

Impact of COVID-19 on Reproductive Health, Family Planning and GBV in Pakistan

May 2020

During public health emergencies, human and financial resources are often diverted from essential health programs to respond to the disease outbreak. Emergency response to COVID-19 outbreak also means that resources for essential maternal, newborn health, gender, reproductive health services will be diverted to deal with the outbreak, contributing to a rise in maternal and newborn mortality, increased unmet need for contraception, sexually transmitted infections and gender-based violence.



Emergency Maternal and reproductive health services may take the brunt, with inadequate facilities for isolation areas to assess and care for women in labour and the newborn. Life-saving procedures including treatment of pregnancy and delivery related complications are delayed due to staff deployment, staff not prepared and protected for service, and shortages and lack of infrastructure, e.g. operation theatres and ward space. Women who have to spend time recovering in hospital in Pakistan are often reliant on relatives for food and care, making isolation and infection control measures difficult and intensifying the risks of COVID-19 spread.



Availability and access to family planning services may be impacted as recent evidence shows that the need for family planning would increase during the period of imposition of isolation at home. **The unmet need for contraception is aggravated** as the contraceptive commodities delivery to facilities and households are negatively affected by limited imports and in-country availability and distribution of contraceptives commodities. For most women in reproductive ages, family planning is critical as other health care. As public health infrastructure shifts to support and treat people with COVID-19, it is essential that we maintain access to essential maternal health services and commodities including family planning. In the absence of these measures, consequences could be life-threatening and reverse recent gains made towards ensuring universal access to sexual and reproductive health in Pakistan.



Lockdown and restrictions under pandemic may increase exploitation of vulnerable groups, who lack coping mechanism. **This may include increased incidents of sexual and physical abuse, and spousal violence.**



At a Glance - Reproductive Health in Pakistan

4.7 million

women are pregnant at any given time of the year

0.5 million

potential births are expected each month

66%

of the deliveries occur in health facilities (44% in private & 22% in public)

8,300

women die each year from preventable pregnancy related complications

260,000

still births occur each year

In next three months

1.56 million

births are expected in Pakistan

200,335

miscarriages or unsafe abortions will occur

301,255

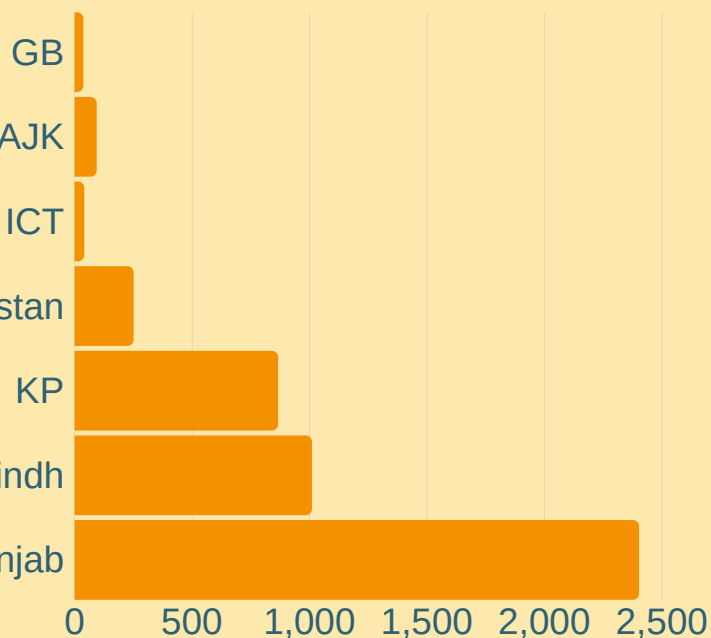
newborns will experience complications

61,575

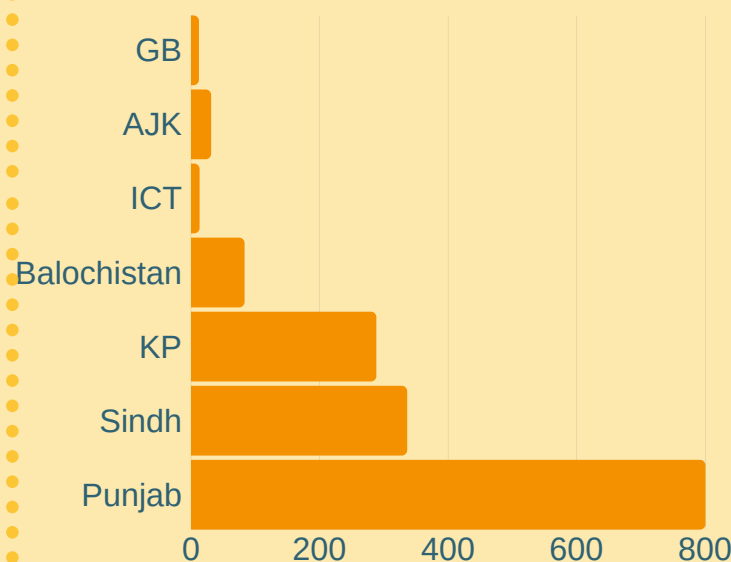
deliveries will require C-sections

225,941

pregnant women will experience complications



Currently pregnant women in Pakistan (thousands)



Province-wise number of expected live births by July (thousands)



10%

decline in service coverage of essential maternal care may result in **103,563** additional births without access to health facilities leading to **1086** additional maternal deaths and **30,833** additional still births



20%

decline in service coverage of essential maternal care may result in **207,106** additional births without access to health facilities leading to **2,133** additional maternal deaths and **58,541** additional still births

Aligning to New Normal

To ensure smooth provision of essential services under 'new normal' situation, several interventions are needed.



Health Staff

- Revise scope of work of all health cadres
- Equip field staff with smart-phone technology applications to alert facilities and refer women needing emergency pregnancy related care.
- Use of personal protection equipment by the service providers.



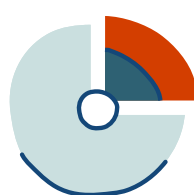
Health Facility

- Prepare health facilities by adoption of protocols regarding social distancing, seating arrangements, patient - provider interaction and service provision
- Develop a digital map of facilities (public and private) providing SRH/FP services at district level



Maternal and child health indicators

The epidemic has reversed the positive trends in all maternal and child health indicators in recent weeks which calls for targeted interventions to ensure health of mothers and children



Planning & Budget

- Innovative ways to hold regular review meetings, e-monitoring and tele-med and on-line support and facilitation to clients and human resource development.
- Budgets need to be re-worked focusing on strengthening use of electronic and virtual monitoring and meetings and reducing unproductive heads including POL and allowances.



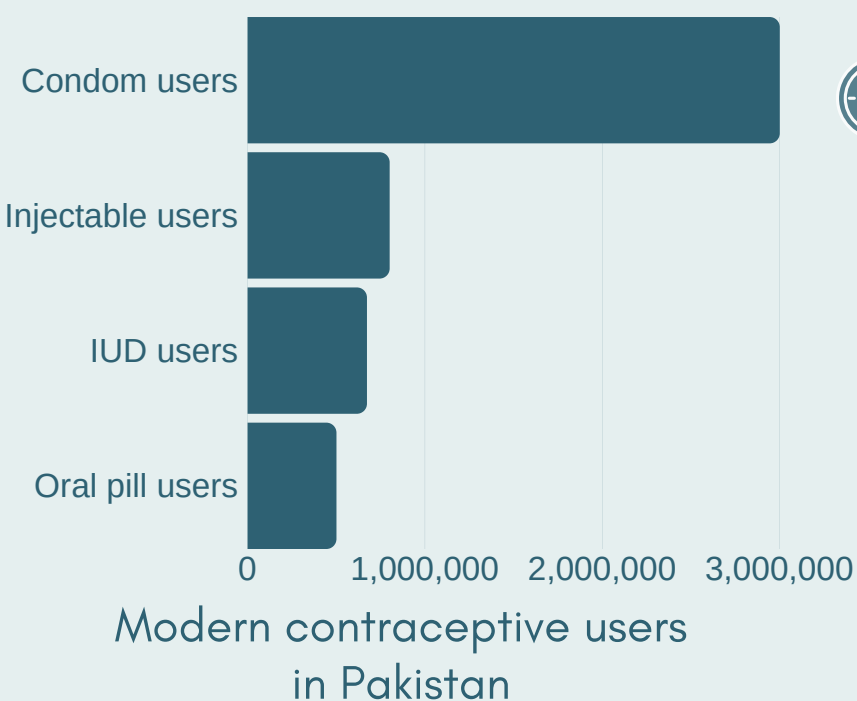
Mobile Service Units

- Mobile Service Units (MSUs) are cost effective and can ensure continuity of RH/FP services to remote and underserved areas

At a Glance- Family Planning in Pakistan

8 million

women use modern contraceptives



5.5 million

women are with unmet need of contraceptives

3.7 million

unintended pregnancies occur each year

2.6 million

induced abortions take place every year



In next three months



10%

decline in use of modern contraceptives will result in



1,228,827

additional women will be with unmet needs of modern contraception

528,065

additional unintended pregnancies will occur

222,843

additional unsafe abortions will happen

20%

decline in use of modern contraceptives will result in



2,149,601

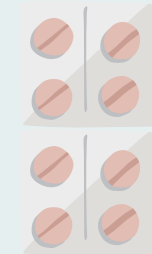
additional women will be with unmet needs of modern contraception

924,114

additional unintended pregnancies will occur

389,976

additional unsafe abortions will happen



Stock-outs of many contraceptive methods are anticipated in next 6 months across Pakistan due to supply chain disruptions.

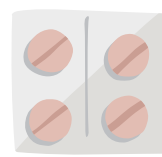


What can be done to ensure availability and access to FP services



Health Staff

- Necessary protocols need to be developed to guide and support FWC and RHS Centre staff with respect to provision of services under COVID environment.
- This is an ideal time of integrating FP services across Health and Population Welfare Departments. FWWs urgently need to link up with LHWs to identify women and clients to supply them necessary commodities at their doorsteps and identify pregnancy women who will be delivering in the coming weeks for referral for safe delivery at a facility.
- All workers providing family planning services must suggest and provide alternate methods to women to meet their immediate contraceptive needs.
- Investment in training and human development through technology is integral to all family planning programmes



Supply of Contraceptives

- Continuity of supplies i.e. condoms, oral pills and injectables is critical to ensure continuous use and avoid any unintended pregnancies.
- Health and Population Departments need to start planning for future contraceptives security and supplies given emerging issues globally. Furthermore, Departments should invest in inventory building now to avoid potential stock-out situations in the months ahead.
- Departments and private sector need to promote alternate long-term modern methods to help clients continue use contraception and protect against unintended pregnancies.
- IEC material that addresses personal hygiene and protection against the virus along with issues pertaining to contraceptives are needed for sharing with FP clients.



At a Glance - Gender-based Violence in Pakistan



Recommendations to prevent GBV



- Survivors of violence must have access to information, services and protection mechanisms for GBV survivors must be ensured.
- Communities must be informed about updated GBV referral pathways and services throughout the COVID-19 pandemic.
- Mobility restriction must not discriminate against survivors seeking protection.



- Relevant government service providers i.e. Social Welfare Departments, Health Department and Police Department should lead the interventions to prevent and respond to GBV including case management and referral services.
- GBV related service providers must be categorized as essential services to ensure continuity of services to GBV survivors.
- Women centers and Dar-ul-Aman should remain accessible to women in distress.
- Law enforcement agencies and administration related SOPs must recognize that some women may be escaping dangerous and violent situation. They must respond to the complaints such complaints during COVID-19.
- GBV helplines and tele-psychosocial support services should remain functional with upgraded capacity to respond to GBV survivors during COVID-19 pandemic.
- Health care providers should have the necessary skills and resources to deal with and respond to GBV cases during COVID-19 pandemic.

Data sources - PDHS

UNFPA Pakistan

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