



# **“Effects of COVID-19 on Sexual and Reproductive Health Services for Young People from Sexual and Gender Minorities in Pakistan”**

**A Rapid Assessment Report**



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## List of Abbreviations

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AIDS	Acquired Immune Deficiency Syndrome
FDI	Forum for Dignity Initiatives
GOP	Government of Pakistan
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Foundation
KII	Key Informant Interviews
LGBT+	Lesbian, Gay, Bisexual, Transgender (inclusive of all other non-binary identities)
NCTE	National Center for Transgender Equality
NIH	National Institute for Health
SGM	Sexual and Gender Minorities
SRHR	Sexual and Reproductive Health and Rights
SRH	Sexual and Reproductive Health
SOPs	Standard Operating Procedures
STI	Sexually Transmitted Infection
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNFPA	United Nations Population Fund
USA	United States of America
WHO	World Health Organization





## Executive Summary

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In the wake of the COVID-19 pandemic, one of the largest demographic groups of Pakistan – young people – appears to be absent from the focus of most policies and measures around continuation of essential services. This study aimed to assess the knowledge and self-risk assessment of Pakistani youth, including young SGM groups, with regards to COVID-19; and to identify the effects of the pandemic on their psycho-social and economic vulnerabilities, and access to SRH services. A three-part rapid assessment was carried out consisting of a desk research, youth interviews, and interviews with key SRHR or health delivery officials. The desk research evaluated Pakistan's response to coronavirus pandemic in reference to the international standards for SRHR of young people in general and SGM in particular. Our research showed a somewhat encouraging picture as the GoP has established specific guidelines for continuation of SRH service delivery as well as for continuation of HIV and AIDS and STI screenings and treatments. On the other hand, we found no reference to SRH services for youth or SGM in any of the published guidelines.

Analysis of youth interviews revealed a high level of knowledge regarding COVID-19 and its preventive measures yet a relatively lower self-assessment of risk among young people. Most young people considered their social relationships and mental health being most adversely affected by the pandemic, and almost a third of respondents shared negative impacts of COVID-19 on their economic condition or income generation. The results also showed a very low utilization of any health services, including SRH services, by the young respondents during the pandemic. Findings suggest reduced need, fear of stigma or discrimination, or simply lack of knowledge about the services as major reasons for low utilization.

The gap in addressing unique needs of young people, including SGM, in devising responses to a health emergency like COVID-19 pandemic was further reiterated through the analysis of interview records of key public stakeholders. The study calls for putting in place more specific measures to ensure access and availability of SRH and Rights to young people in Pakistan. This could be best achieved by acknowledgement of youth as a unique group with its own needs and challenges; ensuring youth and SGM representation in policy making, outreach and service delivery; and last, but not the least, by commissioning research and record keeping on youth needs and challenges.







# 1. Introduction and Background

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## Background:

Pakistan reported its first two positive cases of the Novel Coronavirus, also known as COVID-19, in Karachi (Sindh) on February 26th (2020) among pilgrimages coming from Iran. The first case of local transmission of virus was reported on March 13th (2020) after which lockdowns were imposed in the country with varying durations in different provinces. Although the lockdowns were lifted in early May, Pakistan saw a rapid rise in the number of cases in June which burdened the healthcare facilities and provision of various essential services were hampered. As of Sep 20th, there are total 306,304 positive cases and 6,420 COVID-19 related deaths (2.15% death rate) in Pakistan. Health authorities have conducted almost 3.2 million diagnostic tests of suspected individual. The most affected province in Pakistan, so far, is Sindh with more than 135,000 positive cases of COVID-19 followed by 98,864 cases in Punjab; 37,525 in KPK; 14,838 in Baluchistan; 16,324 in Islamabad region; and 3600 and 2600 in Gilgit Baltistan and Azad Kashmir respectively.<sup>1</sup> Data suggests that highest burden of COVID-19 cases in major cities including Karachi, Lahore, Rawalpindi, Peshawar and Multan.

The ongoing COVID-19 pandemic has impacted all aspects of human life and disrupted social, political and economic operations across the globe. This was especially true during the early months of the pandemic which were characterized with confusions, fears, and in most cases chaos unknown to today's world. While many global operations were halted or significantly reduced to contain the spread of coronavirus, essential services continue to face increased burden of responsibility. Countries across the world are forced to tackle with the dilemma of enforcing lockdowns while ensuring basic human rights and access to essential life services. Continued provision of accessible and safe sexual and reproductive health (SRHR) services is particularly challenging as healthcare workers across the globe are being assigned to coronavirus response.

## Introduction:

SRHR services include a range of routine service delivery, specialized screening and therapies, as well as community-based services. Population groups like young people and SGM have unique, yet largely unmet, SRHR needs which have been further exacerbated by the pandemic and its associated impacts. Although SRHR services concerns people of all ages and genders, most policies and services in Pakistan are inclined towards maternal health and family planning. It is unfortunate that most SRH policies and services do not acknowledge young people as a target group, hence their needs are largely overlooked even before COVID-19 pandemic.

United Nation's International Conference on Population and Development (ICPD) refers to SRH as complete physical, mental and social well-being in all aspects related to sexual and reproductive growth, and a range of SRHR that safeguard this wellbeing by ensuring autonomy and access to SRH information and services. The International Planned Parenthood Federation (IPPF) Charter (presented in 1994) outlines key SRH rights of young people and adolescents including the rights to healthcare, information and education, life, liberty, privacy, freedom of thought, equality, choice in marriage and number of children, freedom from torture and access to the benefits of scientific research<sup>2</sup>. However, despite efforts by global and local communities, most young people in Pakistan do not have access to comprehensive

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1 <http://covid.gov.pk/stats/pakistan>

2 International Planned Parenthood Federation. Charter of Sexual and Reproductive Health and Rights 1994. London: IPPF Regent's College, Inner Circle, Regent's Park; 1996.



SRH information and services due to lack of autonomy on their behalf and lack of acknowledgement of young people as important target group for SRH services by the policy and service provision authorities. Although SRHR services concerns people of all ages and genders, most policies and services in Pakistan are inclined towards maternal health and family planning. Hence, SRH needs and rights of young people are largely overlooked in Pakistan -- even before the COVID-19 Pandemic; making them more vulnerable to negative health outcomes, discrimination, exploitation and abuse<sup>3</sup>.

Evidence show that certain marginalized populations and groups of young people are even more vulnerable to poor SRH and Rights. Young people identifying as LGBT or other SGM face higher stigma and discrimination while seeking health services which leads to disparities in access and availability of quality healthcare services. Transgender people often report experiencing discomfort or discrimination in healthcare settings which makes them less likely to seek needed care and more likely to receive poor care especially for SRH needs due to concerns with sensitivity and confidentiality.

In the absence of adequate gender disaggregated data on COVID-19, experts around the world have used existing records to extrapolate that transgender and SGM populations are particularly vulnerable to COVID-19 as well as its related social, economic and psychological effects<sup>4</sup>. Investigations of past health emergencies (for example: Ebola, SARS and MERS etc.) have shown that an impact of an epidemic on SRHR are often unrecognized these effects are often indirect consequences of the measure taken to contain the pandemic including disruptions in health services, redirection of funds and resources, restrictive policies on mobility, burden on essential welfare services<sup>5</sup>. Analysis of Ebola and Zika outbreaks in West Africa also showed an increase in gender-based violence and health disparities often resulting from responses to epidemics<sup>6</sup>, this trend is also being recorded from the emerging data of increased reporting of gender-based violence during COVID-19 related lockdowns.

Experts believe that Sexual and gender minorities are also more likely to have underlying health conditions and risk factors for respiratory illness like higher use of tobacco and living in close and crowded quarters etc.. These physical health conditions increase the risk of contracting COVID-19 and experiencing health complications. Similarly, mental health disparities due to economic conditions, gender dysphoria and social stigma and isolation also make them more vulnerable during a time of pandemic stress.

Given this backdrop, this study was conducted to assess knowledge and risk perceptions of young people, including SGM on COVID-19 and identify specific effects of the pandemic on their access to SRHR services in Pakistan.

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3 World Population Foundation. A research study on status of Sexual and Reproductive Health and Rights of young people in Pakistan. Islamabad: WPF Pakistan; 2010

4 2015 U.S. Transgender Survey (2015). National Center for Transgender Equality. <http://www.ustranssurvey.org/reports>

5 World Health Organization, COVID-19: operational guidance for maintaining essential health services during an outbreak. 2020 <https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>

6 Davies SE and Bennett B, A gendered human rights analysis of Ebola and Zika: locating gender in global health emergencies, *International Affairs*, 2016, 92(5):1041–1060, <http://dx.doi.org/10.1111/1468-2346.12704>.



## 2. Methodology

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### 2.1 Research Question:

The study focused on the following research question:

*"To identify and document the effect of COVID-19 pandemic and its associated lock-downs on young people identifying as SGM on the health information seeking, risk perception, and use of sexual and reproductive health services in Pakistan."*

### 2.2 Research Design, Data, and Analysis:

This assessment comprised of three parts: a comprehensive desk research of the existing reports, news items and literature by searching for the key words of the assessment on the internet; an online survey with a sample of young people to gather their views and experiences with regard to the utilization of the said services during the past seven months; and gather information from people/officials directly involved with/responsible for the service delivery in Pakistan to assess their perceptions with regard to the accessibility of SRHR services for young people during the pandemic.

#### a. Desk Review:

We reviewed multiple sources available online to understand the protocols and guidelines being adapted internationally to ensure uninterrupted and quality SRHR services with respect to the challenges emerging during the COVID-19 pandemic, in particular the SGM youth. The desk research was also extended to gather information, guidelines, notifications etc published/issued by Pakistan's government to ensure uninterrupted provision of primary and or sexual and reproductive health services to the young people, including SGM, during the pandemic. This information was then compared to the international standards and practices established for ensuring rights during health emergency/crisis situations<sup>7</sup> to assess Pakistan's governmental response in terms of establishing health sector guidelines which are sensitive to youth in general and for SGM in particular.

#### b. Youth Interviews:

Interviews were conducted with a sample of young people (n=34) from across the country to assess their knowledge and risk perception regarding COVID-19; and to understand the effects of the pandemic their health seeking behavior for SRH.

**Tool:** A questionnaire guide was developed, based on the preliminary findings from the desk review, which consisted of four sections: 1) sociodemographic information; 2) knowledge and risk awareness regarding COVID-19; 3) impact of the pandemic in personal life and wellbeing; 4) utilization of SRH services. The tool comprised of a mixed of close and open-ended questions to ensure a focused yet insightful data.

**Sampling:** The interviewees purposively selected using snowballing through young outreach volunteers

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<sup>7</sup> As Covid-19 is a novel virus and its impacts, protocols etc. are ongoing studies in most countries, hence, we looked at guidelines from international health organizations based on general best practices during health emergencies/crisis situations.



associated with the project's partner organizations.

**Data Collection:** Data was collected through online interviews conducted by a team of 4 interviewers who were trained in basic interview techniques and in using the guide tool. Each interview was recorded and transcribed individually. The lead researcher tabulated the responses concerning demographic information and conducted a qualitative analysis of the responses to the open-ended questions to identify key trends within each category of themes associated with the research question.

### **c. Key Informant Interviews:**

Online semi-structured interviews were conducted with 7 professionals directly involved with administration of policies and actions to ensure uninterrupted healthcare services to young people. The sample was purposive and included key stakeholders like national and/or provincial officials from department/ministries of health, youth affairs, and health service providers.

**Tool:** Key informant interviews were conducted using a semi-structured interview guide employing appropriate probes to gather in depth information of their knowledge, attitudes and actions towards ensuring access to healthcare services to young people, particularly SGM, during the pandemic and its associated lock downs.

**Data Collection:** These KIIs were conducted online through skype or zoom calls by trained interviewers. Each interview was recorded and transcribed. Lead research analysed the responses for key trends and triangulated the results with youth survey and desk research to compile the key outcomes of the assignment.

## **2.3 Ethical Consideration:**

Following the basic research ethics and considering the sensitivity of the issues anonymity of each respondent was be ensured. Identity of youth respondents is not (nor will be) be disclosed at all, except the information they have consented to pen down and share for study purpose. Participation in this study was completely voluntarily and the participants were free to leave the interview at any point if they feel the need. The purpose and background of the study was briefed before interviews/discussion, and the participants were be provided opportunities to ask any question they may have regarding the study. All participants gave verbal (recorded) consent before the interviews/discussion.



## 3. Results

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### 3.1 Literature Review

We reviewed the resources published by the World Health Organization (WHO), United Nations (UN) and the National Centre for Transgender Equality (NCTE, United States). Most comprehensive resource is provided by the UN Independent Expert on Sexual Orientation and Gender Identity Guidelines (IE SOGI Guidelines) which recommends an ASPIRE framework<sup>8</sup>. The ASPIRE framework, emphasizes that the pandemic and the measures taken to address it have exacerbated discriminations and inequalities particularly towards LGBT persons, and present a comprehensive guide for the following six fundamental actions for minimizing these effects on vulnerable population groups:

- *Acknowledgement* – that LGBT persons are everywhere, and they are hard hit by the pandemic
- *Support* – the work of civil society organizations and human rights activists working for LGBT persons and learn from their achievements
- *Protection* – of the LGBT persons from violence and discrimination in the pandemic context and prosecute perpetrators
- *Indirect discrimination avoidance* – checking on policies and procedures that indirectly exacerbate discrimination or stigma.
- *Representation* – LGBT persons in the process of design, implementation and evaluation of COVID-19 specific measures and reflect their voices.
- *Evidence-gathering* – concerning the impact of COVID-19 and its measures on LGBT persons.

Similarly, UN Office of the High Commissioner additionally highlight the need to address unique socio-economic difficulties of SGMs including shelter, affordable housing (or banning eviction due to inability to pay rent or disease status) and health coverage<sup>9</sup>. Through these guidelines, the UN encourages states to ensure that all segments of society are protected and included in the response to the pandemic.

The resource published by NCTE -- A US based organization to protect the rights of transgender people – also provides guidelines to protect the transgender people and their families from the COVID-19 virus as well as the unique problems they may face due to the pandemic situation.<sup>10</sup> While directly addressing the transgender population, this resource: (1) highlight the specific factors that make transgender population more vulnerable to the negative impacts of the pandemic and its related lockdowns; (2) provide guideline on making a plan of action for staying safe or, in case of getting the virus, management of the related illness; and (3) provide a directory of resources for transgender people that can be helpful during the pandemic including lists of medical, legal, financial and mental health service providers. The Plan of Action proposed by NCTE encourages transgender people (and their families) to be prepared for the following scenarios:

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8 Victor Madrigal-Borloz, V. *ASPIRE Guidelines on COVID-19 response and recovery free from violence and discrimination based on sexual orientation and gender identity*. Published by The United Nations Human Rights Special Procedure. Date: June 18, 2020. [https://static1.squarespace.com/static/55098723e4b011797c300d41/t/5efoc43a0919c101f81e320f/1592837178450/SOGI-GuidelinesCOVID19\\_EN.pdf](https://static1.squarespace.com/static/55098723e4b011797c300d41/t/5efoc43a0919c101f81e320f/1592837178450/SOGI-GuidelinesCOVID19_EN.pdf)

9 *COVID-19 and the Human Rights of LGBTI Population*. Published by United Nations Office of the High Commissioner for Human Rights. Date: April 17, 2020 <https://www.ohchr.org/Documents/Issues/LGBT/LGBTIpeople.pdf>

10 *The Coronavirus (COVID-19) Guide* by National Center for Transgender Equality. Date updated: April 3, 2020. <https://transequality.org/covid19>



- Being prepared in case of an outbreak in their community
- Protection through good hygiene practices
- Dos and Don'ts in case of being exposed to the virus or experiencing symptoms of coronavirus
- Guidelines on preparing an emergency home quarantine kits and plans
- Management of disruptions or delays in ongoing hormonal therapies or medical treatments.

Resource guides similar to the NCTE are provided by civil society organizations, city/regional governments and human rights groups in a number of other developed countries. Some examples include Acon (Australia)<sup>11</sup>, Dance4Life (Netherlands)<sup>12</sup>, ShareNet International (Netherlands)<sup>13</sup>, American Psychological Association (the USA)<sup>14</sup>, and Human Rights Campaign (Nevada, USA)<sup>15</sup>, NYC Unity Project (New York, USA)<sup>16</sup>. The support, information, and linkages provided through such groups provide relief and answers to SGM regarding their specific questions on coronavirus and its effects on their unique circumstances.

Through the desk review, we also came across a number of guidelines and policy actions by international organizations, countries, or regions on continuity of SRH services during the pandemic. Across the globe, at least in policy, SRH lies under essential services during emergencies including health emergencies. However, most of the SRH guidelines pertain to provision of the following services:

1. Maternal and neo-natal health
2. Pregnancy and childbirth
3. HIV, and other STIs
4. Family planning and contraceptives
5. Gender based violence

Some, on the other hand, also include sections on youth, mental health, and human rights within the guidelines for SRH services during COVID-19 pandemic. The World Health Organization (WHO) clearly classifies SRH as essential service during a pandemic. Although the WHO doesn't have any specific guidelines on SRH for LGBT+ or SGM youth, it calls for rights-based and non-discriminatory health services for all people. The following published documents by WHO address youth, SRH, gender, adolescents and primary health which apply equally to transgender or SGM population:

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11 *Trans and Gender Diverse People and COVID-19*. Published by ACON. [https://www.aconhealth.org.au/trans\\_and\\_gender\\_diverse\\_people\\_and\\_covid\\_19](https://www.aconhealth.org.au/trans_and_gender_diverse_people_and_covid_19)

12 *COVID-19 Youth Guide*. Published by Dance4Life International. <https://dance4life.com/covidyouth-guide/>

13 *COVID-19 SRHR and Gender: An overview*. Published by ShareNet International. <https://share-netinternational.org/wp-content/uploads/2020/04/Finalised-COVID19-SRHR-and-Gender-Overview.pdf>

14 *How COVID-19 impacts sexual and gender minorities*. American Psychological Association. Published: June 29, 2020. <https://www.apa.org/topics/covid-19/sexual-gender-minorities>

15 *Coronavirus (COVID-19) LGBTQ+ Resource Guide for Nevadans*. Human Rights Campaign. <https://www.hrc.org/resources/coronavirus-covid-19-lgbtq-resource-guide-for-nevadans>

16 *LGBTQ Coronavirus Resources*. NYC Unity Project. <https://growingupnyc.cityofnewyork.us/generationnyc/lgbtq-coronavirus-resources/>





1. Coronavirus Disease (COVID-19) and Sexual Reproductive Health
2. Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic: Interim Guidance
3. Gender and Covid-19 Advocacy Brief
4. Adolescent, Youth and COVID-19
5. Maintaining essential health services: operational guidance for the COVID-19 context interim guidance.

Similarly, a number of UN based organizations including UNHCR, UNFPA, UNESCO, UNAIDS, UN-OHCHR, and UN-OCHA also call for and recommend continuation of SRHR information and services to protect communities and limit spread of COVID-19<sup>17, 18, 19, 20</sup>. Through a cross-sectional analysis of these publications, we identified the following key actions which are essential to ensure safety of young people and their SRHR:

1. Information about the virus and prevention of its spread must reach out to young people through age-appropriate messages and engagement.
2. Measures must be taken to prevent any form of violence, stigma and discrimination against young people.
3. Strengthen the capacity of youth organizations, youth focused civil society, and other organizations working with vulnerable youth groups.
4. Ensuring essential health services including SRH and mental health for youth which they can access without fears of discrimination, stigma or refusal.
5. Young people including vulnerable groups must be included in decision making, governance and monitoring of both public and private responses to pandemic.

In order to evaluate the relevance of COVID-19 response by Pakistan in accounting for or addressing the vulnerabilities of young SGM groups, we also reviewed the policies and guidelines published by the National Taskforce for Coronavirus. Pakistan established a special task force at the federal level to oversee the COVID-19 response in the country. This task force worked under the umbrella of Ministry of National Health Services, Regulations and Coordination and maintain a website specifically designated for COVID-19 ad its response<sup>21</sup>. The website features a dashboard with daily updates on coronavirus statistics including national and regional data on positive cases, diagnostic tests, mortality, active cases, and recovered cases. This website provides information on prevention and management of coronavirus infection, and resources on the facilities providing testing and treatment services, including information about a national health helpline (Dial 1166).

An inventory of guidelines pertaining to a range of services and activities are also available on the website which are developed by involving various national and international experts on each subject matter. We scanned the guidelines for the one with titles suggesting some involvement with either youth groups, or

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17 [https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19\\_Preparedness\\_and\\_Response\\_-\\_UNFPA\\_Interim\\_Technical\\_Briefs\\_Adolescents\\_and\\_Young\\_People\\_23\\_March\\_2020.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_Preparedness_and_Response_-_UNFPA_Interim_Technical_Briefs_Adolescents_and_Young_People_23_March_2020.pdf)

18 <https://www.unfpa.org/resources/sexual-and-reproductive-health-and-rights-maternal-and-newborn-health-covid-19-0>

19 [https://www.unaids.org/sites/default/files/media\\_asset/human-rights-and-covid-19\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/human-rights-and-covid-19_en.pdf)

20 <https://www.ohchr.org/Documents/Issues/LGBT/LGBTpeople.pdf>

21 <http://covid.gov.pk/>



SRH and reviewed the following;

1. Guidelines Sexual, Reproductive and Maternal Health Services during COVID 19.<sup>22</sup>
2. Guidelines for working of Outdoor Patient Departments/ Primary Health Care Centre in wake of COVID-19 outbreak<sup>23</sup>.
3. Guidelines Management of COVID19 in Children<sup>24</sup>
4. Guidelines Clinical Management of COVID-19 during Pregnancy<sup>25</sup>

Overall, the guidelines call for non-discriminatory and non-judgemental treatment of all people and continuation of all essential health services during the health emergency. However, there are no specific guidelines or policies either for young people or transgender/SGM populations. The Guidelines on Sexual, Reproductive and Maternal Health Services during COVID-19 are comprehensive and encouraging but almost exclusively addresses pregnancy and childbirth related services including antenatal care, delivery and c-section operations, family planning, comprehensive abortion and post abortion care services, and community outreach services.

In addition to the health and human rights organizations, numerous news media across the world have highlighted the vulnerabilities and unique problems/needs of LGBT+, transgender or SGM groups during the COVID-19. A few articles have highlighted the problems and vulnerabilities of transgender population of Pakistan during the pandemic. Almost all of these news items paint a painful picture of the disproportionate negative effects of the pandemic on 'Hijra' or transgender people in Pakistan including the effects on their income generation<sup>26, 27</sup>, increased stigma and discrimination due to coronavirus infection, and problems due to disruptions in ART among transgender people living with HIV<sup>28</sup>.

### 3.2 Perspectives of Young People

Through purposive sampling, a total of 39 young participants were accessed for semi-structured interviews, out of which 5 either didn't not complete the interview or could not be reached. Hence, the results are compiled from responses of 34 young people.

Of the total respondents, seven (7) identified themselves as male, twelve (12) as female, and fifteen (15) identified as either transgender, gender queer or non-binary. The respondents were young people between the ages of 16 – 29 with the following breakdown: five respondents were in the age bracket 16-

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22 [http://covid.gov.pk/new\\_guidelines/07July2020\\_20200707\\_Interim\\_Guidance\\_for\\_Continuity\\_of\\_SRH\\_Services\\_2201.pdf](http://covid.gov.pk/new_guidelines/07July2020_20200707_Interim_Guidance_for_Continuity_of_SRH_Services_2201.pdf)

23 [http://covid.gov.pk/new\\_guidelines/01June2020\\_20200530\\_Guidelines\\_for\\_working\\_of\\_OPDs\\_for\\_Routine\\_Patients.pdf](http://covid.gov.pk/new_guidelines/01June2020_20200530_Guidelines_for_working_of_OPDs_for_Routine_Patients.pdf)

24 [http://covid.gov.pk/new\\_guidelines/07July2020\\_20200707\\_Guidelines\\_for\\_the\\_Clinical\\_Management\\_of\\_COVID\\_in\\_Children\\_2301.pdf](http://covid.gov.pk/new_guidelines/07July2020_20200707_Guidelines_for_the_Clinical_Management_of_COVID_in_Children_2301.pdf)

25 [http://covid.gov.pk/new\\_guidelines/10September2020\\_20200909\\_Guidelines\\_for\\_Clinical\\_Management\\_of\\_COVID19\\_in\\_Pregnancy\\_2102.pdf](http://covid.gov.pk/new_guidelines/10September2020_20200909_Guidelines_for_Clinical_Management_of_COVID19_in_Pregnancy_2102.pdf)

26 The Plight of Transgenders under coronavirus lockdown. Article published by The News International. Date: May 19, 2020. [https://www.unaids.org/en/resources/presscentre/featurestories/2020/april/20200415\\_pakistan](https://www.unaids.org/en/resources/presscentre/featurestories/2020/april/20200415_pakistan)

27 "We might die of hunger before being killed by the virus": How COVID-19 compounds the challenges of Pakistan's Transgender community. <https://blog.politics.ox.ac.uk/we-might-die-of-hunger-before-being-killed-by-the-virus-how-covid-19-compounds-the-challenges-of-pakistans-transgender-community/> <https://thediomat.com/2020/07/covid-19-takes-a-toll-on-pakistans-transgender-community/>

28 Keeping HIV treatment available in Pakistan during COVID-19, Story published by UNAIDS. Date: April 15, 2020. [https://www.unaids.org/en/resources/presscentre/featurestories/2020/april/20200415\\_pakistan](https://www.unaids.org/en/resources/presscentre/featurestories/2020/april/20200415_pakistan)





19 years; 19 were between 20-24 years; 10 were between 25-29 years. Of the total respondents, eighteen (18) had completed Bachelors (or higher) education; six (6) reported having no formal education, while the rest (10) had completed either primary or secondary school only. Most of the respondents (11) categorized themselves as self-employed. However, most did not share the nature/type of their work. Six shared having a salaried employment, and seven relied on their families for financial support (mostly because they were students). Four respondents shared having no source of income or support at the moment.

Key themes emerged from the data are knowledge and personal risk perception regarding coronavirus, effects of COVID-19 pandemic on personal life; and utilization of healthcare services during the pandemic lockdowns.

### **a. Knowledge and Risk Perception:**

All respondents had heard of COVID-19 or coronavirus infections. When asked to name some key symptoms, most (n=28) respondents could name three or more symptoms. There were, however, some respondents (n=7) who could not name any symptoms of coronavirus infection. A few respondents (n=6) could even name special symptoms like 'new loss of smell or taste' as well. However, knowledge about preventive measures was moderate as only 15 respondents considered COVID-19 as a preventable infection while the rest either thought it is not a preventable disease or didn't know for sure. Interestingly, despite many respondents not believing it to be preventable, most had heard of multiple measures to stay safe from coronavirus infection and could name at least two or more safety measure including wearing masks, washing or sanitizing hands, and social/physical distancing.

When asked about their personal risk, only about 20% of the respondents considered themselves on a higher risk for getting infected. Most common explanations shared by those who do not consider themselves on a higher risk were, following SOPs, staying home, social distancing, or even responses like "having good immune system" or "*I am healthy*". At least 5 respondents shared that they "[I] *do not believe coronavirus is real*". Most respondents reported getting information regarding corona from the television (including public service messages from public and private sources), social media (including Facebook and WhatsApp groups), and internet. However, none of the respondents knew about any specific campaign, being implemented by the public sector, targeting young people and their SRHR. A few (5) transgender respondents mentioned getting some information via civil society organizations.

### **b. Health Vulnerabilities:**

Only one of the respondents shared that they are especially vulnerable to COVID-19 infection (and its complication) because of being on hormonal therapy. However, most respondents considered themselves to be in good health overall and did not consider that their physical health has suffered specifically due to the pandemic or its related lockdowns. However, there were few respondents who shared

Most respondents expressed mental stress and psychological symptoms such as fear of COVID-19 infection, anxiety, and loneliness due to the pandemic. Economic hardships, and fears of loss of livelihood were also commonly mentioned. It is worth mentioning that respondents who relied on family support shared minimal economic stresses. One of the respondents shared that they had been "*obsessively washing hands and feel a lot of stress from the fear of getting sick*".



### **c. Economic Vulnerabilities:**

Most respondents who identify as SGM (transgender or non-binary) shared most concerns about economic vulnerabilities due to the pandemic. Of these respondents, 3 shared disruption in their income as they were unable to continue their work (sex work) because their 'customers' were concerned about the pandemic. However, still some shared that despite the realization of risk associated with sex work, they had to continue taking clients in order to earn basic livelihood. Of the respondents who were employed on any salaried job or having family support, their economic conditions were not much effected by the pandemic. None of the interviewees shared receiving any financial support from the government while three shared getting some support (in the form of 'Rashan') from a non-government/ community organization.

### **d. Social Vulnerabilities:**

Most respondents felt that the pandemic had affected their social life as because of lockdowns or social-distancing practices they are not able to meet their extended families or friends. This in turn has an effect on their mental health as well. As most youth belonging to SGM rely on their social circles for personal support, they feel lonely and isolated because of the disruption in social interaction.

### **e. Health Seeking Behavior:**

We asked the respondent about general health seeking as well as seeking services for SRH during the past six months (March – September 2020). Most of the respondents had not accesses any health services during the pandemic except five (5) who had accessed healthcare facilities. However, further probing revealed that most didn't use healthcare facilities because of: (1) fear of discrimination; (2) fear of contracting coronavirus infection; and (3) lack of trust on the healthcare system in general. For example, some of the responses were:

*"I was terrified to go to hospital and didn't want to go for any minor issue and come back with corona infection."*

*"I didn't go because of the privacy issue as [for unmarried people] the doctor ask us to bring your parents along and I didn't want to expose my parents who are both above 60 years of age and are at a higher risk for coronavirus."*

*"I just discussed the problem with my friends and tried to get my own medicines from the market."*

At least 3 of the respondents shared needing trauma management services due to incidences of violence or harassment but not availing any services due to lack of any information about any helpline or lack of trust on confidentiality of services.

On the other hand, a few respondents (3) did share getting sexual health exam and/or STI screening (during the past six months) with support from a local NGO. It was interesting to note that that although most respondents did not report accessing any trauma or SRH services during the past six months, a high number of respondents still shared dissatisfaction or difficulty with any such services they have utilized in the past. On probing, some elaborated the reasons for that to be: insensitive or discriminatory attitudes of the healthcare providers; feelings of not being understood by the health providers (inadequate knowledge towards SGM and their SRH issues); and difficulty in locating or identifying quality service delivery/providers.



### 3.3 Perspectives of Service Providers

We conducted semi structured interviews with seven (7) key stakeholders (identified as key information holders on Youth and SRHR issues) from various private and public institutions to get their perspective on the policies and services established for youth SRHR amid the COVID-19 pandemic in Pakistan. Overall their responses are categorized in the following aspects:

#### a. Knowledge about youth SRHR:

Most key informants listed general issues like access to youth activities; disruption in educational services; access to healthcare; and fear and anxiety related to COVID-19 as the major concerns of young people during the pandemic. Possible economic problems for young people like loss of employment and disturbances in income generation activities were also mentioned by four (4) out of seven (7) informants.

When probed about the SRHR issues of young people that could be exacerbated by COVID-19 related lockdowns, two respondents identified increased indulgence in watching pornography during the lockdowns which in turn leads to "... [not only made them develop] mental issues but also heighten the graph of crime rates- particularly in that of sexual violence and cases of rape." (Health Spokesperson, Govt. of Balochistan).

Only one of the informants mentioned "counseling and treatment facilities regarding STIs or HIV/AIDS" (Representative, Govt. of Sindh) as a specific issue for which young people may need healthcare services during lockdowns. Some respondents did not consider any direct link between COVID-19 and SRH services and only considered SRH services related to young pregnant women or Maternal and Child Health in general. For example, one of the representatives shared, "COVID-19 is least related to Sexual and reproductive health however due to lock down and overburdened hospitals, outdoor patient facilities were refused for a short period of time." (Official, National Institute for Health)

#### b. Policies and guidelines dealing with Youth SRHR:

None of the respondents knew about any specific policies or guidelines addressing SRH Services, or psycho-social services for young people during COVID-19 pandemic. Almost all informants shared about the general guidelines for mental health helplines (including Bolo Helpline, 1066). We received mixed responses on lack of youth SRHR policies/guidelines from the key informants. While most believed that the general guidelines are fully applicable to young people hence specific/exclusive policies are not needed: For example one respondent shared, "Mental health has been highlighted at many forums including governmental and community risk communication has been enhanced to cater this issue".

Only two informants realized lack of specific guidelines as a gap which is evident from the response from representative of Govt. of Balochistan, "[Govt.] did not give any guideline of as such. [we] Relied on self-help. We had to console them ourselves, there was no outreach by the government as such, but we had a very limited capacity."

Only the representative from KPK shared information about any guidelines/policies calling for non-discrimination or inclusiveness in healthcare provision towards transgender population. He also reported of a policy for allocation of beds for transgender population in the corona wards<sup>29</sup>. One of the key informants identified guidelines and SOPs by the NACP for testing and treatment of HIV, the rest of the informants either had not information about any such policy or believed that the general service

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29 However, we could not find any such policy/guidelines published by KP Government during our internet research.



provision policies address inclusiveness and non-discrimination: *"Guidelines are made for all sexes and generally available at health care facilities, Like vaccination, reproductive health etc."* (Official, National Institute for Health)

### **c. Specialized Services for Youth SRHR:**

We sought to acquire information on any specialized health services (in-person or tele-help) established for youth or SRH during COVID-19. Regarding the helplines, only one of the informants (DoH Official, KPK) named existing helplines by different non-governmental organizations (Rozan helpline, Madadgar helpline, Aurat Foundation Helpline, and Reproductive Health Helpline), while an official from DoH Punjab named COVID-19 helpline by the GOP. However, none of the respondents could give any satisfactory information on the strategies for ensuring that the information about these services reach the target population (i.e. youth or SGM). One of the respondents shared that, *"[they] find out about [these helplines and/or services] only when [they] visit any facilities."* (Official, DoH Sindh).

Similarly, none of the respondents knew about any specific campaigns or services established for young people during the pandemic. However, some (3) of the informants did share that regular emergency or specialized care services (for HIV/AIDS, MNCH etc) cater to people of all ages. For example, *"During pandemic, emergency services of governmental sector were open."* Regarding their satisfaction with the services being offered, the overall impression from the respondents was *"...something is better than nothing"* or *"[most services are] Not accessible to major gender groups, let alone gender minorities."*, and two informants shared satisfaction with the effectiveness of the SRH services available for young people.

### **d. Gaps and Recommendations:**

When inquired about their satisfaction with the available services for youth SRH, most key informant shared that there is a lot of room for improvement. Some shared a need for broadening the range of services provided for youth which taking private sector on board. A common recommendation from the key informants was to build institutional capacities to deal with SRH of young people, especially for transgender population, and to strengthen the overall responsiveness of healthcare providers.



## 4. Discussion of Results

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Pakistan has a huge unmet need for SRHR in general and availability of youth friendly services in this regard is a distant reality. The study results only confirmed the already existing reports on the status of SRHR among young people in general and SGM or transgender population in particular. However, assessing the impacts of COVID-19 on the access of SRH service by youth in Pakistan is particularly challenging due to a number of factors.

Firstly, there is a general lack of availability of youth friendly services and young people are often not considered as target group in most healthcare related policies or guidelines. This was also apparent from the absence of any mention of 'youth' or 'transgender' in the guidelines and policies related to COVID-19 published on the GOP's coronavirus website. Secondly, due to an overall low number of reported positive corona cases in the country, we also observed a non-seriousness towards the severity of the infection. Most respondents had only heard of the disease and didn't know anyone in their close family or social circle with the disease. Hence, risk perception was very low in almost half of the respondents of this study. And Thirdly, the inconsistent nature of lockdowns and/or poor implementation of social-distancing SOPs, economic and market activities were not severely affected in Pakistan. Hence, most respondents reported getting regular access to essential services like food, medicine and hygiene services etc. even during the lockdown.

It was not in the scope of the study to carry out correlation or regression analysis. However, a cursory view of data showed some apparent trends and potential positive relationships which can be studied in detail in future researched. For example, we see a clear relationship between the level of formal education of the respondents with not just improved knowledge about preventive measures for coronavirus infection but also a more realistic risk assessment. Similarly, respondents with higher education or specialized skills (through vocational or traditional apprenticeship trainings) shared fewer economic hardships during the pandemic. Data also suggests lower reports of mental health concerns among respondents who reported having a stronger family or friends support network.

International rights-based and health organizations recommend specific guidelines for ensuring SRHR during the pandemic. Using the ASPIRE guidelines by the UN IE-SOGI as reference, we can also evaluate Pakistan's response to the pandemic with respect to SGM:

Discussions with health department officials (from four provinces) reiterated that neither youth nor transgender population are **acknowledged** as groups uniquely affected by the pandemic. No information could be found about any grant (allocated or granted) or **support** provided to civil society organizations and/or activists working with SGM population, nor was any **SGM representation** included in the process of policy making. Government of Pakistan set up a number of committees to implement the National Action Plan. However, these committees are dominated by men with women representing only 5.5 percent of the COVID-19 committee members<sup>30</sup> and no known representation of transgender population. A youth volunteer-based initiative – The Corona Relief Tiger Force – was launched by the prime minister to assist the civil administration in containing and mitigating effects of the pandemic. But a report on Gender Impact of COVID-19 in Pakistan by analysis International Foundation of Electoral Systems reported only 0.28% of the volunteers as women yet no information on percentage of transgender or SGM population in this task force. Neither the youth respondents nor the key informants who participated in the study knew about any policies around **protection** from violence or **discrimination** for transgender population. Last but not the least, we came across a few news articles on the status and problems of

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30 Tariq, F. and Bibler, S. Gender Impact of COVID-19 in Pakistan: Contextual Analysis and the Way Forward. Published by International Foundation for Electoral Systems. May 2020. [https://www.ifes.org/sites/default/files/gender\\_impact\\_of\\_covid-19\\_in\\_pakistan\\_contextual\\_analysis\\_and\\_the\\_way\\_forward\\_may\\_2020.pdf](https://www.ifes.org/sites/default/files/gender_impact_of_covid-19_in_pakistan_contextual_analysis_and_the_way_forward_may_2020.pdf)



Pakistani transgender population due to the pandemic, and a couple of publications on gendered impact of coronavirus. Several countries (including India, Brazil, Kenya etc.) have published data and research on the impact of COVID-19 on youth or SGM. Yet such research and **evidence gathering** is lacking in Pakistan.



## 5. Limitations of the Study

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The urgency of the situation incurs some limitations to the study. Firstly, due to urgency of the study we used convenience sampling which resulted in most respondents who had interacted with FDI or other partner organizations in past through awareness campaigns or related services. This could have contributed to respondent bias during the interviews. Using telephonic surveys also pose a variety of limitations to data collection with vulnerable and marginalized community like SGM as face-to-face meetings with trained outreach workers are essential in building a better rapport with them. Hence, many respondents were not very comfortable in sharing detailed responses with interviewees. Also, telephonic interactions were often distracted due to side conversations, respondents being busy doing something else etc. Moreover, since the number of study participants are limited, results cannot be generalized to the SGM youth across the country.

## 6. Conclusion and Recommendations

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### 6.1 Conclusion

Access to basic healthcare should be a fundamental right of all citizens, and SRH is an essential component of health. However, despite the acknowledgement of youth as well as transgender population as having unique needs and rights, our study showed that neither young people nor transgender or SGM population are acknowledged as unique group in considerations for any policies or action plans for dealing with the pandemic. Hence, despite attempts made by the community-based organizations and trans or human rights activists, the transgender community continues to experience discrimination in health care services, and which were further amplified during COVID-19 and its containment measures.

### 6.2 Recommendations

- I) The key recommendation coming from this study would be the urgent need for further and more structured research in this area. Unless the issues and concerns of youth, particularly SGM youth, are measured we cannot expect any improvement in the state of their wellbeing let alone realization of their SRHR.
- II) There is a dire need to include sexual and gender minority youth in decision making pre and post humanitarian crises such as Covid-19 pandemic
- III) Sexual and gender minority youth shall be part of advisory committees on health, planning, disaster management
- IV) To ensure integrated and inclusive approach and plan of action young people identifying themselves as binary and non-binary shall work together for sustainable and more effective impact
- V) Sexual and gender minority lack basic understanding on personal hygiene and risk of sexually transmitted diseases-STDs especially during emergency and humanitarian crises such as Covid-19 pandemic, it is highly recommended to initiate efforts to provide awareness and sensitization to the SGM youth on these needs
- VI) More research is needed on the subject especially with reference to transitional health, sex reassignment surgeries, hormonal therapy effected by Covid-19 pandemic and lockdowns







# Annexures

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## Annexure 1: Youth Interview Guide

### Interview Questionnaire

Date:	
Interviewer name/code:	
Interview Code:	
Start Time:	End Time:

#### Section I: Demographic Information

- How do you Identify yourself?**
  - Male
  - Female
  - Transgender
  - Non-binary
  - Other:
- How old are you?**
  - 16-19 years
  - 20-24 years
  - 25-29 years
  - Other, please mention: \_\_\_\_\_
- What is highest grade you have completed?**
  - Primary
  - Secondary
  - Higher secondary
  - Bachelors or above
  - No formal education
- Do you have any other educational training or certification?**
  - Yes
  - If yes, please mention:
  - No



5. **What is your main source of Income?**

- Employment

If yes, type of Employment:

- Self Employed

If yes, type of work:

- Family Support
- Other

If yes, source:

- None

## **Section II: Knowledge and Risk Awareness Regarding COVID-19**

6. **Have you heard about COVID-19 or Coronavirus?**

- No
- Yes

7. **What are the key symptoms of Coronavirus related illness? (Lists as many as you can recall)**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

8. **Do you think it is possible to avoid getting infected from Coronavirus?**

- Yes
- No

9. **Have you heard of any measures that may protect a person from getting infected with Coronavirus?**

- Yes
- No

If yes, please list as many as you can recall:

10. **Do you consider yourself as someone with a higher risk of getting Coronavirus?**

- Yes

Please briefly explain your answer:

- No

Please briefly explain your answer:

11. **Who, in your view, is at a higher risk of getting infected with coronavirus?**

12. **Who, in your view, is at a higher risk of getting severely sick/severe complications related to coronavirus infection?**

13. **How did you learn about measures for prevention of coronavirus infection? Please mention the source(s) of your information**



## Section III: Pandemic Impact in Personal Life and Wellbeing

14. Briefly share if and how the corona related lockdown has affected the following aspects of your life:

a. **Personal relationships (includes relationship like intimate partner, spouse, romantic relationships etc.):**

- No effect
- Yes

If yes, please briefly elaborate what aspect(s) have been affected:

What, in your view, are the causes of this concern(s):

b. **Social relationships (includes friends, support groups etc.)**

- No effect
- Yes

If yes, please briefly elaborate what aspect(s) have been affected:

What, in your view, are the reasons for/causes of this concern(s):

c. **Income generation (including employment, business or other income generation activities):**

- No effect
- Yes

If yes, please briefly elaborate what aspect(s) have been affected:

What do you think are the main reasons for your concern(s):

d. **Physical health (includes any direct effect on your physical wellbeing or health):**

- No effect-
- Yes

If yes, please briefly elaborate what aspect(s) have been affected:

What do you think are the reasons for this concern(s):

e. **Mental Health:**

- No effect
- Yes

If yes, please briefly elaborate what aspect(s) have been affected:

What do you think are the reasons for this concern(s):

f. **Access to essential services (including food, hygiene products and services, medicines etc.)**

- No effect
- Yes

If yes, please briefly elaborate what aspect(s) have been affected:

What do you think are the reasons for this concern(s):



## Section IV and V: Experiences of Utilization of Health Services in Particular SRHR Related Services

15. Do you have any health conditions that require regular/ongoing treatment, medication or care?

- No
- Yes

If yes, please mention:

Where do you usually go for the treatment or management of this health condition?

- Outpatient visit at a local government hospital
- Outpatient of a local private hospital
- Private clinic
- Through phone / chat / internet website (Telemedicine).
- Please name the source(s) of tele help (medical advice/counseling etc.): \_\_\_\_\_

16. Have you sought healthcare service for any health concern (pre-existing or new) during the corona lockdowns (March – August 2020)

- No

If no, is it because:

- You did not require any healthcare service(s)
- You needed healthcare service but didn't seek any help because of other reasons.

Briefly explain your reason for not seeking healthcare services: \_\_\_\_\_

- Yes

If yes, what was the concern for which you sought healthcare service?

• How did you access the healthcare service?

- Outpatient visit(s) to a local hospital
- Visit to a private clinic
- Through phone / chat / internet website (Telemedicine).

Please name the source(s) of Telemedicine:

- Other (please mention)

• How would you rate your experience of seeking the healthcare services?

Uncomfortable    Easy                      Difficult                      Very difficult

Briefly elaborate your experience:

17. Have you received any preventive sexual and reproductive health services during the past six months?

a. *Contraceptives (including family planning or safe sex methods like pills, emergency contraceptive pills, condoms etc.)*

- No

If no, what will be the main reason?



- Did not need any
- Needed but didn't feel comfortable to get them
- Needed but couldn't afford them
- Other reasons: \_\_\_\_\_

- Yes

If yes, how would you rate your experience of acquiring the services/products

Uncomfortable    Easy                      Difficult                      Very difficult

Briefly elaborate your experience:

**b. Screening exam (physical exam and/or testing) for sexually transmitted infections?**

- No

If no,

- Did not need any screening
- Needed but didn't feel comfortable to see a health care provider
- Needed a screening exam or test but couldn't afford it
- Other reasons: \_\_\_\_\_

- Yes

If yes, rate your experience of acquiring the services/products

Uncomfortable    Easy                      Difficult                      Very difficult

Briefly elaborate your experience:

**c. Menstrual hygiene products (including sanitary pads, menstrual pain management etc.)**

- No

If no,

- Did not need any/it doesn't apply to me
- Needed but didn't feel comfortable to get them
- Needed but couldn't afford to get them
- Other reasons: \_\_\_\_\_

- Yes

If yes, rate your experience of acquiring the services/products

Uncomfortable    Easy                      Difficult                      Very difficult

Briefly elaborate your experience:

**d. Trauma management due to experience of violence or abuse**

- No

If no,

- Did not need any
- Needed but didn't feel comfortable to get them
- Needed but couldn't afford any services
- Other reasons: \_\_\_\_\_



- Yes

If yes, rate your experience of acquiring the services/products

Uncomfortable    Easy                      Difficult                      Very difficult

Briefly elaborate your experience:



## Annexure 2: Key Informant Interview Guide

### Key Informant Interview Guide

#### Instructions for the Interviewer

1. Greet the participant, introduce yourself and then briefly explain the purpose of the study and this interview.
2. Use the questionnaire carefully but in an informal manner. Ask each question one by one while trying your best to ask them exactly as written. Use appropriate motivations or probes where needed. Clarify any confusions or concerns raised by respondent during the interview in a non-judgmental and calm manner.
3. Give adequate time to the respondent to answer each question. Take care not to complete their sentences. Be mindful of maintaining a neutral/professional expression by not showing any approval or disapproval to their responses through your expressions or body language.
4. Thank the respondent for their time and participation.

Date:

Interview code:

Interviewer:

Starting Time:

Ending time:

Name of the respondent (optional):

Title/Position of the respondent:

Institution/department of the respondent:

Tone Setting

1. Would you like to share how your work/department/institution is addressing the needs and issues of young people/youth?

#### Section I: Risk Association

2. What, in your view, are the specific issues faced by young people due to the COVID-19 pandemic and/or its related lockdowns?



3. What, in your view, are some of the specific issues faced by young people regarding their sexual and reproductive health that may require healthcare services during the COVID-19 pandemic?
4. What do you think are any specific issues which can increase the risk of COVID-19 infection or infection related complications among transgender youth?

## **SECTION II: Policies and Guidelines**

5. Do you know of any governmental/institutional policy or guidelines that addresses sexual and reproductive health services during the COVID-19 pandemic?
6. Do you know of any governmental policy or guidelines that addresses psychosocial or physical health services for youth/young people?
7. Are there any guidelines to engage youth organizations or civil society in spreading awareness regarding availability of SRH services, or psychosocial support to young people during the pandemic? If yes, do you know of any such organization(s) and the details of their participation in any campaign?
8. Are there any guidelines or policies (either specific or general) that call for non-discrimination or inclusiveness in health service delivery to transgender population during COVID-19 pandemic?





### Section III: Services

9. Do you know of any specific helpline or telehealth service established for advice on SRH?

If yes,

Kindly share the name(s)

How is this information provided to concerned patients/population?

In your view, does this service(s) address the SRHR concerns of youth? If yes, how?

Do you think this service(s) has ability to address SRH concerns of transgender population?

If yes, how?

10. Are there any public service campaign(s) targeted towards youth or young transgender people for dealing with SRH and related psychosocial issues during the pandemic?

(Probes: menstrual hygiene, access to contraceptives, access to testing for STIs, HIV etc. mental health issues like heightened anxiety, stress, social isolation etc.)

If yes,

Kindly share the name(s)

How is this campaign reaching the target population?

What are your remarks about the effectiveness of such a campaign in achieving/reaching its goals?



11. Do you know of any facilities that are providing (or continuing to provide) SRH services to young people who identify as transgender or other SGM during the COVID-19 pandemic?

Kindly share the name(s)

What are your remarks about the quality of services at this facility? Briefly elaborate your reasons.

12. In your view, which welfare or social safety net programs cater to the healthcare needs – particularly SRH related – of transgender or other SGM youth?

Kindly share the name(s)

What are your remarks about the quality of services at this facility? Briefly elaborate your reasons.

#### **Section IV: Gaps and Recommendations**

13. Overall, are you satisfied by the policy and guidelines in place for ensuring access to SRH services to young people and to what extent do the existing policies are inclusive for transgender or other SGM youth?

14. In your view, what are the basic minimum measures that need to be implemented for ensuring quality SRH services to transgender and other SGM youth during health emergencies like COVID-19?



## سوالنامہ انٹرویو

### انٹرویو لینے والے کے لئے ہدایات

1. انٹرویو دینے والے کو خوش آمدید کہیں۔ اپنا تعارف کروائیں۔ اور انٹرویو کا مقصد تفصیلی بتائیں
2. سٹڈی کے مقصد کی تفصیل سے وضاحت کریں اور جوابدہندہ کے لئے مکمل طور پر رضا کارانہ اور شمولیت کو صیغہ راز رکھنے کے حوالے سے بتائیں۔ دہرائیں کہ معلومات کو صرف تحقیقی مقاصد کے لئے استعمال کیا جائے گا اور جوابدہندگان کی ذاتی شناخت ظاہر نہیں کی جائے گی۔
3. انٹرویو شروع کرنے سے پہلے تمام تحریری دستخط شدہ فارم حاصل کریں۔
4. سوالنامہ احتیاط سے لیکن غیر رسمی انداز میں پوچھیں۔ ہر سوال کو ایک ایک کر کے پوچھیں جبکہ سوال کو ایسے ہی پوچھنے کی کوشش کریں جیسے لکھا ہوا ہے۔ جہاں ضرورت ہو وہاں مناسب محرکات یا تحقیقات کا استعمال کریں۔ انٹرویو کے دوران جوابدہندگان کی طرف سے اٹھائے گئے کسی بھی الجھن یا خدشات کو غیر فیصلہ کن اور پرسکون انداز میں واضح کریں۔
5. ہر سوال کے جواب دینے کے لئے جوابدہندہ کو مناسب وقت دیں۔ احتیاط کریں کہ ان کے ان کے جملے آپ خود مکمل نہ کریں۔ ان کے رد عمل کے سامنے اپنے تاثرات یا جسمانی حرکات کے ذریعے کسی قسم کی منظوری یا انکار کا اظہار نہ کریں غیر جانبدار / پیشہ ورانہ اظہار خیال کو برقرار رکھنے کا خیال رکھیں۔
6. موصول ہونے والی کسی بھی معلومات کے معیار کے آپ بہترین بیچ ہیں۔ خاموشی کے ساتھ رد عمل کے معیار کا مشاہدہ کریں اور کسی بھی تعصب، عدم سنجیدگی، یاد دوسرے پہلوؤں جو ڈیٹا جمع کرنے کے عمل کو متاثر کر سکتے ہیں کے بارے میں سائینڈ نوٹ بنائیں۔
7. جوابدہندہ کو اپنا وقت دینے اور شرکت کرنے کے لئے شکریہ ادا کریں

تاریخ:

انٹرویو لینے والے کا نام:

انٹرویو کوڈ:

وقت اختتام:

وقت آغاز:

### سیکشن I: آبادیاتی معلومات:

1. آپ اپنی شناخت کیسے کرتے ہیں؟

- مرد
- عورت
- ٹرانسجینڈر
- غیر بانسز
- دیگر

2. آپ کی عمر کتنی ہے

• 16 سے 19 سال

• 20 سے 24 سال

• 25 سے 29 سال

• دیگر براہ مہربانی واضح کریں



3. آپ کی تعلیم کتنی ہے

- پرائمری
- ثانوی
- اعلیٰ ثانوی
- بیچلرز یا اس سے اوپر
- کوئی رسمی تعلیم نہیں

4. کیا آپ کے پاس کوئی اور تعلیمی تربیت یا سند ہے؟

- جی ہاں
- اگر ہاں، تو براہ کرم ذکر کریں: \_\_\_\_\_
- نہیں

5. آپ کی آمدنی کا بنیادی ذریعہ کیا ہے؟

- روزگار
- اگر ہاں، تو ملازمت کی قسم:
- خود ملازم
- اگر ہاں، کام کی قسم:
- خاندانی اعانت
- دیگر
- اگر ہاں، ذریعہ:

سیکشن II: کورونا کے بارے میں معلومات اور خطرے سے آگاہی

6. کیا آپ نے کورونا کے بارے میں سنا ہے؟

- ہاں
- نہیں

7. کورونا وائرس سے متعلق بیماری کی اہم علامات کیا ہیں؟ (جتنے بھی یاد کر سکتے ہیں کی فہرست بنائیں)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

8. کیا آپ کو لگتا ہے کہ کورونا وائرس سے متاثر ہونے سے بچنا ممکن ہے؟

- جی ہاں
- نہیں



9. کیا آپ نے ایسے اقدامات کے بارے میں سنا ہے جو کسی شخص کو کورونا وائرس سے متاثر ہونے سے بچاتے ہیں؟

- جی ہاں
- نہیں
- اگر ہاں، تو براہ کرم زیادہ سے زیادہ کی فہرست درج کریں۔

10. کیا آپ خود کو کسی ایسے شخص کے طور پر سمجھتے ہیں جس میں کورونا وائرس ہونے کا زیادہ خطرہ ہے؟

- جی ہاں
- برائے کرم اپنا جواب مختصر طور پر بیان کریں: \_\_\_\_\_
- نہیں
- برائے کرم اپنا جواب مختصر طور پر بیان کریں: \_\_\_\_\_

11. کون، آپ کے خیال میں کن لوگوں میں کورونا وائرس سے متاثر ہونے کا زیادہ خطرہ ہے؟

12. کون، کون آپ کے نزدیک کون کون سے لوگوں میں کورونا وائرس سے متعلق انفیکشن سے شدید بیمار / شدید پیچیدگیوں کا زیادہ خطرہ ہے؟

13. آپ نے کورونا وائرس کے انفیکشن کی روک تھام کے اقدامات کے بارے میں کیسے سیکھا؟ براہ کرم اپنی معلومات کے ماخذ (ذریعہ) کا ذکر کریں

### سیکشن III: ذاتی زندگی اور فلاح و بہبود میں وبائی امراض کے اثرات

14. مختصر طور پر بیان کریں کہ اگر اور کس طرح سے کورونا سے متعلق لاک ڈاؤن نے آپ کی زندگی کے درج ذیل پہلوؤں کو متاثر کیا ہے:

○ ذاتی تعلقات (جس میں قریبی ساتھی، شریک حیات، رومانٹک تعلقات وغیرہ جیسے تعلقات شامل ہیں):

• کوئی اثر نہیں

• ہاں

اگر ہاں، تو براہ کرم مختصر طور پر وضاحت کریں کہ کون سے پہلو (پہلوؤں) متاثر ہوئے ہیں:

آپ کی نظر میں، اس تشویش کی وجوہات کیا ہیں؟

○ سماجی تعلقات (دوست، معاون گروپ وغیرہ شامل ہیں)

• کوئی اثر نہیں

• اے ہاں

اگر ہاں، تو براہ کرم مختصر طور پر وضاحت کریں کہ کون سے پہلو (پہلوؤں) متاثر ہوئے ہیں:

آپ کی نظر میں، اس تشویش کی وجوہات کیا ہیں؟

○ آمدنی کی پیداوار (بشمول روزگار، کاروبار یا آمدنی سے متعلق دیگر سرگرمیاں):

• کوئی اثر نہیں

• اے ہاں

اگر ہاں، تو براہ کرم مختصر طور پر وضاحت کریں کہ کون سے پہلو (پہلوؤں) متاثر ہوئے ہیں:



آپ کی نظر میں، اس تشویش کی وجوہات کیا ہیں؟

○ دماغی صحت:

• کوئی اثر نہیں

• اے ہاں

اگر ہاں، تو براہ کرم مختصر طور پر وضاحت کریں کہ کون سے پہلو (پہلوؤں) متاثر ہوئے ہیں:

آپ کی نظر میں، اس تشویش کی وجوہات کیا ہیں؟

○ ضروری خدمات تک رسائی (بشمول کھانا، حفظان صحت سے متعلق مصنوعات اور خدمات، دوائیں وغیرہ)

• کوئی اثر نہیں

• اے ہاں

اگر ہاں، تو براہ کرم مختصر طور پر وضاحت کریں کہ کون سے پہلو (پہلوؤں) متاثر ہوئے ہیں:

آپ کی نظر میں، اس تشویش کی وجوہات کیا ہیں؟

## سیکشن IV اور V: صحت کی خدمات کے استعمال کے تجربات خاص طور پر ای آر ایچ آر سے متعلق خدمات

15. کیا آپ کے پاس صحت کی ایسی کوئی صورت حال ہے جس کے لئے باقاعدگی سے / جاری علاج، دواؤں یا نگہداشت کی ضرورت ہوتی ہے؟

• نہیں

• ہاں

اگر ہاں، تو براہ کرم ذکر کریں:

آپ عام طور پر اس صحت کی حالت کے علاج یا انتظام کے لئے کہاں جاتے ہیں؟

• مقامی سرکاری اسپتال میں بیرونی مریضوں کا دورہ

• ایک مقامی نجی اسپتال کا آؤٹ پیسنٹ

• نجی کلینک

• فون / چیٹ / انٹرنیٹ ویب سائٹ (ٹیلی میڈیسن) کے ذریعے۔

• براہ کرم ٹیلی ہیلتھ (میڈیکل مشورے / مشاورت وغیرہ) کے ماخذ (ذرائع) کو نام دیں: \_\_\_\_\_

16. کیا آپ نے کورونا لاک ڈاؤن (مارچ - اگست 2020) کے دوران صحت سے متعلق کسی پریشانی (پہلے سے موجود یا نیا) کے لئے صحت کی دیکھ بھال کی خدمت طلب

کی ہے؟

• نہیں

اگر نہیں، تو اس کی وجہ کیا ہے:

• آپ کو کسی بھی نگہداشت کی خدمات (سروسز) کی ضرورت نہیں ہے۔

• آپ کو صحت کی دیکھ بھال کی خدمت کی ضرورت تھی لیکن دوسری وجوہات کی بناء پر کوئی مدد نہیں لی۔

• صحت سے متعلق خدمات کی تلاش نہ کرنے کی اپنی وجہ مختصر طور پر بتائیں: \_\_\_\_\_

• جی ہاں

اگر ہاں، تو آپ کو پریشانی کی کیا ضرورت تھی جس کے لئے آپ نے صحت کی دیکھ بھال کی خدمات کو تلاش کیا؟



○ ہیلتھ کیئر سروس تک آپ نے کیسے رسائی حاصل کی؟

- مقامی اسپتال میں بیرونی مریضوں کا دورہ
- کسی نجی کلینک کا دورہ کریں
- فون/چیٹ/انٹرنیٹ ویب سائٹ (ٹیلی میڈیسن) کے ذریعے۔
- براہ کرم ٹیلی میڈیسن کے ماخذ (ذرائع) کو نام دیں:
- دیگر (براہ کرم ذکر کریں)

○ صحت کی نگہداشت کی خدمات کے حصول کے اپنے تجربے کی درجہ بندی کیسے کریں گے؟

- غیر آرام دہ      آسان      مشکل      بہت مشکل
- اپنے تجربے کو مختصر بیان کریں:

17. کیا آپ کو پچھلے چھ ماہ کے دوران جنسی اور تولیدی صحت سے متعلق کوئی صحت کی خدمات موصول ہوئی ہیں؟

- مانع حمل (بشمول خاندانی منصوبہ بندی یا جنسی تعلقات کے محفوظ طریقے جیسے گولیاں، ہنگامی مانع حمل گولیاں، کنڈوم وغیرہ) نہیں
- اگر نہیں تو اس کی بنیادی وجہ کیا ہوگی؟
- کسی کی ضرورت نہیں تھی
- ضرورت ہے لیکن انہیں حاصل کرنے میں آرام محسوس نہیں کیا
- ضرورت ہے لیکن ان کا متحمل نہیں ہے
- دوسری وجوہات:

• جی ہاں

اگر ہاں، تو آپ خدمات/مصنوعات کے حصول کے اپنے تجربے کی درجہ بندی کیسے کریں گے؟

- غیر آرام دہ      آسان      مشکل      بہت مشکل
- اپنے تجربے کو مختصر بیان کریں:

○ جنسی طور پر منتقل ہونے والے انفیکشن کے لئے اسکریننگ امتحان (جسمانی امتحان اور/یا جانچ)؟

- نہیں
- اگر نہیں،
- کسی اسکریننگ کی ضرورت نہیں تھی
- ضرورت ہے لیکن صحت کی دیکھ بھال کرنے والے کو دیکھ کر اسے راحت محسوس نہیں ہوئی
- اسکریننگ امتحان یا ٹیسٹ کی ضرورت تھی لیکن اس کا متحمل نہیں ہو سکا
- دوسری وجوہات:

• جی ہاں

اگر ہاں، تو خدمات/مصنوعات کے حصول کے اپنے تجربے کی درجہ بندی کریں

- غیر آرام دہ      آسان      مشکل      بہت مشکل
- اپنے تجربے کو مختصر بیان کریں:



○ ماہواری کی حفظان صحت سے متعلق مصنوعات (جن میں سینیٹری پیڈ، ماہواری میں درد کا انتظام وغیرہ شامل ہیں)

● نہیں

● اگر نہیں،

- مجھے کسی کی ضرورت نہیں تھی / اس کا اطلاق مجھ پر نہیں ہوتا ہے
- ضرورت ہے لیکن انہیں حاصل کرنے میں آرام محسوس نہیں کیا
- ضرورت ہے لیکن ان کو حاصل کرنے کا متحمل نہیں ہے
- دوسری وجوہات: \_\_\_\_\_

● جی ہاں

- اگر ہاں، تو خدمات / مصنوعات کے حصول کے اپنے تجربے کی درجہ بندی کریں
- غیر آرام دہ
- آسان
- مشکل
- اپنے تجربے کو مختصر بیان کریں:

بہت مشکل

○ تشدد یا بدسلوکی کے تجربے کی وجہ سے صدمے کا انتظام

● نہیں

● اگر نہیں،

- کسی کی ضرورت نہیں تھی
- ضرورت ہے لیکن انہیں حاصل کرنے میں آرام محسوس نہیں کیا
- ضرورت ہے لیکن خدمات کا متحمل نہیں ہے
- دوسری وجوہات: \_\_\_\_\_

● جی ہاں

- اگر ہاں، تو خدمات / مصنوعات کے حصول کے اپنے تجربے کی درجہ بندی کریں
- غیر آرام دہ
- آسان
- مشکل
- اپنے تجربے کو مختصر بیان کریں: \_\_\_\_\_

بہت مشکل





## انٹرویو لینے والے کے لئے ہدایات

1. انٹرویو میں شامل ہونے والے کو خوش آمدید کہیں اپنا تعارف کروائیں اور پھر اس سٹیڈی اور انٹرویو کا مقصد مختصر طور پر بیان کریں۔
2. سوالنامہ احتیاط سے لیکن غیر رسمی انداز میں پوچھیں۔ ہر سوال کو ایک ایک کر کے پوچھیں جبکہ سوال کو ایسے ہی پوچھنے کی کوشش کریں جیسے لکھا ہوا ہے۔ جہاں ضرورت ہو وہاں مناسب محرکات یا تحقیقات کا استعمال کریں۔ انٹرویو کے دوران جواب دہندگان کی طرف سے اٹھائے گئے کسی بھی الجھن یا خدشات کو غیر فیصلہ کن اور پرسکون انداز میں واضح کریں۔
3. ہر سوال کے جواب دینے کے لئے جواب دہندہ کو مناسب وقت دیں۔ احتیاط کریں کہ ان کے ان کے جملے آپ خود مکمل نہ کریں۔ ان کے رد عمل کے سامنے اپنے تاثرات یا جسمانی حرکات کے ذریعے کسی قسم کی منظوری یا انکار کا اظہار نہ کریں غیر جانبدار / پیشہ ورانہ اظہار خیال کو برقرار رکھنے کا خیال رکھیں۔
4. جواب دہندہ کو اپنا وقت دینے اور شرکت کرنے کے لئے شکریہ ادا کریں

تاریخ:

انٹرویو کوڈ:

انٹرویو لینے والا:

وقت آغاز:

وقت اختتام:

جواب دہندہ کا نام (اختیاری):

جواب دہندگان کا عہدہ / مقام:

جواب دہندہ کا ادارہ / محکمہ:

انٹرویو کا ماحول سازگار بنانا

1. کیا آپ یہ بتانا چاہیں گے کہ آپ کا کام / محکمہ / ادارہ نوجوانوں کی ضروریات اور مسائل کو کس طرح حل کر رہا ہے؟

## سیکشن 1 رسک ایسوسی ایشن

2. آپ کے خیال میں، وبائی مرض کو روکنا اور / یا اس سے متعلق لاک ڈاؤن کی وجہ سے نوجوان لوگوں کو کیا مخصوص مسائل درپیش ہیں؟
3. آپ کے خیال میں، نوجوان لوگوں کو کون سے جنسی اور تولیدی صحت کے حوالے سے مسائل درپیش ہیں جن کو وبائی مرض کو روکنا کے دوران ہیلتھ کیئر کی خدمات درکار ہو سکتی ہیں؟
4. آپ کے خیال میں کیا نوجوانوں میں کوئی ایسے مخصوص مسائل ہیں جو روکنا کے انکیش یا کورونا سے متعلق پیچیدگیوں کا خطرہ بڑھا سکتے ہیں؟



## سیکشن II: پالیسیاں اور رہنماء اصول

5. کیا آپ کسی ایسی سرکاری/ادارہ جاتی پالیسی یا رہنمائے ہدایت کے بارے میں جانتے ہیں جو وبائی مرض کو روکنے کے دوران جنسی اور تولیدی صحت کی خدمات کو حل کرتی ہے؟

6. کیا آپ کو کسی ایسی حکومتی پالیسی یا رہنمائے ہدایت کے بارے میں معلوم ہے جس میں نوجوانوں/نوجوانوں کے لئے نفسیاتی یا جسمانی صحت کی خدمات پر توجہ دی گئی ہو؟

7. کیا وبائی امراض کے دوران نوجوانوں کی تنظیموں یا سول سوسائٹی کو ایس آر ایچ خدمات کی دستیابی کے بارے میں آگاہی پھیلانے یا نوجوانوں کی نفسیاتی مدد کے عمل میں شامل کرنے کے لئے کوئی رہنما اصول موجود ہیں؟ اگر ہاں تو کیا آپ کو ایسی کسی تنظیم (تنظیموں) اور کسی مہم میں ان کی شرکت کی تفصیلات کے بارے میں معلوم ہے؟

8. کیا کوئی ایسی ہدایت یا پالیسیاں (یا تو مخصوص یا عام) موجود ہیں جن میں وبائی مرض کو روکنے کے دوران ٹرانس جینڈر کمیونٹی کو صحت کی خدمات کی فراہمی میں عدم تفریق یا شمولیت کا مطالبہ کیا گیا ہے؟

## سیکشن III: خدمات

9. کیا آپ کو کسی خاص ہیپ لائن یا ٹیلی ہیلتھ سروس کے بارے میں معلوم ہے جو ایس آر ایچ سے متعلق مشورے کے لئے قائم کیا گیا ہے؟

اگر ہاں،

براہ کرم نام بتائیں

متعلقہ مریضوں/آبادی کو یہ معلومات کیسے فراہم کی جاتی ہے؟

آپ کے خیال میں، کیا یہ خدمت (زبانیں) نوجوانوں کے ایس آر ایچ آرخدشات کو دور کرتی ہے؟ اگر ہاں، تو کیسے؟



10. کیا آپ کو لگتا ہے کہ اس خدمت (زبانیں) میں ٹرانسجینڈر آبادی کے ایس آرائیج خدمات کو دور کرنے کی اہلیت ہے؟ اگر ہاں، تو کیسے؟  
کیا وہائی مرض کے دوران ایس آرائیج اور اس سے متعلقہ نفسیاتی امور سے نمٹنے کے لئے کوئی عوامی خدمت کی مہم شروع کی گئی ہے جس کا ہدف نوجوانوں یا نوجوان ٹرانسجینڈر ہوں؟

اگر ہاں،

براہ کرم نام بتائیں

یہ مہم کس حد تک آبادی تک پہنچ رہی ہے؟

اس مہم کے اہداف کے حصول / تکمیل کے مؤثر ہونے کے بارے میں آپ کے کیا تاثرات ہیں؟

11. کیا آپ نوجوان لوگوں جو ٹرانسجینڈر یا دوسرے SGM کی حیثیت سے شناخت ہوئے ہوں ان کے لئے ایس آرائیج خدمات کی سہولیات کے بارے میں جانتے ہیں جو فراہم کی گئی ہوں (فراہم کی جا رہی ہوں)؟

براہ کرم نام بتائیں

اس سہولت میں خدمات کے معیار کے بارے میں آپ کے کیا تاثرات ہیں؟ اپنے وجوہات کو مختصراً بیان کریں۔

12. آپ کے خیال میں، کون سا فلاحی یا سوشل سیفٹی نیٹ ورک ٹرانسجینڈر یا دوسرے ایس جی ایم نوجوانوں کی صحت کی ضروریات خصوصاً ایس آرائیج سے متعلق خدمات فراہم کرتا ہے؟

براہ کرم نام بتائیں

اس سہولت میں خدمات کے معیار کے بارے میں آپ کے کیا تاثرات ہیں؟ اپنے وجوہات کو مختصراً بیان کریں۔

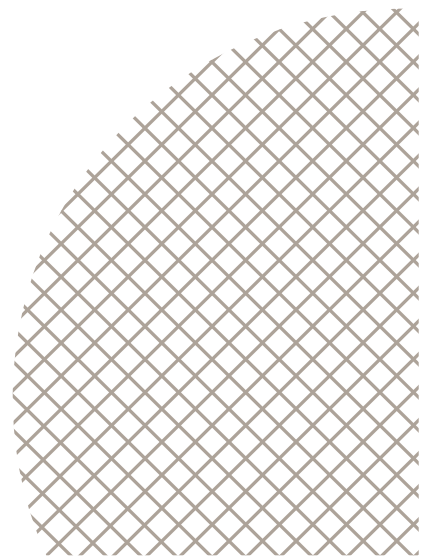
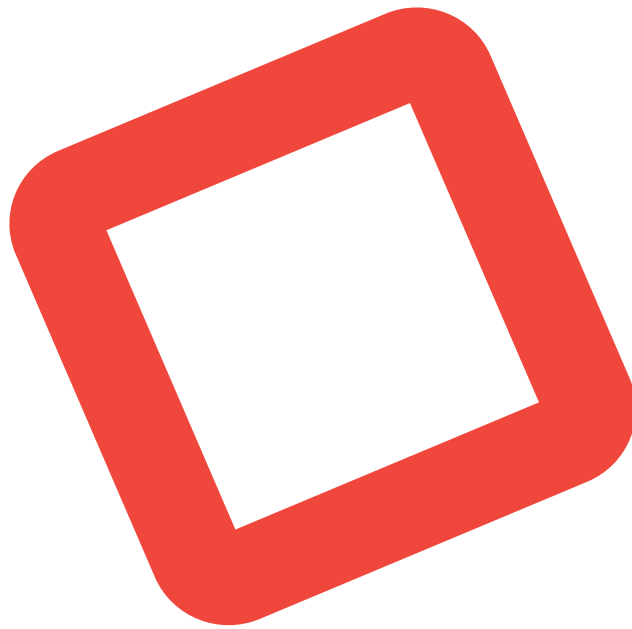
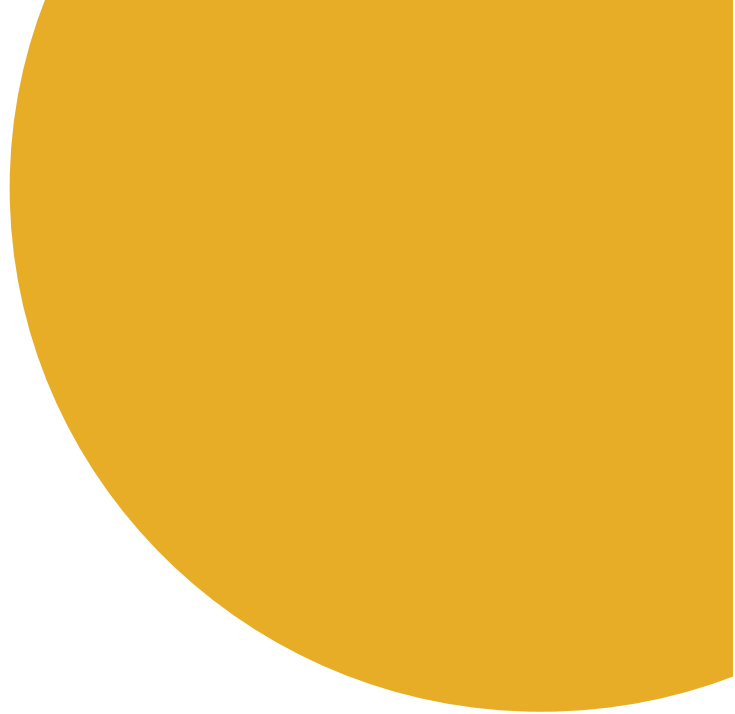
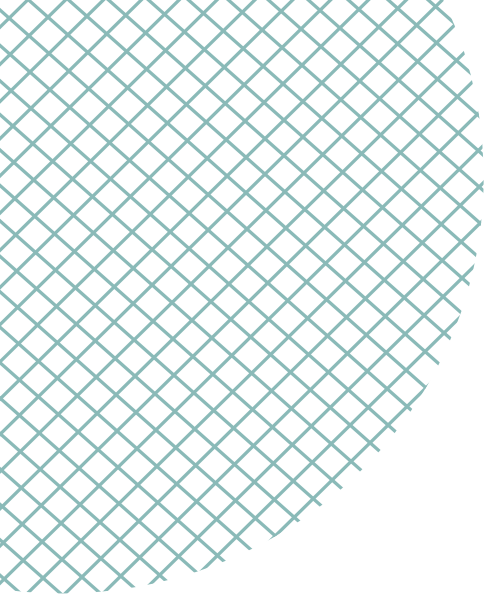
## سیکشن IV: کمی اور سفارشات

13. مجموعی طور پر، کیا آپ نوجوانوں کی ایس آر ایچ خدمات تک رسائی کو یقینی بنانے کے لئے پالیسی اور رہنما اصولوں سے مطمئن ہیں اور موجودہ پالیسیاں کس حد تک ٹرانسپینڈریڈیگر ایس جی ایم نوجوانوں کو شامل کرتی ہیں؟

14. آپ کے خیال میں کورونا جیسی صحت کی ہنگامی صورتحال کے دوران ٹرانسپینڈریڈیگر ایس جی ایم نوجوانوں کے لئے معیاری ایس آر ایچ خدمات کو یقینی بنانے کے لئے بنیادی کم سے کم اقدامات کیا ہیں جن کو عملی جامہ پہنانے کی ضرورت ہے؟







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