Covid-19 Impact on SRHR in Sindh

Expert Consultation

CENTER *for* REPRODUCTIVE RIGHTS

COLLECTIVE FOR SOCIAL SCIENCE RESEARCH

Our Research

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Methods:

- **Online media tracking:** March 15 – Present. News from local sources such as Dawn, The News, Geo News, ARY News, Samaa Digitial, Pakistan Today and international sources such as BBC and Al-Jazeera. Information from webinars and other online events (e.g. CRR, FP2020).
- **Social media tracking:** Official tweets, anecdotal information shared on WhatsApp and Facebook.
- **Key informant interviews:** Interviews with 15 key informants, who are frontline healthcare providers in facilities, frontline community healthcare workers, and members of NGOs working on SRHR.

Findings

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Access to family planning products and services:

● Shortage of contraceptives globally (Pakistan Today).

● LHWs supplies low or running out already in March.(KII with Karachi LHW).

● PWD and NGO family planning centers closed, no postpartum counseling (KII with OB/GYNs).

● 5 million expected births during the pandemic according to UNICEF (Dawn).

Findings

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Obstetric care:

- Antenatal visits reduced. Women with high-risk pregnancies suffer most (KIIs with OB/GYNs).
- Delays in reaching hospitals due to closure of public transport (ARY News, KIIs with OB/GYNs).
- Closing of maternity wards e.g. PIMS, Lady Reading Hospital (Dawn Prism).
- Increasing no. of Covid positive pregnant women (Dr. Nusrat Shah in Dawn).
- Expected rise in fistula cases (Dr. Sher Shah in Dawn).

Findings

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Domestic violence:

● 200 per cent increase in cases reported after lockdown, from March to May (Geo News).

● Severe mental health impacts of rising DV. Mental health professionals provide evidence of rise in DV (The News).

● Potential rise in sexual abuse and unwanted pregnancies (Daily Times).

● Helplines not very responsive e.g. MoHR helpline (Sara Malkani in Soch Live Session on DV)

Findings

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Strain on healthcare workers:

● Incidents of violence against healthcare workers (Civil Hospital, JPMC)
● Increasing number of cases, capacity running out(Dawn).
● Shortages of PPE, protests and backlash to protests (BBC).
● Added burden on LHWs conducting awareness-raising activities and even identifying cases(KIIs with LHWs and NGO staff members.
● Lack of clarity re how to protect frontline providers and SOPs.
● Increased dependence on midwives and home deliveries, how to enable.

Findings

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Use of tele-health services:

- Phone calls, WhatsApp, Zoom consultations (KIIs with OB/GYNs)
- Limitation is that phones and internet access not available to everyone (KIIs with OB/GYNs).
- Doctors potentially too overworked to provide phone consultations as well (KIIs with OB/GYNs).
- How adequate is tele-health for ante-natal screening?

Feedback/Input

Access to FP services	Obstetric Care	Domestic Violence	Strain on providers	Tele-health services	Others
Lack of access to contraception 1.5 m current users, resupply issues / disruption rate Make it part of essential health services Voices of young people/marginalized in access to fp [import of performance condoms used by youth is left out] - Naya Qadam reduced numbers ofaccessed users - Absence of coherent national response - Shortage of supplies SRO took over, banks not opening LC due to import duty on condoms [incl as medical device]; injectables short - Crackdown on stocking of supplies w/out pharmacy license	Incidence of PPH incr Protocols for women's self-care under development Risk of MMR incr in other pandemics, drop in immunization Low risk women coming to hospital in high morbid states, sepsis, PAC, due to lack of routine care	Long term burden of widowhood, loss of income, violence. Early and forced marriages due to incr in poverty, girls out of educ., nutritional outcomes; Locked in, no access to safe homes	Staff overwhelmed on the ground LHWs and CSWs have no smartphones Since not essential services, how to preserve and protect them. Under pressure fr regulators SOPs unclear, language barriers, Providers exposed, frightened, quarantined Training needed for comm providers on short and smart care 98 doctors sick	Helpline for guidance on miso not allowed	Cost of induced abortion soars FP not listed as essential services, MVA kits not available, Lack of miso access Marginalization of youth due to 'low risk' will have impact eg access to fp

Discussion

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1. What if any are the long-term impacts of the pandemic on the enforcement of SRH rights e.g. access to obstetric services, family planning, child marriages?
2. Has the pandemic heightened inequalities in access to SRH services -- have women from low-income backgrounds, rural areas, minorities been affected disproportionately?
3. Will the pandemic change the way SRH services are provided in the future e.g. greater use of telemedicine, shift to home-based care and deliveries?

Recommendations

Access to FP services	Obstetric Care	Domestic Violence	Strain on providers	Tele-health services	Others
• Ensure supply, availability and accessibility of misoprostol through chemists. • Ensure availability of contraceptives, injectables and long-acting reversible contraceptives. Community participation is missing in guideline development. Understanding users' lived reality- how to conduct virtual trainings? Holistic and rigorous involvement needed. Connect stakeholders for referrals, flow of info, CBOs (NQ working)	• Screening protocols for high-risk pregnancies on tele-health •Enabling safe home deliveries • Increase availability of free or low-cost obstetric services and medicines. • Fear of taking tests for babies and families	• Expand online counselling services for women seeking medical, psychological & legal support for domestic violence during lockdown & as economic conditions worsen. • Remove barriers for domestic violence survivors seeking protection services. •Rape kits unavailable needed in every gyne obs dept	•Sufficient protective gear to frontline providers • Clarity on protocols for each type of provider eg LHWs, midwives, nurses, doctors etc •Maintain SRH focus amongst community workers and maintain their supplies as a priority. •Daily deaths of providers, demoralizing, supportive care needed •Female doctors traumatized by angry patients in hospital setting need protection •Lack of adherence to medical guidelines by patients •Hospitals refusing patients when they have no covid wards/beds PPE donations sold in market	• Employ women doctors to provide tele-health services from home, such as the initiative Sehat Kahani, and enable online prescriptions. •Expand access to poorer women and rural communities •Group of docs trained on tele health adol RH services •Trainings on guidelines underway for providers	•Demand uniform policy on SRHR services: National Plan for Covid on SRHR? Or should we focus on Prov Plan? • Expand testing of women in communities for Covid-19. Hire and train women to serve as contact tracers. • BHUs and RHUs closed/overburdened – how to support?

- Providers: how to meet their SRH needs? Resources needed? Young women are vulnerable.
- HANDS found fp in their communities incr thru direct access, Marvi workers used to create covid awareness also. Doorstep services remain essential.
- Gendered impact may reverse gains for women: incomes, mobility, access to services, not prioritized as receivers of care, food security.
- Key recommendations: fp in emergency kits for disaster; after courts decl fp as a HR roadmap developed but covid led to reversal as it is non essential service – remind govt it is a HR issue.
- Fear of pregnancy not helpful to trigger behaviour change, is it just? Balance w/ our lack of understanding re covid impact on pregnancy.
- Laws and regulations around tele health not in place, despite some providers in place. So if we plan to use digital health platforms we need to clarify regulations going forward.
- Virtual access is needed, but unequal across contexts.

- Key messages for women to protect themselves during pandemic thru electronic media – what could those be in a conservative env? Addressing life cycle needs, family health package/self protection, tying in w/ how SRH services are essential and supply lines must continue. Messaging also addressing current paranoia, fp as a safe practice in time of crisis. (NQ insights from their own practice)