for about one month. We were doing our duties in a critical situation. Being government employees, we never get holidays; instead, we were forced to do our duties.

WHW-GB (002-G-9)

Six (6) percent of women health workers were sexually manipulated because of their financial vulnerability. And **44.44 percent** of women health workers sought police intervention for GBV. This is the highest percentage of all three subgroups of women who approached the police, seeking intervention for cases of GBV/domestic violence in. In **60percent** of the cases the intervention was deemed helpful.

80 percent of women health workers didn't receive pay for working overtime and/or COVID-19 bonuses while **73.3percent** did not receive their special travel allowances. **Some 51.1 percent of** women health workers were not given satisfactory accommodations at hospitals. An estimated **46.7 percent of** women health workers tested COVID positive while working in the field and **64.4 percent** became carriers of COVID-19 and transmitted the virus to their families and acquaintances.

Chapter2

Trend Analysis of Gender Based Violence

The COVID-19 pandemic triggered the shadow pandemic of gender-based violence in its wake. An analysis of the content Pakistani media transmitted in the form of news during the reporting period is indicative of how patriarchy manages the mainstream narrative and runs the communication the society. Through content analysis¹³ of nine months' worth of print media reportage and 600 hours of television coverage, Uks has explored the media's stance during the reporting period through the pandemic.

The 9 PM news bulletin is considered primetime in the context of Pakistan's TV channels and is arguably the most important actor in shaping familial and societal discourse. The five primary news channels, Geo News, ARY News, 92-HD News, Dunya News, and Hum News were monitored during March 2020. Out of 4,056 news items that were broadcast during the 9 PM bulletin, only 85 items were gender-aware (this includes news about gender-based violence). This figure is a low **2.10 percent**, and drastically decreased in the following month (April) to **0.77percent**, when 30 items out of 3913 items contained a gender angle. This disinterest on issues related to women is shared by the print media also. The numbers of news story reporting GBV is higher in print, however the language used to report rape is generally insensitive and gender unaware. Amongst the newspapers and TV news bulletins that were monitored, at 44.19 percent Dawn newspaper carried the lion's share of all coverage pertaining to rape, sexual abuse and harassment, and domestic abuse and violence against women. At 0 percent, Hum News was conspicuous because of the absence of stories about women in distress. At **11.6percent**, Goo news broadcast the highest proportion of women-in-distress stories on electronic media. Overall print media's coverage of women-in-distress stories dominated over the 9 PM news bulletin on electronic media. A high **79.53 percent** of content covering women-in-distress appeared in print media as compared to a low **20.47percent** in electronic media. Another interesting insight garnered from the information is that while the media is eager to cover stories of rape, domestic abuse and violence, it is reluctant about broaching topics like sexual abuse and harassment. One possible reason for this is possibly the 'everyday' nature of such crimes that are endemic to Pakistani society. Meanwhile, stories of rape, domestic abuse and violence carry within them the propensity for sensationalism and the ability to go viral. This is the demand that mainstream Pakistani news media appears to be fulfilling.

¹³<https://uksresearch.com.pk/wp-content/uploads/2021/08/Pakistani-media-in-the-time-of-COVID-19.pdf>

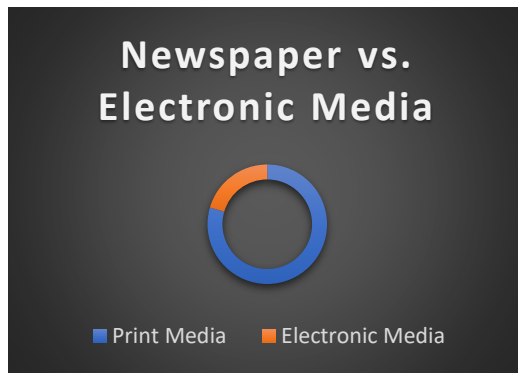


Fig (2.1.) – Newspaper vs. Electronic Media



Fig (2.2.) – Newspaper vs. Electronic Media



“Health, education, clean water and civic amenities have never been priorities in the media since a long time. Until and unless there is any juicy stuff or pandemic-like situation as happened in the case of COVID-19, Dengue or Polio.. newsrooms hardly have any proper desk and training for reporters covering these issues. However, in the outbreak of COVID-19, some leading media outlets addressed these issues, took precautionary measures as well particularly after the deaths and serious illnesses of staff members. In this backdrop not much was expected from the media, but to be very honest both print and electronic media did not completely ignore or overlook women's voices and concern. On the contrary some TV channels and newspapers highlighted problems confronted by the women including the stories regarding domestic issues like problems they faced when they themselves were infected and tested positive or how they looked after the family if they got infected.”

Key Expert: Mazhar Abbas, Journalist

Apart from filtering gender-based nuances from news media reportage, quantitative information obtained from surveys conducted throughout Pakistan indicate that the real issues faced by women were mostly overlooked until a story suddenly gained high TRPs (Television Rating Point). It appears that media practitioners are usually on a hunt for potentially sensationalist content like rapes and gang-rapes. As things stand it seems the challenges women have to face because of societal attitudes that are rooted in patriarchy and which women of the targeted subgroups brave everyday do not make for newsworthy ‘happenings’.

The triangularity technique has allowed Uks to breakdown the façade of gender-based communication in a society powered by media. It threw a spotlight on the real and everyday

problems of women which media and society are not always ready to own and discuss. While the media was fishing for sensationalist stories, **23percent** of women informal workers and health workers were facing domestic violence at the hands of their husbands and other male family members. Another **24.32percent** were subjected to psychological and sexual violence either at the work places, or while commuting during the reporting period, while **5.4percent** faced sexual exploitation due to financial vulnerabilities.

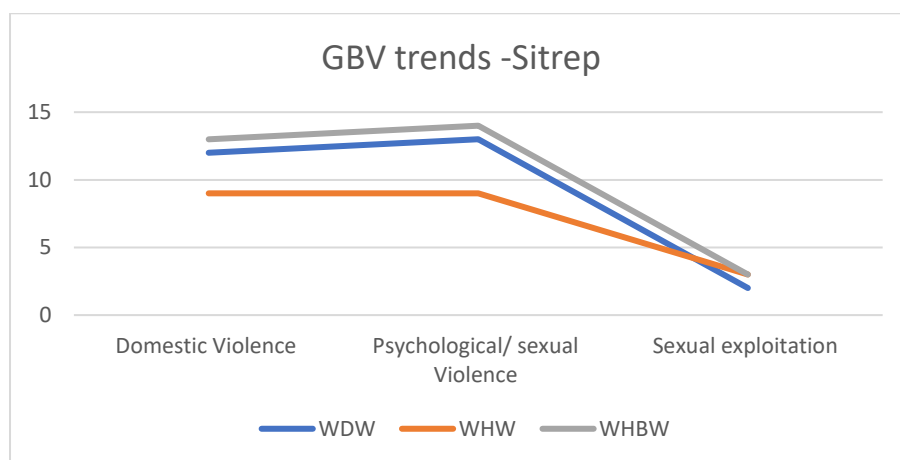


Fig (2.2) -GBV trends



“ Women’s voices are ignored or overlooked in almost all aspects of reporting unless it’s specific to a woman’s issue, as defined by editors, like a female-only health issue. Otherwise, whatever the issue, very few women are quoted as sources, eyewitnesses or people impacted by an event. The same was true during Covid, save a story or two about working mothers having it tough or intimate partner violence increasing during lockdown in some parts of the world – these examples come to mind off the top of my head. But there were so many stories that needed to be amplified from all angles: a woman’s mental and physical health, labour rights, what her not working cost the economy overall. I wrote a column once in which I asked who was making decisions about what industry could or couldn’t stay open during easing of lockdown. Women’s salons were considered frivolous whereas barbers were essential because men needed to look presentable.

Muna Khan – Digital Head, AAJ News

While most of the women population is not empowered and/or aware enough to seek intervention [e.g., police] while experiencing GBV. There is widespread denial about GBV that many women experiences on a regular basis. Certain types of violence [e.g., rape, gangrape] are

classified as criminal and newsworthy as opposed to other types of GBV [sexual exploitation, domestic abuse, psychological violence, harassment], where state interventions are not always possible or much help.

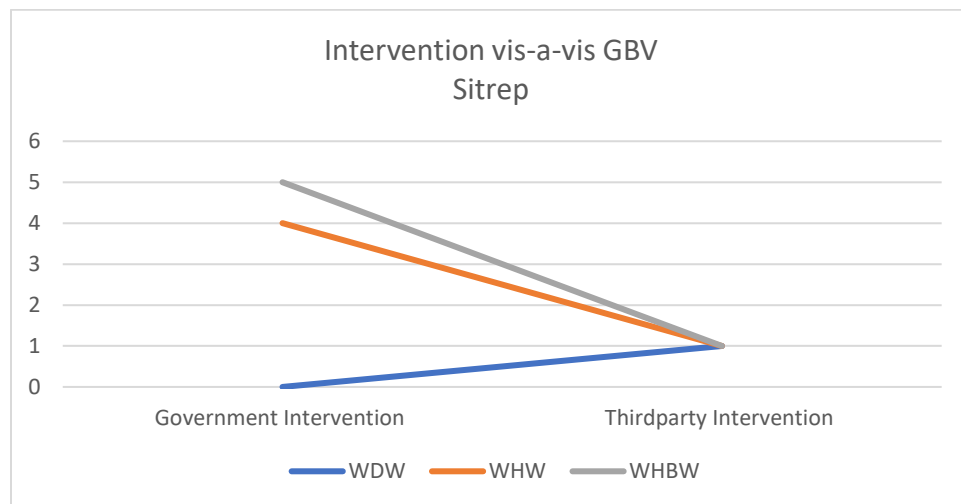


Fig (2.3.) – Interventions vis-à-vis GBV

Seventy-eight (78) percent of informal women workers and women health workers faced secondary types of gender-based violence during the COVID-19 pandemic, out of which only **6.4percent** sought police intervention, while **1.28percent** sought third-party intervention [i.e. *Jirgas* (a traditional assembly of leaders who take decisions usually in a tribal/rural setting)].

I have two children and was facing many problems – especially domestic violence at the hands of my husband. I was not allowed to leave my house or visit my sister or my parents. This was a difficult time for me, and no one came up to support me. Then I took divorce [khula] from my husband by myself.

WHBW- Rawalpindi (003-R-7)

Chapter 3

Trends of Early Child Marriages & Forced Child Marriage

Early Child Marriage and Forced Child Marriage often lose the spotlight to GBV. At an individual level ECM and FM affect girls' health, their fertility, women's educational attainment, their participation in the labour force, women's agency and GBV. However, at the macro level, they affect population growth, mother and child mortality, women's literacy levels and a nation's economic growth and development. According to a 2017 study by the World Bank, child marriage will cost developing countries trillions of dollars by 2030¹⁴. Given the high rate of child marriage in Pakistan, it is important to understand the impact of this practice on the economy.

COVID-19 hit the economic status of Pakistan's traditional families the hardest, it was anticipated that the number of early child marriage will rise rapidly to prevent households going bankrupt. Families that were struggling financially during the pandemic were quick to marry their daughters at a young age to reduce their financial responsibilities. Traditions like *Vani*, *WattaSatta*, and *Badl e Sulh* encourage ECM. UNICEF is fearing a drastic increase in early child marriage and forced child marriages as an undesirable outcome of the pandemic.

Cases of child marriage and child labour usually spike when their families find themselves on the verge of financial bankruptcy. At the onset of the pandemic, stagnant economic activities had pushed the country's economy to the brink of bankruptcy. As anticipated, it dealt a blow to factions of society who were subsisting just above or below the poverty line

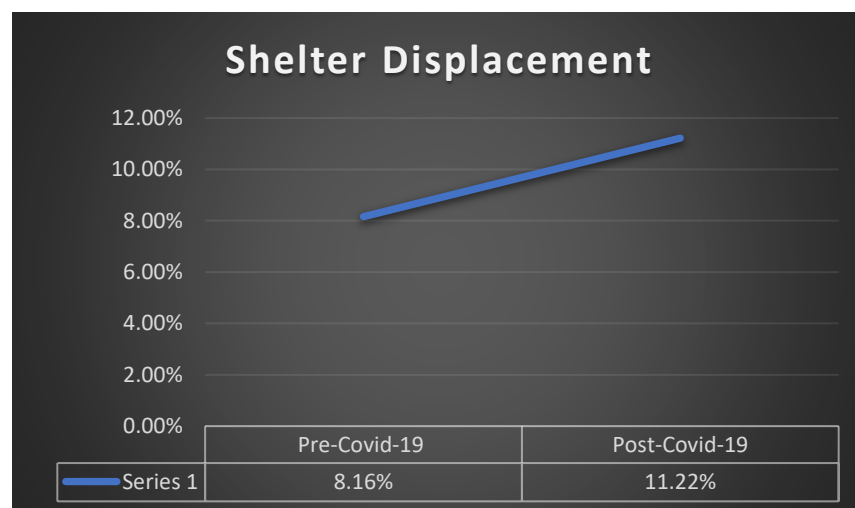


Fig (3.1) – Shelter Displacement

About **3percent of** house displacements from formal buildings to makeshift tents have been recorded in the survey for families of women who work in the informal sectors. Despite having a

¹⁴<https://asiapacific.unwomen.org/en/digital-library/publications/2021/01/child-marriage-in-pakistan-a-report-on-punjab-and-khyber-pakhtunkhwa-2020>

strong family-centered society, general house displacement as a result of poverty has been recorded at more than **7percent**. **Fifty-six (56) percent** of families bought food on credit or borrowed money from non-relative friends. These indicators of increased poverty and the urban inflation rate of **13percent** create the perfect environment that encourages social ills like child marriages and child labour. Some **16.2percent of the** children were withdrawn from schools by their parents and around **10percent** of underage children joined the child labour force as they went to work in order to contribute economically to their households. The monitoring activity detected 35 news items about early child marriage, forced conversions, forced child marriage and *Vani/Swara* between January 2019 to December 2020.

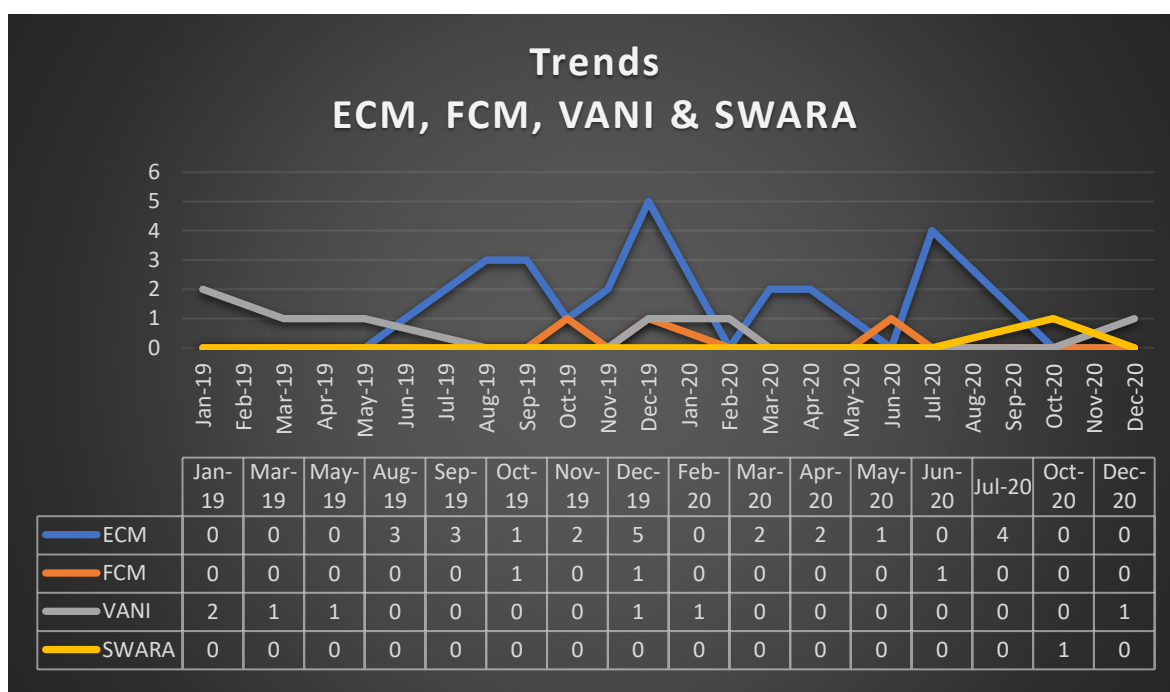


Fig (3.2.) – Trends ECM, FCM, Vani, Swara

The number of ECMS increased significantly from October 2019 to February 2020. Another increase was noted between February 2020 and June 2020. Ironically, while qualitative accounts recorded an increase in the rate of early child marriages, media reportage of the same declined from the onset of the pandemic. From **49percent** reporting on early child marriages in 2019, the graph falls to **37percent** in 2020 after the virus reached Pakistan in February 2020.

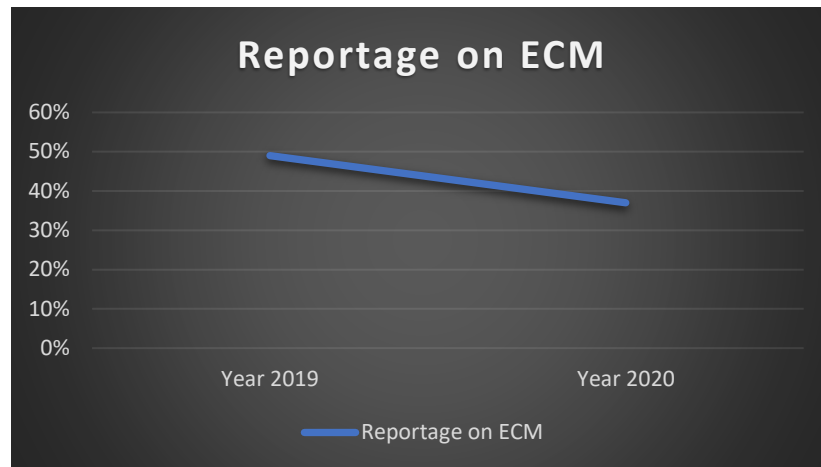


Fig (3.3.) – Reportage on ECM

In the following graph, a major chunk of the monitored content is about early child marriages however the figures also show the trend of all the four categories vis-à-vis demographics.

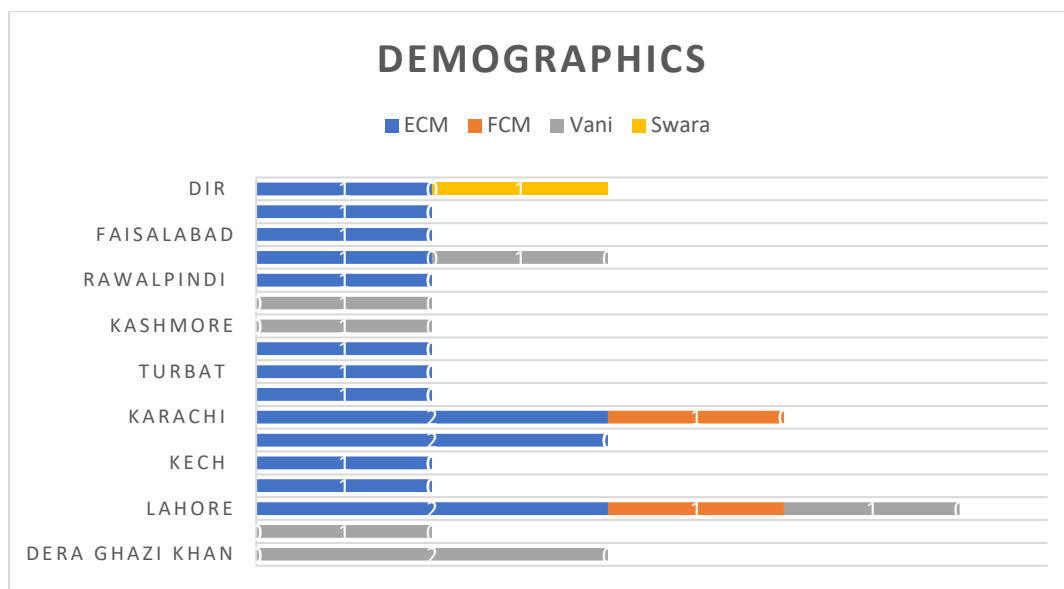


Fig (3.4.) – Demographics

Trends of early child marriages, forced marriages *Vani* and *Swara* according to percentage of reportage are as shown in the following graphs. At 69 percent the lion's share of media's coverage of this issue is about early child marriages. The government's Ehsaas Emergency Cash programme definitely set out to provide some relief to the poor however since **38percent of the women respondents** did not receive the aid they had applied for; the programme could not bring about the expected improvement in the quality of women's households. The uncertainty and unsustainability of the government's intervention could not prevent a significant spike in the incidence of ECM and FCM.

Chapter 4

Sustainable Development Goals – Identifying the Knowledge Gap

Pakistan's annual sustainable development goals index 2021 tracks the country's progress and recorded a slight improvement over the previous year (2020). However, owing to changes in the indicator selection, the 2021 rankings and scores are not comparable with the same in 2020. With an overall Index score in 2021 of 57.7, the country has scored 1.57 percent higher than the previous year of 2020. Also, ranked at 129 out of 193, Pakistan's global ranking has improved by 5 points, which indicates that the government is on the right track to push against the blow dealt by COVID-19's 'economic-halt',

SDG 5 (Gender Equality)

Goals such SDG 13 (climate action) noted an improvement that improved Pakistan's ranking as a whole on the index. Notably, not a single metric of SDG 5 (Gender Equality) has shown an improvement. Instead, some metrics have recorded worsening in 2021. Demand for Family planning satisfied by modern methods is ranked as a major challenge with value of 48.6 and stagnant progress. The ratio of female-to-male education is also ranked as a major challenge with a value of 60.3 and stagnant progress. Ratio of female to male labor participation is ranked as a major challenge with a value of 26.5 and worsening progress. Seats held by women in the parliament is also decreasing with a value of 20.2¹⁵.

These metrics are impeding and stagnating the progress of SDG 5 according to the SDGs index report

SDG-5	Stagnant
<i>Demand for family planning satisfied by modern methods</i>	Stagnant
<i>Ratio of female-to-male education</i>	Stagnant
<i>Ratio of female to male labor participation</i>	Decreasing
<i>Seats held by women in national parliament</i>	Decreasing

Table (4.1.) – SDG-5

The SDGs and their role in the lives of ordinary women was brought up during the Focus Group Discussions, and about **80percent** of the participants from all targeted sub-groups had never heard about SDGs, while another **17 percent had heard of them but had very limited understanding of the topic.**

¹⁵<https://dashboards.sdgindex.org/static/profiles/pdfs/SDR-2021-pakistan.pdf>

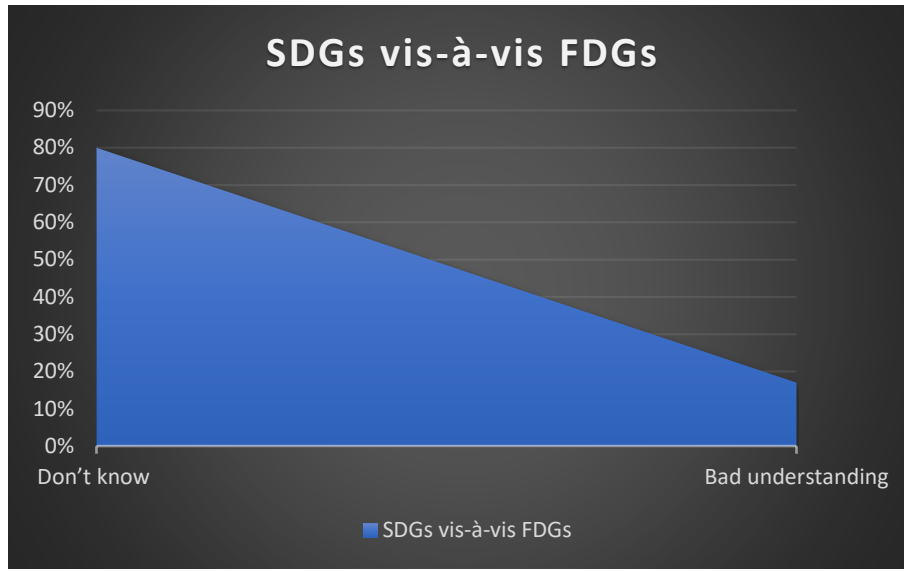


Fig (4.1.) – SDGs vis-à-vis FDGs



“We don’t talk about SDGs. I don’t think it is a knowledge problem. In fact, it is an implementation problem. From the last 7-8 years, we can see that civil society has also been scattered, maybe they are less influential, or indulging in politics. I haven’t seen them discussing SDGs. As of now the government doesn’t seem willing to achieve the goals, but there must be increased discussion on the topic in public spaces. Women should know how their lives are connected with these rather ostentatious goals.

Dr S. Akbar Zaidi- Executive Director, IBA, Karachi

4.1. Role Of the Media

When media content was monitored through the lens of the SDGs, a dismal picture emerged. A low **11 percent of the** content that appeared in the monitored reportage from April 2020 to October 2020 was anchored around the SDGs.

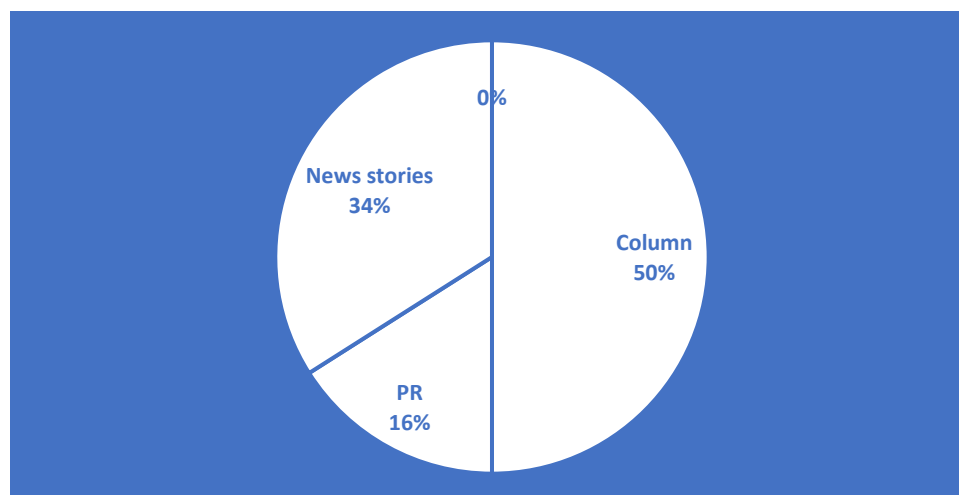


Fig (4.1.1) –Breakdown of news items

Seventy-five (75) percent of the participants in Focus Group Discussions have opined that the media is not playing its proper role when it comes to public communications. **Fifty-five (55) percent of women informal workers and health workers** were of the opinion that the media is not raising women-related concerns and is not taking the miseries of ordinary women into account.

Suggestions & Recommendations

Every disaster hides within it the opportunity for transformation. For Pakistan, the road to recovery from the COVID-19 crisis is a chance to rebuild and move towards a more inclusive and gender-equal society. Thus, the most broad-ranging recommendation here is to make inclusivity and gender responsiveness a compulsory element of all response and recovery programmes. All economic and social policies need to be created with the input of women, keeping in mind their needs and anticipating their impact on them. Policies must be evaluated through a gender lens and the economic and social recovery of women needs to be prioritized on an emergency basis. The following recommendations have been based on the findings of this report.

1. Create awareness in the media about the importance of the SDGs, especially those pertaining to women. More importantly, apprise the media of the importance and relevance of the SDGs as a national and local goal as opposed to a foreign-imposed one.
2. Create awareness amongst parliamentarians and policymakers to mainstream and draw attention to women's issues on a regular basis, without politicising them.
3. Create awareness amongst women's rights organisations about the challenges induced by the pandemic and the issues it brought to the fore for women. Train women's organization on advocacy and lobbying for women's rights issues to enable their voices to be heard at the national level.

4. Enable poverty-reduction schemes such as the Ehsaas Emergency Cash Programme to give emergency cash aid directly to women. Incorporate mechanisms that assure that the aid reaches women. The benefits of this will be manifold. This will ensure that the large number of women who are not entered in Pakistan's national database (NADRA) get registered quickly. It will also increase the chances of women who do not have cell phones being able to access them and enable women who don't have access to banking services to gain access to them.
5. Give those women home-based workers who are entrepreneurs, easy and adequate access to credit, microloans, and grants.
6. Remove barriers that prevent women from full participation in the economy. This includes implementing social protection mechanisms and safety nets that take into account the factors that prevent women from joining the formal economy.
7. Ensure that women who are employed in the informal economy have access to benefits similar to those who are employed in the formal economy.
8. Narrow the education gaps between men and women to enable greater participation of women in the economy.
9. Allocate and increase national resources for the creation of women's shelters for victims of abuse and GBV. Creating widespread awareness about the facilities and making them accessible to women should be an integral part of the creation of women's shelters around the country.
10. Creating safe physical and online spaces where women can report abuse safely and expect adequate support.
11. Develop countrywide campaigns targeted at both women and men to create awareness about GBV. The campaigns should offer clear and safe solutions to women victims and make the consequences of the abuse clear to the perpetrators.

Questionnaire (Adapted from UNCHR vulnerability assessment framework v2.)

A survey form for Women Domestic Workers	Code: 001
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i. Subgroup targeted indicators are included

The first wave of the pandemic caused due to COVID-19 was marked by a complete lockdown in Pakistan. This unprecedented time and global health crisis pushed everyone indoors and compelled all employees to work from home (WFH). This field survey is an attempt to explore the challenges faced by Women Domestic Workers (WDW), Women Health Workers (WHW) and Women Homebased Workers (WHBW) and investigates the socio-economic vulnerabilities trends of said group. If you feel difficulty in comprehension of any of the following questions, please feel free to ask the enumerators/ Field surveyor.

Uks research centre is a credible research institution, working with OXFAM Pakistan for the aforementioned study, it is hereby assured that your privacy will be respected and your responses will only be used for the research purposes

Respondent may start from this section	
Household Information	
Name of Respondent:	Age of Respondent
Education of Respondent:	Marital Status:
Family Size:	
Province:	District:
Contact Number:	Email Address:
<i>(I understand the purpose of the study and I am filling this form up willfully)</i>	
Signature of the Respondent:	
Please specify the age groups in your family:	
<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-12 <input type="checkbox"/> 13-15 <input type="checkbox"/> 16-17 <input type="checkbox"/> 18-27 <input type="checkbox"/> 28-59 <input type="checkbox"/> 60 and above	

Housing (Write down the pre-pandemic conditions in the following section)
Type of shelter: <input type="checkbox"/> Formal: Finished building {Completed & permanent building ready to be occupied} <input type="checkbox"/> Formal: Sub-standard building {Any type of building not designated as dwelling, requiring rehabilitation} <input type="checkbox"/> Informal settlement {Settlement made of makeshift tents, not recognized by authorities}
Payment and Eviction Threat
- Rented house? Yes <input type="checkbox"/> No <input type="checkbox"/> - I pay the cost of the rent? <input type="checkbox"/> Salary from work <input type="checkbox"/> Borrow money <input type="checkbox"/> Use savings <input type="checkbox"/> Begging <input type="checkbox"/> Don't pay the money <input type="checkbox"/> Assistance from aid agency <input type="checkbox"/> Assistance from relatives <input type="checkbox"/>
- What type of agreement between the landlord and tenant?

<input type="checkbox"/> Written agreement <input type="checkbox"/> Verbal agreement
- Was there a threat of eviction? If yes, why? <input type="checkbox"/> Conflict with host community and/or Landlord <input type="checkbox"/> Fear of eviction {Scared the landlord will evict you} <input type="checkbox"/> Verbal threat of eviction <input type="checkbox"/> Written note for eviction <input type="checkbox"/> Fear of physical assault, sexual violence and rape <input type="checkbox"/> Economic vulnerability may be exploited (for sexual and other physical advantages)

Housing (Write down the pandemic and post – pandemic conditions in the following section)
Type of shelter: <input type="checkbox"/> Formal: Finished building {Completed & permanent building ready to be occupied} <input type="checkbox"/> Informal: Sub-standard building {Any type of building not designated as dwelling, requiring rehabilitation} <input type="checkbox"/> Informal settlement {Settlement made of makeshift tents, not recognized by authorities}
Payment and Eviction Threat
- Rented house? Yes <input type="checkbox"/> No <input type="checkbox"/>
- I pay the cost of the rent? <input type="checkbox"/> Salary from work <input type="checkbox"/> Borrow money <input type="checkbox"/> Use savings <input type="checkbox"/> Begging <input type="checkbox"/> Don't pay the money <input type="checkbox"/> Assistance from aid agencies <input type="checkbox"/> Assistance from relatives <input type="checkbox"/> Ehsaas Programme <input type="checkbox"/>
- What type of agreement between the landlord and tenant? <input type="checkbox"/> Written agreement <input type="checkbox"/> Verbal agreement
- Is there a threat of eviction? If yes, why? <input type="checkbox"/> Conflict with host community and/or Landlord <input type="checkbox"/> Fear of eviction {Scared the landlord will evict you} <input type="checkbox"/> Verbal threat of eviction <input type="checkbox"/> Written note for eviction <input type="checkbox"/> Fear of physical assault, sexual violence and rape <input type="checkbox"/> Economic vulnerability may be exploited (for sexual and other physical advantages)

Poverty & Coping Strategies (Case) Food and Basic Needs
During and after the pandemic, has your family applied any of the below strategies to meet food and basic needs?
Spent savings Yes, <input type="checkbox"/> No, <input type="checkbox"/> No, because I didn't have any savings
Bought food on credit or borrowed money to purchase food from non-relatives/friends Yes, <input type="checkbox"/> No, <input type="checkbox"/> No, because I have exhausted this strategy already and cannot do it anymore
Reduced essential non-food expenditure such as education/health Yes, <input type="checkbox"/> No, <input type="checkbox"/> No, because I have exhausted this strategy already and cannot do it anymore

Sell household assets/goods (jewellery, phone, furniture, electro domestics, etc.)

☐s, ☐o ☐o, because I have exhausted this strategy already and cannot do it anymore

Sell productive assets or means of transport (sewing machine, car, wheel barrow, bicycle, motorbike, etc.)

☐s, ☐o ☐o, because I have exhausted this strategy already and cannot do it anymore

You or other members of household accepted socially degrading, exploitative, high risk or illegal temporary jobs

☐s, ☐o ☐o, because I have exhausted this strategy already and cannot do it anymore

Sent adult family members to beg

☐s, ☐o ☐o, because I have exhausted this strategy already and cannot do it anymore

Sent children (under 18) family members to beg

☐s, ☐o ☐o, because I have exhausted this strategy already and cannot do it anymore

Changed accommodation location or type in order to reduce rental expenditure

☐s, ☐o ☐o, because I have exhausted this strategy already and cannot do it anymore

Sent children (under the age of 16) to work in order to provide resources

☐s, ☐o ☐o, because I have exhausted this strategy already and cannot do it anymore

Withdrew children from school

☐s, ☐o ☐o, because I have exhausted this strategy already and cannot do it anymore

Education

Are all of your children (aged 6-18) attending formal education?

Number of children attending school? _____

Number of children not attending school? _____

IF your child is continuing formal education during pandemic, what difficulties or challenges are you experiencing? Please tick up to a maximum of 4 that apply:

☐on- availability of academic fees

☐ Health - non- availability of protectives articles (Sanitizers, masks, etc.) {for physical classes}

☐obility Issues, non-availability of fares of transport {for physical classes}

☐ Non-availability of technical gadgets {Tablet, smart phones, laptops, personal computers etc.}

☐ Non-availability of internet {Cable, internet fees}

☐ Other financial constraints

☐ Having Children with disabilities

☐ Social boycott (if any of family member is/was corona positive)

Children Not-Enrolled in School

What are the reasons? (Mark the tick Infront of the statement)

Not interested (cultural/not useful)

☐

Serious Health Condition	
Child marriage/engagement (6-18)	
Missed 3 or more years of education	
Child labour/work with other priorities (6-18)	
Family obligations/ responsibilities in the household (6-18)	
Financial constraints (transport, uniforms)	
Lack of documentation	
Refused entry due to disability (school unable to cater)	
Disability (unable/ unwilling/ family will not allow)	
Safety fears of attitude within the school (staff/students)	
Physical / verbal abuse	

Health
- If there was a medical need due to corona positivity, were you or any of your family members able to access hospitals/clinics? <input type="checkbox"/> Yes <input type="checkbox"/> No
-How many individuals in your family affected by corona virus _____
- If any of the family member died due to corona virus <input type="checkbox"/> Yes <input type="checkbox"/> No
- If yes, where did he/she die _____
- Any financial constraints affected your/ family member's health <input type="checkbox"/> Yes <input type="checkbox"/> No
- Were you forced to work under vulnerable (health) environment? <input type="checkbox"/> Yes <input type="checkbox"/> No

Interventions
- Do you know about Ehsaas aid programme? <input type="checkbox"/> Yes <input type="checkbox"/> No
- Are you Ehsaas programme beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No
- if yes, which one?
<input type="checkbox"/> Ehsaas Emergency Cash Programme <input type="checkbox"/> Ehsaas RashaanEhsaas <input type="checkbox"/> Kafaalat
<input type="checkbox"/> Ehsaas Nashonuma
- What amount of cash did you get from Ehsaas programme _____ (In Rs.)
- Did you face any kind of exploitation in the procedure (receiving Ehsaas aid)
- if yes, which one?
<input type="checkbox"/> Sexual exploitation <input type="checkbox"/> Financial deception <input type="checkbox"/> Commission <input type="checkbox"/> (e-money)
<input type="checkbox"/> Domestic servitude
- Did you feel health vulnerability, while waiting in the queues to get Ehsaas cash aid at Ehsaas cash centre <input type="checkbox"/> Yes <input type="checkbox"/> No
-Have you applied and not received the Ehsaas aid <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I haven't applied
-Did you receive any other help other than Ehsaas programme from your government <input type="checkbox"/> Yes <input type="checkbox"/> No
- Did you receive any other financial help from private sector? <input type="checkbox"/> Yes <input type="checkbox"/> No
Interventions in case of GBV & Domestic Violence
-Were you the victim of domestic violence by any male member of family during pandemic? <input type="checkbox"/> Yes <input type="checkbox"/> No
- If yes, By whom _____

- Did you feel threatened of physical, psychological and sexual abuse during pandemic
☐ Yes ☐ No

-If yes, which violence _____ and by whom _____

- Was your financial vulnerability being sexually exploited
☐ Yes ☐ No

-If yes, By whom _____

- Did you approach police station or any other third party before or after any kind of violence.
☐ Yes, I approached police ☐ No ☐ I approached third party

-Name the third party _____

-Was any of the intervention useful?
☐ Yes ☐ No

Employment (State the pandemic conditions)	
I am a working mother	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am a single mother	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mark the tick Infront of the statement	
I have an infant/ toddler and I take my child with me on my job	<input type="checkbox"/>
I have an infant/ toddler and I do not take my child with me on my job	<input type="checkbox"/>
I do not have infant/ toddler	<input type="checkbox"/>
In the pandemic wake, I was not allowed to take my child with me on my job	<input type="checkbox"/>
In the pandemic wake, I prefer not to bring the child with me on my job	<input type="checkbox"/>
My infant/ toddler stays with my family when I am on job	<input type="checkbox"/>
My infant/toddler stays with my relatives when I am on job	<input type="checkbox"/>
I had a job during Covid-19 pandemic <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, I was forced to work under vulnerable health environment Yes <input type="checkbox"/> No <input type="checkbox"/> I was being sexually manipulated in order to keep job <input type="checkbox"/> Yes <input type="checkbox"/> No I felt more vulnerable on my job in pandemic. <input type="checkbox"/> Yes <input type="checkbox"/> No I wasn't provided with the special mobility facilities <input type="checkbox"/> Yes <input type="checkbox"/> No I felt sexually/ physically vulnerable while commuting <input type="checkbox"/> Yes <input type="checkbox"/> No Because of my job I had a conflict with my community <input type="checkbox"/> Yes <input type="checkbox"/> No I was often seen as the virus carrier in my community because of my job. <input type="checkbox"/> Yes <input type="checkbox"/> No I was forced to leave my house because of my job <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, I was expelled from my job in wake of Covid-19. <input type="checkbox"/> Yes <input type="checkbox"/> No I was provided with extra cash/ ration by my employer. <input type="checkbox"/> Yes <input type="checkbox"/> No I myself left my job for health safety concerns <input type="checkbox"/> Yes <input type="checkbox"/> No I myself left my job for physical safety concerns <input type="checkbox"/> Yes <input type="checkbox"/> No I faced domestic violence at the hand of male member of the family when I was at home. <input type="checkbox"/> Yes <input type="checkbox"/> No I opted any of the poverty coping strategy mentioned above after I was discharged from the job <input type="checkbox"/> Yes <input type="checkbox"/> No After the lockdown I was rehired at my job. <input type="checkbox"/> Yes <input type="checkbox"/> No

A survey form for Women Health Workers	Code: 002
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i. Subgroup targeted indicators are included

The first wave of the pandemic caused due to COVID-19 was marked by a complete lockdown in Pakistan. This unprecedented time and global health crisis pushed everyone indoors and compelled all employees to

Enumerator's information: <i>This section is for surveyor to be filled</i>		
Organization:	Name:	Phone Number:
Email address:		

work from home (WFH). This field survey is an attempt to explore the challenges faced by Women Domestic Workers (WDW), Women Health Workers (WHW) and Women Homebased Workers (WHBW) and investigates the socio-economic vulnerabilities trends of said group. If you feel difficulty in comprehension of any of the following questions, please feel free to ask the enumerators/ Field surveyor.

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Respondent may start from this section	
Household Information	
Name of Respondent:	Age of Respondent
Education of Respondent:	Marital Status:
Family Size:	
Province:	District:
Contact Number:	Email Address:
<i>(I understand the purpose of the study and I am filling this form up willfully)</i>	
Signature of the Respondent:	
Please specify the age groups in your family:	
<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-12 <input type="checkbox"/> 13-15 <input type="checkbox"/> 16-17 <input type="checkbox"/> 18-27 <input type="checkbox"/> 28-59 <input type="checkbox"/> 60 and above	

Housing <i>(Write down the pre-pandemic conditions in the following section)</i>
Type of shelter: <input type="checkbox"/> Formal: Finished building {Completed & permanent building ready to be occupied} <input type="checkbox"/> Formal: Sub-standard building {Any type of building not designated as dwelling, requiring rehabilitation} <input type="checkbox"/> Formal settlement {Settlement made of makeshift tents, not recognized by authorities}
Payment and Eviction Threat
- Rented house? YesNo <input type="checkbox"/> <input type="checkbox"/>
- I pay the cost of the rent?

<input type="checkbox"/> Salary from work <input type="checkbox"/> Borrow money <input type="checkbox"/> Use savings <input type="checkbox"/> Begging <input type="checkbox"/> Don't pay the money <input type="checkbox"/> Assistance from aid agency <input type="checkbox"/> Assistance from relatives
- What type of agreement between the landlord and tenant? <input type="checkbox"/> Written agreement <input type="checkbox"/> Oral agreement
- Was there a threat of eviction? If yes, why? <input type="checkbox"/> Conflict with host community and/or Landlord <input type="checkbox"/> Fear of eviction {Scared the landlord will evict you} <input type="checkbox"/> Verbal threat of eviction <input type="checkbox"/> Written note for eviction <input type="checkbox"/> Fear of physical assault, sexual violence and rape <input type="checkbox"/> Economic vulnerability may be exploited (for sexual and other physical advantages)

Housing (Write down the pandemic and post – pandemic conditions in the following section)	
Type of shelter: <input type="checkbox"/> Formal: Finished building {Completed & permanent building ready to be occupied} <input type="checkbox"/> Formal: Sub-standard building {Any type of building not designated as dwelling, requiring rehabilitation} <input type="checkbox"/> Informal settlement {Settlement made of makeshift tents, not recognized by authorities}	
Payment and Eviction Threat	
- Rented house? Yes <input type="checkbox"/> No <input type="checkbox"/>	
- I pay the cost of the rent? <input type="checkbox"/> Salary from work <input type="checkbox"/> Borrow money <input type="checkbox"/> Use savings <input type="checkbox"/> Begging <input type="checkbox"/> Don't pay the money <input type="checkbox"/> Assistance from aid agency <input type="checkbox"/> Assistance from relatives <input type="checkbox"/> Ehsaas Programme <input type="checkbox"/> Assistance	
- What type of agreement between the landlord and tenant? <input type="checkbox"/> Written agreement <input type="checkbox"/> Oral agreement	
- Is there a threat of eviction? If yes, why? <input type="checkbox"/> Conflict with host community and/or Landlord <input type="checkbox"/> Fear of eviction {Scared the landlord will evict you} <input type="checkbox"/> Verbal threat of eviction <input type="checkbox"/> Written note for eviction <input type="checkbox"/> Fear of physical assault, sexual violence and rape <input type="checkbox"/> Economic vulnerability may be exploited (for sexual and other physical advantages)	

Poverty & Coping Strategies (Case) Food and Basic Needs During and after the pandemic, has your family applied any of the below strategies to meet food and basic needs? Spent savings Yes, <input type="checkbox"/> No, <input type="checkbox"/> No, because I didn't have any savings <input type="checkbox"/>
Bought food on credit or borrowed money to purchase food from non-relatives/friends Yes, <input type="checkbox"/> No, <input type="checkbox"/> No, because I have exhausted this strategy already and cannot do it anymore <input type="checkbox"/>

Reduced essential non-food expenditure such as education/health

☐s, ☐o ☐o, because I have exhausted this strategy already and cannot do it anymore

Sell household assets/goods (jewellery, phone, furniture, electro domestics, etc.)

☐s, ☐o ☐o, because I have exhausted this strategy already and cannot do it anymore

Sell productive assets or means of transport (sewing machine, car, wheel barrow, bicycle, motorbike, etc.)

☐s, ☐o ☐o, because I have exhausted this strategy already and cannot do it anymore

You or other members of household accepted socially degrading, exploitative, high risk or illegal temporary jobs

☐s, ☐o ☐o, because I have exhausted this strategy already and cannot do it anymore

Sent adult family members to beg

☐s, ☐o ☐o, because I have exhausted this strategy already and cannot do it anymore

Sent children (under 18) family members to beg

☐s, ☐o ☐o, because I have exhausted this strategy already and cannot do it anymore

Changed accommodation location or type in order to reduce rental expenditure

☐s, ☐o ☐o, because I have exhausted this strategy already and cannot do it anymore

Sent children (under the age of 16) to work in order to provide resources

☐s, ☐o ☐o, because I have exhausted this strategy already and cannot do it anymore

Withdrew children from school

☐s, ☐o ☐o, because I have exhausted this strategy already and cannot do it anymore

Education

Are all of your children (aged 6-18) attending formal education?

Number of children attending school? _____

Number of children not attending school? _____

IF your child is continuing formal education during pandemic, what difficulties or challenges are you experiencing? Please tick up to a maximum of 4 that apply:

☐on- availability of academic fees

☐ Health - non- availability of protectives articles (Sanitizers, masks, etc.) {for physical classes}

☐obility Issues, non-availability of fares of transport {for physical classes}

☐ Non-availability of technical gadgets {Tablet, smart phones, laptops, personal computers etc.}

☐ Non-availability of internet {Cable, internet fees}

☐ Other financial constraints

☐ Having Children with disabilities

☐ Social boycott (if any of family member is/was corona positive)

Children Not-Enrolled in School

What are the reasons? (Mark the tick Infront of the statement)

- Not interested (cultural/not useful)
- Serious Health Condition
- Child marriage/engagement (6-18)
- Missed 3 or more years of education
- Child labour/work with other priorities (6-18)
- Family obligations/ responsibilities in the household (6-18)
- Financial constraints (transport, uniforms)
- Lack of documentation
- Refused entry due to disability (school unable to cater)
- Disability (unable/ unwilling/ family will not allow)
- Safety fears of attitude within the school (staff/students)
- Physical / verbal abuse

Health

- If there was a medical need due to corona positivity, were you or any of your family members able to access hospitals/clinics? ☐ Yes ☐ No
- How many individuals in your family affected by corona virus _____
- If any of the family member died due to corona virus ☐ Yes ☐ No
- If yes, where did he/she die _____
- Any financial constraints affected your/ family member's health ☐ Yes ☐ No
- Were you forced to work under vulnerable (health) environment? ☐ Yes ☐ No

Interventions

- Do you know about Ehsaas aid programme? ☐ Yes ☐ No
- Are you Ehsaas programme beneficiary? ☐ Yes ☐ No
- if yes, which one?
- ☐ Ehsaas Emergency Cash Programme ☐ Ehsaas RashaanEhsaas ☐ Kafaalat
- ☐ Ehsaas Nashonuma
- What amount of cash did you get from Ehsaas programme _____ (In Rs.)
- Did you face any kind of exploitation in the procedure (receiving Ehsaas aid)
- if yes, which one?
- ☐ Sexual exploitation ☐ Financial deceit ☐ Commission ☐ (e-money)
- ☐ Domestic servitude
- Did you feel health vulnerability, while waiting in the queues to get Ehsaas cash aid at Ehsaas cash centre ☐ Yes ☐ No
- Have you applied and not received the Ehsaas aid ☐ Yes ☐ No ☐ I haven't applied
- Did you receive any other help other than Ehsaas programme from your government ☐ Yes ☐ No
- Did you receive any other financial help from private sector? ☐ Yes ☐ No

Interventions in case of GBV & Domestic Violence
-Were you the victim of domestic violence by any male member of family during pandemic? <input type="checkbox"/> Yes <input type="checkbox"/> No
- If yes, By whom _____
- Did you feel threatened of physical, psychological and sexual abuse during pandemic <input type="checkbox"/> Yes <input type="checkbox"/> No
-If yes, which violence _____ and by whom _____
- Was your financial vulnerability being sexually exploited <input type="checkbox"/> Yes <input type="checkbox"/> No
-If yes, By whom _____
- Did you approach police station or any other third party before or after any kind of violence. <input type="checkbox"/> Yes, I approached police <input type="checkbox"/> No <input type="checkbox"/> I approached third party
-Name the third party _____
-Was any of the intervention useful? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section no 2

Employment (State the pandemic conditions)	
I am a working mother	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am a single mother	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mark the tick Infront of the statement	
I have an infant/ toddler and I take my child with me on my job	<input type="checkbox"/>
I have an infant/ toddler and I do not take my child with me on my job	<input type="checkbox"/>
I do not have infant/ toddler	<input type="checkbox"/>
In the pandemic wake, I was not allowed to take my child with me on my job	<input type="checkbox"/>
In the pandemic wake, I prefer not to bring the child with me on my job	<input type="checkbox"/>
My infant/ toddler stays with my family when I am on job	<input type="checkbox"/>
My infant/toddler stays with my relatives when I am on job	<input type="checkbox"/>
I had a job during Covid-19 pandemic	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes,	If no,
I was forced to work under vulnerable health environment Yes <input type="checkbox"/> No <input type="checkbox"/>	I was expelled from my job in wake of Covid-19. <input type="checkbox"/> Yes <input type="checkbox"/> No
I was being sexually manipulated in order to keep job <input type="checkbox"/> Yes <input type="checkbox"/> No	I was provided with extra cash/ ration by my employer. <input type="checkbox"/> Yes <input type="checkbox"/> No
I felt more vulnerable on my job in pandemic. <input type="checkbox"/> Yes <input type="checkbox"/> No	I myself left my job for health safety concerns <input type="checkbox"/> Yes <input type="checkbox"/> No
I wasn't provided with the special mobility facilities <input type="checkbox"/> Yes <input type="checkbox"/> No	I myself left my job for physical safety concerns <input type="checkbox"/> Yes <input type="checkbox"/> No
I felt sexually/ physically vulnerable while commuting <input type="checkbox"/> Yes <input type="checkbox"/> No	I faced domestic violence at the hand of male member of the family when I was at home. <input type="checkbox"/> Yes <input type="checkbox"/> No
Because of my job I had a conflict with my community <input type="checkbox"/> Yes <input type="checkbox"/> No	I opted any of the poverty coping strategy mentioned above after I was discharged from the job <input type="checkbox"/> Yes <input type="checkbox"/> No
I was often seen as the virus carrier in my community because of my job. <input type="checkbox"/> Yes <input type="checkbox"/> No	After the lockdown I was rehired at my job. <input type="checkbox"/> Yes <input type="checkbox"/> No
I was forced to leave my house because of my job <input type="checkbox"/> Yes <input type="checkbox"/> No	
Women Health Workers	
<input type="checkbox"/> I wasn't provided with the PPE most of the time in pandemic	
<input type="checkbox"/> People avoided me because I was a frontline health workers	
<input type="checkbox"/> I didn't receive My overtime and covid-19 bonuses	

<input type="checkbox"/> I didn't receive my special travel allowances <input type="checkbox"/> My accommodation in hospital was not satisfactory <input type="checkbox"/> I got tested corona positive while working in field <input type="checkbox"/> I acted as a corona carrier for my family/ acquaintances

A survey form for Women Homebased Workers	Code: 003
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i. Subgroup targeted indicators are included

The first wave of the pandemic caused due to COVID-19 was marked by a complete lockdown in Pakistan. This unprecedented time and global health crisis pushed everyone indoors and compelled all employees to work from home (WFH). This field survey is an attempt to explore the challenges faced by Women

Enumerator's information: <i>This section is for surveyor to be filled</i>		
Organization:	Name:	Phone Number:
Email address:		

Domestic Workers (WDW), Women Health Workers (WHW) and Women Homebased Workers (WHBW) and investigates the socio-economic vulnerabilities trends of said group. If you feel difficulty in comprehension of any of the following questions, please feel free to ask the enumerators/ Field surveyor.

Uks research centre is a credible research institution, working with OXFAM Pakistan for the aforementioned study, it is hereby assured that your privacy will be respected and your responses will only be used for the research purposes

<i>Respondent may start from this section</i>	
Household Information	
Name of Respondent:	Age of Respondent
Education of Respondent:	Marital Status:
Family Size:	
Province:	District:
Contact Number:	Email Address:
<i>(I understand the purpose of the study and I am filling this form up willfully)</i>	
Signature of the Respondent:	
Please specify the age groups in your family:	
<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-12 <input type="checkbox"/> 13-15 <input type="checkbox"/> 16-17 <input type="checkbox"/> 18-27 <input type="checkbox"/> 28-59 <input type="checkbox"/> 60 and above	

Housing <i>(Write down the pre-pandemic conditions in the following section)</i>
Type of shelter:
<input type="checkbox"/> Formal: Finished building {Completed & permanent building ready to be occupied} <input type="checkbox"/> Formal: Sub-standard building {Any type of building not designated as dwelling, requiring rehabilitation} <input type="checkbox"/> Informal settlement {Settlement made of makeshift tents, not recognized by authorities}
Payment and Eviction Threat
- Rented house? Yes <input type="checkbox"/> No <input type="checkbox"/>
- I pay the cost of the rent?
<input type="checkbox"/> Salary from work <input type="checkbox"/> Borrow money <input type="checkbox"/> Use savings <input type="checkbox"/> Begging <input type="checkbox"/> Don't pay the money <input type="checkbox"/> Assistance <input type="checkbox"/> from aid agency <input type="checkbox"/> Assistance from relatives <input type="checkbox"/>

- What type of agreement between the landlord and tenant?

☐ Written agreement ☐ Oral agreement

- Was there a threat of eviction?

If yes, why?

- ☐ Conflict with host community and/or Landlord
- ☐ Fear of eviction {Scared the landlord will evict you}
- ☐ Verbal threat of eviction
- ☐ Written note for eviction
- ☐ Fear of physical assault, sexual violence and rape
- ☐ Economic vulnerability may be exploited (for sexual and other physical advantages)

Housing (Write down the pandemic and post – pandemic conditions in the following section)

Type of shelter:

- ☐ Formal: Finished building {Completed & permanent building ready to be occupied}
- ☐ Formal: Sub-standard building {Any type of building not designated as dwelling, requiring rehabilitation}
- ☐ Informal settlement {Settlement made of makeshift tents, not recognized by authorities}

Payment and Eviction Threat

- Rented house? Yes ☐ No ☐

- I pay the cost of the rent?

☐ Salary from work ☐ Borrow money ☐ Use savings ☐ Begging ☐ Don't pay the money ☐ Assistance from aid agency ☐ Assistance from relatives ☐ Ehsaas Programme ☐

- What type of agreement between the landlord and tenant?

☐ Written agreement ☐ Oral agreement

- Is there a threat of eviction?

If yes, why?

- ☐ Conflict with host community and/or Landlord
- ☐ Fear of eviction {Scared the landlord will evict you}
- ☐ Verbal threat of eviction
- ☐ Written note for eviction
- ☐ Fear of physical assault, sexual violence and rape
- ☐ Economic vulnerability may be exploited (for sexual and other physical advantages)

Poverty & Coping Strategies: Food and Basic Needs

During and after the pandemic, has your family applied any of the below strategies to meet food and basic needs?

Spent savings

Yes, ☐ No, ☐ No, because I didn't have any savings

Bought food on credit or borrowed money to purchase food from non-relatives/friends

Yes, ☐ No, ☐ No, because I have exhausted this strategy already and cannot do it anymore

Reduced essential non-food expenditure such as education/health

☐s, ☐o ☐o, because I have exhausted this strategy already and cannot do it anymore

Sell household assets/goods (jewellery, phone, furniture, electro domestics, etc.)

☐s, ☐o ☐o, because I have exhausted this strategy already and cannot do it anymore

Sell productive assets or means of transport (sewing machine, car, wheel barrow, bicycle, motorbike, etc.)

☐s, ☐o ☐o, because I have exhausted this strategy already and cannot do it anymore

You or other members of household accepted socially degrading, exploitative, high risk or illegal temporary jobs

☐s, ☐o ☐o, because I have exhausted this strategy already and cannot do it anymore

Sent adult family members to beg

☐s, ☐o ☐o, because I have exhausted this strategy already and cannot do it anymore

Sent children (under 18) family members to beg

☐s, ☐o ☐o, because I have exhausted this strategy already and cannot do it anymore

Changed accommodation location or type in order to reduce rental expenditure

☐s, ☐o ☐o, because I have exhausted this strategy already and cannot do it anymore

Sent children (under the age of 16) to work in order to provide resources

☐s, ☐o ☐o, because I have exhausted this strategy already and cannot do it anymore

Withdrew children from school

☐s, ☐o ☐o, because I have exhausted this strategy already and cannot do it anymore

Education

Are all of your children (aged 6-18) attending formal education?

Number of children attending school? _____

Number of children not attending school? _____

IF your child is continuing formal education during pandemic, what difficulties or challenges are you experiencing? Please tick up to a maximum of 4 that apply:

☐on- availability of academic fees

☐ Health - non- availability of protectives articles (Sanitizers, masks, etc.) {for physical classes}

☐obility Issues, non-availability of fares of transport {for physical classes}

☐ Non-availability of technical gadgets {Tablet, smart phones, laptops, personal computers etc.}

☐ Non-availability of internet {Cable, internet fees}

☐ Other financial constraints

☐ Having Children with disabilities

☐ Social boycott (if any of family member is/was corona positive)

Children Not-Enrolled in School

What are the reasons? (Mark the tick Infront of the statement)

Not interested (cultural/not useful)	
Serious Health Condition	
Child marriage/engagement (6-18)	
Missed 3 or more years of education	
Child labour/work with other priorities (6-18)	
Family obligations/ responsibilities in the household (6-18)	
Financial constraints (transport, uniforms)	
Lack of documentation	
Refused entry due to disability (school unable to cater)	
Disability (unable/ unwilling/ family will not allow)	
Safety fears of attitude within the school (staff/students)	
Physical / verbal abuse	

Health	
- If there was a medical need due to corona positivity, were you or any of your family members able to access hospitals/clinics? <input type="checkbox"/> Yes <input type="checkbox"/> No	
-How many individuals in your family affected by corona virus _____	
- If any of the family member died due to corona virus <input type="checkbox"/> Yes <input type="checkbox"/> No	
- If yes, where did he/she die _____	
- Any financial constraints affected your/ family member's health <input type="checkbox"/> Yes <input type="checkbox"/> No	
- Were you forced to work under vulnerable (health) environment? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Interventions	
- Do you know about Ehsaas aid programme? <input type="checkbox"/> Yes <input type="checkbox"/> No	
- Are you Ehsaas programme beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
- if yes, which one?	
<input type="checkbox"/> Ehsaas Emergency Cash Programme	<input type="checkbox"/> Ehsaas RashaanEhsaasKafaalat
<input type="checkbox"/> Ehsaas Nashonuma	
- What amount of cash did you get from Ehsaas programme _____ (In Rs.)	
- Did you face any kind of exploitation in the procedure (receiving Ehsaas aid)	
- if yes, which one?	
<input type="checkbox"/> Sexual exploitation	<input type="checkbox"/> Financial deception <input type="checkbox"/> Commission <input type="checkbox"/> (e-money)
<input type="checkbox"/> Domestic servitude	
- Did you feel health vulnerability, while waiting in the queues to get Ehsaas cash aid at Ehsaas cash centre <input type="checkbox"/> Yes <input type="checkbox"/> No	
-Have you applied and not received the Ehsaas aid <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I haven't applied	
-Did you receive any other help other than Ehsaas programme from your government <input type="checkbox"/> Yes <input type="checkbox"/> No	
- Did you receive any other financial help from private sector? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Interventions in case of GBV & Domestic Violence	
-Were you the victim of domestic violence by any male member of family during pandemic?	

☐ Yes ☐ No

- If yes, By whom _____

- Did you feel threatened of physical, psychological and sexual abuse during pandemic

☐ Yes ☐ No

-If yes, which violence _____ and by whom _____

- Was your financial vulnerability being sexually exploited

☐ Yes ☐ No

-If yes, By whom _____

- Did you approach police station or any other third party before or after any kind of violence.

☐ Yes, I approached police ☐ No ☐ I approached third party

-Name the third party _____

-Was any of the intervention useful?

☐ Yes ☐ No

Section no 2

Homebased Workers		
Job: _____	Location: _____	
Scale of Job: _____		
<input type="checkbox"/> I am sole earner in the family earning of household	<input type="checkbox"/> I am a single mother	<input type="checkbox"/> I contribute 50% into
	<input type="checkbox"/> I only earn my pocketmoney	
Job condition (State the pandemic conditions)		
<input type="checkbox"/> I didn't have any job assignment throughout the pandemic <input type="checkbox"/> My Pre-pandmeic dues were not cleared <input type="checkbox"/> I opted any of the above mentioned poverty coping strategy <input type="checkbox"/> I feel like middle men/ factory owner/ purchaser manipulated my economic vulnerability to decrease the ratio of my payments		

Methodology Guide for Focus Group Discussion

The erasure of this pandemic from the top ten stories is as disturbing as is its presence in the form of numbers only. Little or no analysis or in-depth stories on how the pandemic has held nations hostage, how economies have been destroyed, how poor have become poorer, and most importantly, how has the pandemic impacted women, especially in Pakistan. Women, once again, have had to struggle to be heard during the Covid-19 crisis let alone have their voices amplified. The world has become more insecure for them, one that has seen old gender-based brutalities return — the same excesses that women thought was near dead to be buried after decades of feminist struggle and lives lost. In Pakistan's case, this has meant that antiquated cultural and traditional mores about women have returned with a vengeance.

Uks' analysis of media reportage by deploying gender lens during pandemic has resulted in the devastating picture generally of all the women and particularly working women. As always women of every field have suffered most of all during this catastrophe. This focus group discussion is an attempt to understand the different aspects of the socio-economic vulnerability of Women Domestic Workers in wake of Covid-19 pandemic.

So, what do we mean by socio-economic vulnerability?

Socio- economic vulnerability is the endogenous inability of the unit to face shocks. This endogenous inability is a function of risk exposure and other socio-economic factors.

سماجی و اقتصادی کمزوری ایک ایسی کیفیت کا نام ہے کہ جب کسی غیر معمولی معاشرتی یا اقتصادی صورتحال (جیسے جنگ یا عالمی وبا) میں کہ جہاں نارمل آمدن کے ذرائع محدود یا معدوم ہو جائیں یا سماجی جہات تبدیل جائیں تو کسی فرد یا خاندان میں اتنی اہلیت یا قابلیت نہ رہے کہ وہ خصوصی حالات کا مقابلہ کر سکے۔

Emerging evidence on the impact of COVID-19 suggests that women's economic and productive lives are affected disproportionately and differently from men. Across the globe, women earn less, save less, hold less secure jobs, are more likely to be employed in the informal sector. They have less access to social protections. Their capacity to absorb economic shocks is therefore less than that of men. As women take on greater care demands at home, their jobs will also be disproportionately affected by cuts and lay-offs.

Such impacts risk rolling back the already fragile gains made in female labor force participation, limiting women's ability to support themselves and their families, especially for female-headed households. In many countries, the first round of layoffs has been particularly acute in the services sector, including retail, hospitality and tourism, where women are overrepresented. The situation is worse in developing economies just like Pakistan where the vast majority of women's employment is in the informal economy with few protections against dismissal or for paid sick leave and limited access to social protection. To earn a living these workers often depend on public space and social interactions, which are now being restricted to contain the spread of the pandemic.

Methodology of the day

This might help you in organizing the Focus Group Discussion

Before the discussion starts

- Recruit and schedule participants
- Arrange your equipment, set-up the audio recorder
- Read the introduction thoroughly, understand the concept and theme of focus group discussion
- Carefully visit and revisit through the questions to be asked

Get consent and start the discussion.

- By introducing the topic of discussion
- Appoint a notetaker
- Have everyone introduce themselves
- Ask your questions
- Seek equal representation from the group
- Be sure of that, every participant has responded to the survey questionnaire (001/002/003)
- End the meeting in a reasonable amount of time

After the meeting

- Analyze and incorporate feedback
- Fill the focal person feedback form carefully.
- Look for the apt case studies
- Shoot the case studies

Understand the focus group discussion:

This focus group discussion is an attempt to understand the different aspects of the socio-economic vulnerability of Women Domestic Workers/ Women Home-Based Workers/ Women Health Workers in wake of Covid-19 pandemic. We want to Bridge the information and

communication gaps that exist between media, governments, policy planners, civil society, WROs and of course women.

Questions To be asked:

Following are some questions to be asked during discussion, you may add some if you feel like:

- 1. What do you know about Covid-19**
- 2. How did you find out about the lockdown?**
- 3. What was your employer's first response?**
- 4. Were you immediately laid off?**
- 5. What were your feelings after getting laid off? (Fears, anticipations)**
- 6. What was the first impact on your living style after getting laid off from job?**
- 7. What special techniques you opted for coping up with increased poverty / changed social dimensions?**
- 8. Did any private or government financial intervention helped you in the time of covid-19? If yes, what was the scale and effectiveness of intervention? Whose intervention, was it?**
- 9. Talk about mental condition of the participants at the time of Covid-19 lockdown?**
- 10. Any physical or sexual violence in home or outside the home? By whom? What was the response?**
- 11. Any responsive intervention by government or any other third party to mitigate violence? By whom? How effective was it?**
- 12. Do you feel media, in the time of lockdown truly depicted your problems? And proposed solutions?**
- 13. If no, any suggestions for media?**
- 14. Do you agree that women's voices and concerns are ignored, over-looked or underestimated in Pakistani media-print and electronic- during COVID 19?**
- 15. What are the issues women are facing- besides hunger, lack of medical information and facilities and employment?**
- 16. Is there an urgent need that media needs to be gender-sensitive? Given the different impacts surrounding detection and access to treatment for women and men, as well as for their overall wellbeing?**
- 17. How would you describe the nexus and intersectionality of women, Covid-19 and SDGs (explain SDGs)?**
- 18. Do you think that women, Covid-19 and SDGs are inter-linked?**
- 19. Do you agree that there is communication gap as well as lack of interest to share information and knowledge on COvid-19 and SDGs?**
- 20. How do you think this can be made possible?**

These questions are not to be asked from participants as they are, these are for understanding of the focal person. You are requested to read and understand them and then share them with participants in simplest form. Three targeted subgroups are interlinked each other, there might be some varying points

concerning the discussions with women health workers. Targeted indicators for women health workers are as follow.

- **Discuss the PPE, and health vulnerability of women health workers during pandemic**
- **Allocation of special allowances? Received or not? Problems faced?**
- **Mobility issues during pandemic Covid-19? Any special mobility facilities?**
- **Health vulnerability of families and community of health workers due to their job nature**
- **Any backlash from community, due to risk of virus may be carried**
- **Any other issues, problems and interventions by government? Their effectiveness?**

Try to anchor your discussion around aforementioned themes. Do take notes, as a focal person you are required to file the detailed response.

Content Analysis Categories and Keywords**1. Women Domestic Workers (WDW):**

Any News Story about women domestic workers must be logged under this category. Following are the key words to understand the story about women domestic workers.

Keywords	
Women Domestic Workers (WDW)	
Social Vulnerability	
i.	Sexual Harassment
ii.	Domestic Physical Violence
iii.	Domestic Psychological Violence
iv.	Femicide
v.	Suicide
vi.	Rape
vii.	Gang-Rape
viii.	Mobility problems
ix.	Blackmailing
x.	Divorce
xi.	Differently abled person
xii.	Single mother
xiii.	Minority
Economic Vulnerability	
i.	Job loss
ii.	Salary Cuts
iii.	Salary Delayed
iv.	Increased poverty
v.	Hunger
vi.	Health vulnerability
vii.	Loss of home
viii.	Home rent problems

2. Women Home-based Workers (WHBW):

Any news story related to women home-based workers must be monitored and logged under category number 2. Keep in mind following keywords while monitoring the news related to women home-based workers.

Keywords

Women Home-based Workers (WHBW)	
Social Vulnerability	
i.	Sexual Harassment
ii.	Domestic Physical Violence
iii.	Domestic Psychological Violence
iv.	Femicide
v.	Suicide
vi.	Rape
vii.	Gang-Rape
viii.	Mobility problems
ix.	Blackmailing
x.	Cyber- harassment
xi.	Cyber Blackmailing
xii.	Cyber Fraud
xiii.	Divorce
xiv.	Differently abled person
xv.	Minority
xvi.	Single Mother
Economic Vulnerability	
i.	Business Closure
ii.	Non – availability of internet
iii.	Shortage of micro-credits
iv.	Markets closures
v.	Downsizing
vi.	Rent problems
vii.	Health vulnerability
viii.	Non-availability of protective gears (Masks, Sanitizers)
ix.	Loss of home

3. Women Health Workers (WHW):

Any news story related to women health workers must be monitored and logged under category number 3. Keep in mind following keywords while monitoring the news related to women health workers.

Keywords Women Health Workers (WHW)	
Social Vulnerability	
i.	Sexual harassment
ii.	Rape
iii.	Gang-Rape
iv.	Non-availability of PPE
v.	Carriers of Covid-19
vi.	Workplace harassment
vii.	Compromised Mental Health

viii.	Overtime
ix.	Domestic Physical Violence
x.	Domestic Mental Violence
xi.	Suicide
xii.	Differently abled person
xiii.	Minority
xiv.	Single Mother
Economic Vulnerability	
i.	Salary cut
ii.	Salary Delayed
iii.	Increased Poverty
iv.	No Covid-19 allowance
v.	Health benefits

4. Gender Based Violence (GBV):

Any news story related to Gender based violence must be monitored and logged under category number 4. Keep in mind following keywords while monitoring the news related to gender-based violence.

Keywords	
Gender Based Violence (GBV)	
i.	Sexual Harassment
ii.	Workplace Harassment
iii.	Rape
iv.	Gang- Rape
v.	Health vulnerability
vi.	Acid attack
vii.	Domestic Physical Violence
viii.	Domestic Psychological Violence
ix.	Divorce
x.	Torture
xi.	Incest
xii.	Child sexual abuse
xiii.	Murder
xiv.	Abduction
xv.	Mental Stress
xvi.	Job loss
xvii.	Salary Cut
xviii.	Salary loss
xix.	Internet non- availability
xx.	Mobility hazards
xxi.	Overtime work from home
xxii.	Rent of home
xxiii.	Loss of shelter (home)

5. Early Child Marriage (ECM):

Any news story related to early child marriage must be monitored and logged under category number 5. Keep in mind following keywords while monitoring the news related to early child marriage.

Keywords Early Child Marriage (ECM)	
i.	Early Child Marriage
ii.	Swara
iii.	Vani

6. Forced Marriages (FM):

Any news story related to forced marriage must be monitored and logged under category number 6. Keep in mind following keywords while monitoring the news related to forced marriage.

Keywords Forced Marriages (FM)	
1.	Early Child Marriage
2.	Minority group
3.	Forced Marriage

7. Interventions:

Any news story related to our population specific interventions must be monitored and logged under category number 7. Keep in mind following keywords while monitoring the news related to Interventions.

Keywords Interventions	
1.	Government interventions
2.	Private sector Interventions
3.	Ehsaas program

List of Monitored Newspapers

NAME	MEDIUM	SCOPE
THE NEWS	<i>English</i>	<i>National</i>
DAILY DAWN	<i>English</i>	<i>National</i>
THE NATION	<i>English</i>	<i>National</i>
DAILY TIMES	<i>English</i>	<i>National</i>
EXPRESS TRIBUNE	<i>English</i>	<i>National</i>
DAILY AUSAF	<i>Urdu</i>	<i>National</i>
DAILY JINNAH	<i>Urdu</i>	<i>National</i>
DAILY PAKISTAN	<i>Urdu</i>	<i>Local</i>
DAILY KHABRAIN	<i>Urdu</i>	<i>National</i>

Participant Consent Form

Title of Research Project:		BRIDGING THE INFORMATION & KNOWLEDGE GAPS ON WOMEN, THE COVID-19 AND SDGs	
Name of Lead Researcher: Tasneem Ahmar			
			Please initial box
1. I confirm that I have read and understood the information provided by Focal person			
2. (Dated [-----] explaining the above research project and I have had the opportunity to ask questions about the project.		<div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div>	
3. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline. (Shaista Yasmeen : 0334-5444423).		<div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div>	
4. I understand that my responses will be kept strictly confidential. I give permission to the members of the research team to have access to my responses. I understand that my name will not be linked with the research materials.		<div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div>	
5. I give permission for my photographs to be used for narrative report, Uks' website & Uks' social media pages.		<div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div>	
6. I give permission for audio of me to be recorded during FGD and used for research purposes.		<div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div>	
7. I agree for the data collected from me to be used in future research		<div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div>	
8. I agree to take part in the above research project.		<div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div>	
_____ Name of Participant	_____ Date	_____ Signature	
_____ Name of person taking consent	_____ Date	_____ Signature	
Tasneem Ahmar Lead Researcher	_____ Date	_____ Signature	
Copies:			
<p><i>Once this has been signed by all parties the participant should receive a copy of the signed and dated participant consent form. A copy of the signed and dated consent form should be kept with the project's main documents which must be kept in a secure location.</i></p>			