

# *RAPID SITUATIONAL ANALYSIS*

Impacts of COVID-19 on  
Rural Communities in Pakistan

August 2020



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# ***RAPID SITUATIONAL ANALYSIS***

## **[Impacts of COVID-19 on Rural Communities in Pakistan]**

August 2020

**Monitoring and Evaluation Section**



**RURAL SUPPORT PROGRAMMES NETWORK**

## ABBREVIATIONS AND ACRONYMS

AASA	Anjum Asim Shahid Associate
AJK	Azad Jammu & Kashmir
AKF	Aga Khan Foundation
AKRSP	Aga Khan Rural Support Programme
AusAID	Australian Aid
BRSP	Balochistan Rural Support Programme
C4ED	Center for Evaluation and Development
CAPI	Computer Assisted Personal Interview
CDD	Community-Driven Development
CI	Community Institutions
CIF	Community Investment Fund
CO	Community Organisation
COVID-19	Coronavirus Disease 2019
CRPs	Community Resources Persons
DFID	Department for International Development
DIAKONIE	Diakonie Deutschland
EU	European Union
FAO	Food and Agriculture Organization
GB	Gilgit-Baltistan
GoPak	Government of Pakistan
GRG	Gender Resource Group
GTZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
HIES	Household Integrated Economic Survey
ICT	Islamabad Capital Territory
IEC	Information, Education and Communication
ILO	International Labour Organization
INGO	International Non-governmental Organization
KP	Khyber-Pakhtunkhwa
LSO	Local Support Organisation
M&E	Monitoring and Evaluation
MER	Monitoring, Evaluation and Research
MFBs	Microfinance Banks
MFI	Microfinance Institutions
NCOC	National Command and Operations Centres
NGO	Non-governmental Organization
NRSP	National Rural Support Programme
OFDA	Office of Foreign Disaster Assistance
OSI	Open Society Institute
OXFAM	Oxfam International
PIFERP	Pakistan Initial Floods Emergency Response Plan
PINS	Programme for Improved Nutrition in Sindh
PMER	Planning, Monitoring, Evaluation and Research

PPAF	Pakistan Poverty Alleviation Fund
PPE	Personal Protection Equipment
PWDs	Person with Disability
RSPN	Rural Support Programmes Network
RSPs	Rural Support Programmes
SMS	SMS, Short Message Service
SRSO	Sindh Rural Support Organisation
SRSP	Sarhad Rural Support Programme
TTQ	Trace, Track and Quarantine
UC	Union Council
UM	University of Mannheim
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
USAID	United States Agency for International Development
VO	Village Organisation
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation

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# 1. EXECUTIVE SUMMARY

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The COVID-19 pandemic in Pakistan is part of the ongoing global pandemic of coronavirus disease 2019 (COVID-19). The country is experiencing a substantial increase in its confirmed cases to 237,489, with 140,965 recoveries and 4,922 deaths as of 7th July 2020. The pandemic is expected to take a heavy toll on the public health system, human lives and there is also a risk to the social and economic lives of people. The pandemic is impacting the country's overall economy and livelihoods especially of the poorest and most vulnerable segment living in both rural and urban areas.

To address the socio-economic challenges being faced by the most vulnerable and marginalised groups, the government, donors and disaster response organisations are designing the response programmes. Within the RSP network the discussion is evolving around designing emergency response programmes that include creating awareness about preventive measures, provision of non-food essential items and supplementary cash-grants for food and revival of livelihoods. However, one of the key issues confronted while designing relief and rehabilitation programmes is the absence of reliable information on the extent of the impact of the crisis on rural communities and the relief support needed by them. Hence, the RSPN decided to conduct a rapid situation analysis with the support of partner RSPs on the impacts of the COVID-19 emergency on the rural communities in Pakistan. This assessment has also looked at how the current RSP programmes could complement emergency and relief efforts, to inform policy makers, donors and other stakeholders about the design of such initiatives.

The key objectives of the rapid situation analysis are: a) to understand the awareness level among rural communities (men and women) about COVID 19 and related prevention measures, b) to have a basic understanding of the differential economic impact of the crises on rural communities with different occupations, and c) to document the impact of the crisis on women and gender roles within the household and community. It focuses on six key areas, i.e. community awareness, economic effects, impact on people's daily lives, gender, access to public services and social support systems. To cover all these aspects, quantitative and qualitative questions were included in the study design. The data was collected using telephonic interviews, with sample respondents selected from among Community Resources Persons (CRPs) in villages, leaders of Community Institutions (CIs) the RSPs work with, and some RSP staff members, particularly those interacting directly with communities. The sample was directly linked to those involved in RSP programmes. Hence, indicators like awareness levels about COVID-19 may be influenced by this, as RSPs were already undertaking large-scale awareness campaigns with communities they work with. The design to implement the survey, the entire country of 156 districts across all provinces and regions, was divided into 15 geographic clusters and one district was selected from each cluster.

The following are the key findings from the rapid situational analysis:

## **Awareness Level about COVID-19 in Communities**

- ♦ 71% of respondents had knowledge of all three common symptoms of COVID-19 i.e. a dry cough, fever and tiredness;
- ♦ 71% were practicing frequent hand washing with soap and/or regularly sanitising their hands with an alcohol-based sanitiser;
- ♦ 57% are practicing social or physical distance of at least one-meter to avoid people coughing or sneezing while visiting public places;
- ♦ 52% are using face-masks or covering their mouths and nose when coughing or sneezing;
- ♦ 48% avoid unnecessary travel and prefer staying away from large groups of people;



- ◆ 68% were aware of precautionary measures through awareness campaigns of RSPs/CRPs;
- ◆ 67% were aware of precautionary measures through social media, mainly WhatsApp and Facebook and 62% through mobile phone calls and text messages;
- ◆ 52% are getting awareness on safety measures from their families, friends and colleagues and 50% from public announcements (mosques and loudspeakers);
- ◆ 82% didn't know anyone in their immediate social or family circles who had been infected by the virus;

## COVID-19 Impact on Rural Economy

- ◆ Overall average cost of weekly consumption by a household is PKR 6,224 and the average per-capita cost of weekly consumption is PKR 668, almost there were no major variation reported in all four provinces and the AJK, however the GB respondents reported significantly low per-capita average weekly consumption cost;
- ◆ 49% said that during the pandemic and lockdown related restrictions, their consumption levels increased and 76% people said that their consumption expenditures increased;
- ◆ Due to increases in household expenditure, 50% of respondents are using their savings, 33% are taking loans, 27% are getting financial support from relatives, 13% are being helped by their communities and 5% sold assets to obtain cash/liquidity;
- ◆ The perception of survey participants about the rural people engaged with agriculture as their primary occupation is that 75% are facing difficulties in procuring agricultural inputs as these have become expensive, 57% are facing difficulties in selling their outputs and 36% said that agriculture and livestock output prices decreased;
- ◆ The respondents' perception about the impact of COVID-19 on people in their communities who are employed in public and private sector: 98% of respondents said that government employees have not faced any problem in their jobs during the pandemic crisis. Moreover, 37% said that people engaged in private sector employment have lost their jobs, 42% are not receiving their salary on-time and 29% experienced a decrease in their salaries due to the pandemic;
- ◆ On average, there is a 26% decrease in the incomes of an average household before and after the onset of COVID-19. The highest decrease of 40% in income is experienced in Punjab and the lowest of 19% in Balochistan;

## Impact on Everyday Life

- ◆ 41% of the respondents said that the children are helping in household chores and income-generating activities while staying home during this pandemic;
- ◆ 58% said that they are facing a shortage of food items followed by 48% experiencing a shortage of clothing, 29% facing scarcity of building material used for construction and repair works, and 23% reported a shortage of medical items;
- ◆ The mobility of 65% women and 52% men has been significantly reduced due to pandemic and associated restrictions imposed by the authorities;
- ◆ 14% recorded that their community members are spending more time in collecting water for household use, with 17% stating that more household members are now involved in water collection and 10% saying that they need to travel further to fetch water;

## Gender Aspects and Impact of COVID-19

- ◆ 65% are spending more time on household work, ie cooking, fetching water, washing clothes, cleaning as compare to pre-COVID-19 situation;
- ◆ 84% are suffering from high/extremely-high anxiety, stress, tension, depression, anger and sleeplessness;
- ◆ 84% are highly/very-highly fearful due to the uncertainty they face in this situation, with 58% saying they felt extreme helplessness and loneliness;
- ◆ 59% men and women are experiencing high blood pressure, hypertension and headaches;
- ◆ 32% of survey participants said that family disputes/fights and domestic violence have significantly increased;
- ◆ 61% said that children are highly impacted as their educational activities are disturbed due to the closure of schools for a longer time;
- ◆ 58% interviewees reported that the elderly are highly impacted due to lack of availability of health-care services during the COVID-19 crisis;
- ◆ 49% respondents said that women are extremely impacted from the existing uncertain emergency situation.

## Access to Public Services

- ◆ 95% of respondents said that deserving people in their communities are receiving cash support from the government's social protection initiatives;
- ◆ 87% said that poor women, women headed households and 15% of Persons with Disabilities (PWDs) have received relief support from the government during this emergency situation;
- ◆ 100% children, 99% transgender persons, 98% ethnic minorities, 92% religious minorities, and 85% Persons with Disabilities (PWDs) have not been provided any kind of support by the government authorities during this difficult times;
- ◆ During this situation, 74% of respondents said that rural people have approached government departments and 76% accessed to elected representatives for support. However, 32% received encouraging response from government departments and 35% got similar response from the elected representatives. Some examples of engagements were identification of poorest & vulnerable communities for government cash and in-kind support, linking poor and marginalised households with the ongoing public social protection initiatives, some are on special committees formed to deal with COVID-19 emergency at district or at UC levels, other productive linkages, etc.;
- ◆ 100% of respondents complained about the lack of affordable public healthcare services during the existing COVID-19 emergency situation;
- ◆ 99% said that rural people want credit at reduced rates and are not getting it;
- ◆ 99% said that remote online educational support for school-age children is unavailable;
- ◆ 82% respondents complained about a lack of COVID-19 testing facilities, 82% about the lack of distribution of masks, soap and hand sanitizer by the government authorities to contain the spread of the virus;

## Availability and Access to Local Support Systems, and Need Assessment

- ◆ 70% said that the Community Institutions (CIs) fostered by RSPs have conducted awareness sessions on COVID-19;
- ◆ 67% informed that CIs are assisting the poor households to apply for the government's Ehsaas Emergency Cash Programme;
- ◆ 34% informed that the CIs have received help from NGOs working their areas;
- ◆ 37% said that CIs have received help from the government in the form of emergency cash and in-kind support;
- ◆ 30% said that CIs are undertaking relief work on a self-help basis and 26% mobilised local donations and supported people in need;
- ◆ 25% CIs received help from the local philanthropists, and 23% used savings of Community Organisations (COs) to help the poor;
- ◆ 91% said that needy people in their area have not received any help during the crisis;
- ◆ 99% prioritised at the uppermost and ranked highest the need for a) awareness raising on COVID-19 precautionary measures, b) provision of non-food essentials (soap, masks, etc.), ration, and c) cash grants for their essential needs for rural population;
- ◆ Other needs identified by the respondents are:
  - functional medical facilities,
  - transportation specially for women,
  - creation of employment opportunities,
  - reduction in charges of utilities,
  - alternative educational strategy for rural areas,
  - equip local medical facilities with COVID-19 testing,
  - provision of interest free loans for entrepreneurs, and
  - provision of PPEs for health staff.

### Recommendations:

The key recommendations based on the findings from the rapid situational analysis are as follows:

- a) There is a need to continue public awareness campaigns through mainstream print and electronic media and enhance the scale of RSP work in this area, with specific emphasis on mobilising the rural population to adopt and practice precautionary measures;
- b) The government need to effectively address the issue of poor people's access to food, it will need to do more rounds of emergency cash grants. In the longer term, this may not be a sustainable solution and needs to be succeeded by a 'graduation' programme that capacitates poor people to invest in income earning activities;

- c) The RSPs have been working on graduation at large-scale since 2009 and are currently implementing such programmes with the support of EU, IFAD, PPAF, Italian Govt, etc. and can provide design input for this purpose. Division of Poverty Alleviation and Social Safety implementing the umbrella initiative of Ehsaas is welcome to look at the RSP programme in details and RSPN will facilitate this process;
- d) The existing government and donor supported initiatives should be enhanced nationwide to support the most marginalised and vulnerable communities with in-kind and cash support to ensure that they have adequate access to essential necessities (shelter, water, etc.) and food items;
- e) Special initiatives focusing on the revival of rural economy need to be immediately designed and implemented, e.g. cash grants for enhancing livelihoods, both for farm and non-farm related households;
- f) MFIs and MFBs to provide emergency loans on flexible terms to micro-entrepreneurs and poor farmers involved in agriculture and daily -wage labour for productive and consumption purposes;
- g) Gender-based violence prevention measures should be mainstreamed and integrated in all routine rural development and COVID-19 related response work;
- h) RSP work with rural communities related to COVID-19 should address challenges being faced by rural women, eg mobility, domestic and sexual violence, economic hardships on women entrepreneurs, and especially the increasing issues in reproductive health;
- i) RSPs should develop gender sensitive guidelines and approach donors to access resources for family-planning services, prevention of child-abuse projects, school enrolment and awareness on preventions of COVID-19;
- j) RSP women and men staff who are working at the frontline with communities should continue to be provided with PPEs for their safety;
- k) Development organisations working in rural areas need to work to support women managing micro-businesses as they have been adversely impacted by COVID-19;
- l) Public sector departments should be mandated to ensure support to the most vulnerable and marginalised groups, i.e. women and women headed households, Persons with Disabilities (PWDs), children, transgender, ethnic minorities, religious minorities;

**Way Forward:** RSPN will disseminate widely the key results from the rapid situational analysis of COVID-19 impact on rural communities in Pakistan, including to federal and provincial governments and policy makers, research institutions, academia, donors, RSPs, INGOs, NGOs, and special arrangements to be made to share the key highlights from the report with community institutions. Emphasis to be given to mainstreaming the key findings from the study in existing RSPN and RSPs COVID-19 response actions. Explicitly, RSPN and RSPs shall use the study's results in designing of new initiatives on COVID-19 response. Moreover, RSPN will utilise the learning from the rapid situational analysis report in formulating and updating RSPN institutional, pragmatic and regional strategies.

## 2. INTRODUCTION AND BACKGROUND

### 2.1. COVID-19 Pandemic in Pakistan

The COVID-19 pandemic reached Pakistan on 26th February 2020, when a student in Karachi tested positive upon returning from Iran. By 18th March, cases had been registered in all four provinces, AJK and GB, and the federal territory of Islamabad. As of 7th July 2020 the number of confirmed cases in the country were 237,489, with 140,965 recoveries and 4,922 deaths. A national lockdown was announced by the government on 27th March 2020 and continued till 15th April 2020. On 15th April the government announced a continuation of the lockdown, with some concessions for some industries to re-open. The lockdown in urban areas was observed much more strictly, compared to most rural areas. On 11th May 2020 the government further relaxed restrictions, opening small markets and shops across the country despite a sharp rise in cases. The following is a snapshot from a government dashboard (<http://covid.gov.pk/>) of 8th July 2020:



Figure 1 : GoPak's official dashboard with situation of coronavirus cases in Pakistan

Most RSPs have obtained permissions from government to be selectively mobile in order to facilitate government and other stakeholders to access rural communities with relief and to include them in key government relief programmes.

### 2.2. Rationale of Rapid Impact Assessment of COVID-19

As elsewhere in the world, the chaos created by the pandemic in Pakistan has had serious impacts. The initial lockdown shut down businesses, schools, public transport, banks, all offices and engulfed the country in fear and uncertainty. The federal government of Pakistan announced an Emergency Relief Programme to the tune of Rs. 1.2 trillion on 3rd April 2020. Out of this Rs. 144 billion (12%) is for 12 million poor, through the Ehsaas Emergency Cash programme. This is a one-time grant of Rs. 12,000 per family, for a four-month period, 4.6 million existing Ehsaas Kafalat (unconditional cash transfer programme), 3.5 million through 8171 SMS service, 3 million identified by the provincial governments, 0.4 million from provincial budgets and 1 million from PM's labour portal, mainly for women only.

According to the Prime Minister of Pakistan 50 million people are already below the poverty line and daily wage earners have been pushed into poverty by the lockdown. This means most of the poor households will not be reached through this Ehsaas Emergency Cash programme plus, for those who do get the cash grant, the Rs. 3,000 per month is too little compared to the average monthly food expenses of a typical poor household.

Donors and disaster response organisations are also designing their response programmes. Within the RSPN and RSPs the discussion is evolving around designing emergency response programmes that include creating

awareness about preventive measures, provision of non-food essential items (eg soap, face-masks, etc) and supplementary cash-grants for food and livelihood revival. The facilitation roles of the RSPs is currently strong with provincial and district governments and non-government stakeholders including corporate sector and private philanthropy. The linkages between these stakeholders and organised communities are being supported by RSPs as they have a large presence in rural areas of the country, community leaders and some RSPs staff are on various coordination committees of government, at multiple levels. Last but not least, communities are the first line 'givers' with many community institutions are donating in cash and kind to poor and the poorest. But one of the key issues confronted while designing relief programme is the absence of reliable information on the extent of the impact of the crisis on rural communities and optimum level of the relief packaged needed by them.

In this backdrop, the RSPN has decided to conduct a rapid situation analysis concerning the impacts of COVID-19 emergency on the rural communities in Pakistan. This assessment will also measure how the current programmes could complement any emergency efforts, to inform policy makers, to be better informed when approaching donors and government for support for impacted communities.

## 3. OBJECTIVE AND DESIGN OF THE RAPID SITUATIONAL ANALYSIS

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### 3.1. Study Objective

The following are the key objectives of the rapid situation analysis:

- a) To understand and assess the awareness level among rural communities (men and women) about the COVID 19 and prevention measures;
- b) To understand and assess the differential economic impact of the current crises on rural communities with different occupations;
- c) To understand and assess the impact of the crisis on women and gender roles within the household and community;

### 3.2. Segments of Rapid Situational Analysis

The rapid situational analysis focuses on the following six key aspects of rural life during the COVID-19 emergency. To cover all of these aspects, quantitative and qualitative questions were included in the study design. The study's segments along-with its key features are presented in the following:

- (a) **COVID-19 Awareness:** what is the extent of awareness about COVID-19 i.e. its symptoms and preventive measures, how the communities getting information about COVID-19, what is the source of information, are people practicing precautionary measures and what are the impediments they face. These questions were also asked of RSP staff.
- (b) **Economic Impact:** this provides insights on the impact of the crisis on different occupational groups i.e. sources of income (e.g. on-farm and off-farm daily-wage workers), how and whether urban labour returning to villages during the lockdown may have impacted local labour and work opportunities and impacts on farmers, livestock owners, business owners, the services sector, traders, transporters. Under this section we explored the composition and cost of the household food basket, the impact of the crisis on it and what coping mechanisms are being used by the poor.
- (c) **Impact on Everyday Life:** in this section, the changes perceived about everyday life are recorded; these include the activities of children, the availability of daily needs and utilities, interactions between households and impact on mobility of women and men along-with impact on community institution meetings as result of social distancing.
- (d) **Gender:** here the study explores the change in the daily routine eg time spend of different activities by women, the social, psychological and emotional impact, and coping strategies be different groups, including women, men, children and PWDs.
- (e) **Public Services:** under this study's theme, the support provided by the state to respondents' is recorded, highlighting the dynamics between the public services providers and the women and men citizens in this testing time.
- (f) **Social Support Systems:** in this section, the study emphasises the role of local and community individuals and institutions in relief efforts. This assessment also explores the opinion of respondent on the priority needs of the communities.

### 3.3. Rapid Assessment Phases

The following are the details of study's phases:

- a) Formulate approach and methodology;
- b) Develop study questionnaire;
- c) Android application for data collection and create databases;
- d) Establish technical support and quality assurance mechanisms;
- e) Select RSPs and districts;
- f) Nomination of RSP focal persons;
- g) Training of RSP focal persons;
- h) Develop work plan for survey implementation;
- i) Implementation of survey;
- j) Data analysis;
- k) Report writing;
- l) Dissemination of key findings;

### 3.4. Approach and Methodology

The study uses a mixed method of quantitative and qualitative data. The data was collected using telephonic interviews, with sample respondents selected from among Community Resources Persons (CRPs), Leaders of Community Institutions (CIs), and some staff members of the RSPs, particularly those interacting directly with communities.

225 CRPs (115 women, 110 men) were chosen as they belong to communities and have high exposure to them, as they are resource persons trained by the RSPs in specific areas and are required to interact with people. The inclusion of 75 RSP staff (27 women, 48 men) and CRPs was important because they both spreading awareness about the COVID-19. Moreover, 150 executive body members (78 women and 72 men) of UC based community institutions ie Local Support Organisations (LSOs) were also interviewed, accordingly.

Geographical Based Clusters: for ease of implementation, the entire country (156 districts of all provinces and regions) was divided into the following 15 geographic clusters. See list and map at Table 1 and Figure 2.

**Table 1: Geographic based clusters and details on selection of study's districts**

Cluster Ref.	Cluster Names	Total No. of Districts in Cluster	RSPs with Presence in the Cluster	District Selected for the Situational Analysis
Cluster-1	Gilgit-Baltistan	10	Aga Khan RSP	Gilgit
Cluster-2	AJK	10	National RSP	Kotli
Cluster-3	North KP	8	Sarhad RSP	Chitral
Cluster-4	Hazara Region	6	Sarhad RSP	Abbottabad
Cluster-5	Central KP and NMDs	11	Sarhad RSP	Charsadda
Cluster-6	South KP	13	Sarhad RSP	Kohat
Cluster-7	North Punjab & ICT	13	National RSP	Rawalpindi/ICT



Cluster Ref.	Cluster Names	Total No. of Districts in Cluster	RSPs with Presence in the Cluster	District Selected for the Situational Analysis
Cluster-8	Central Punjab	13	National RSP	Okara
Cluster-9	South Punjab	11	National RSP	Bahawalnagar
Cluster-10	North Balochistan	11	Balochistan RSP	Pishin
Cluster-11	Central Balochistan	11	Balochistan RSP	Jhal Magsi
Cluster-12	Lower Balochistan	10	National RSP	Kech/Turbat
Cluster-13	Upper Sindh	11	Sindh-RSO	Kamber Shahdadkot
Cluster-14	Eastern Sindh	6	Sindh-RSO	Umerkot
Cluster-15	Lower Sindh	12	National RSP	Tando Allahyar
<b>15 Clusters</b>	<b>Grand Total</b>	<b>156</b>	<b>5 RSPs</b>	<b>15 Districts</b>

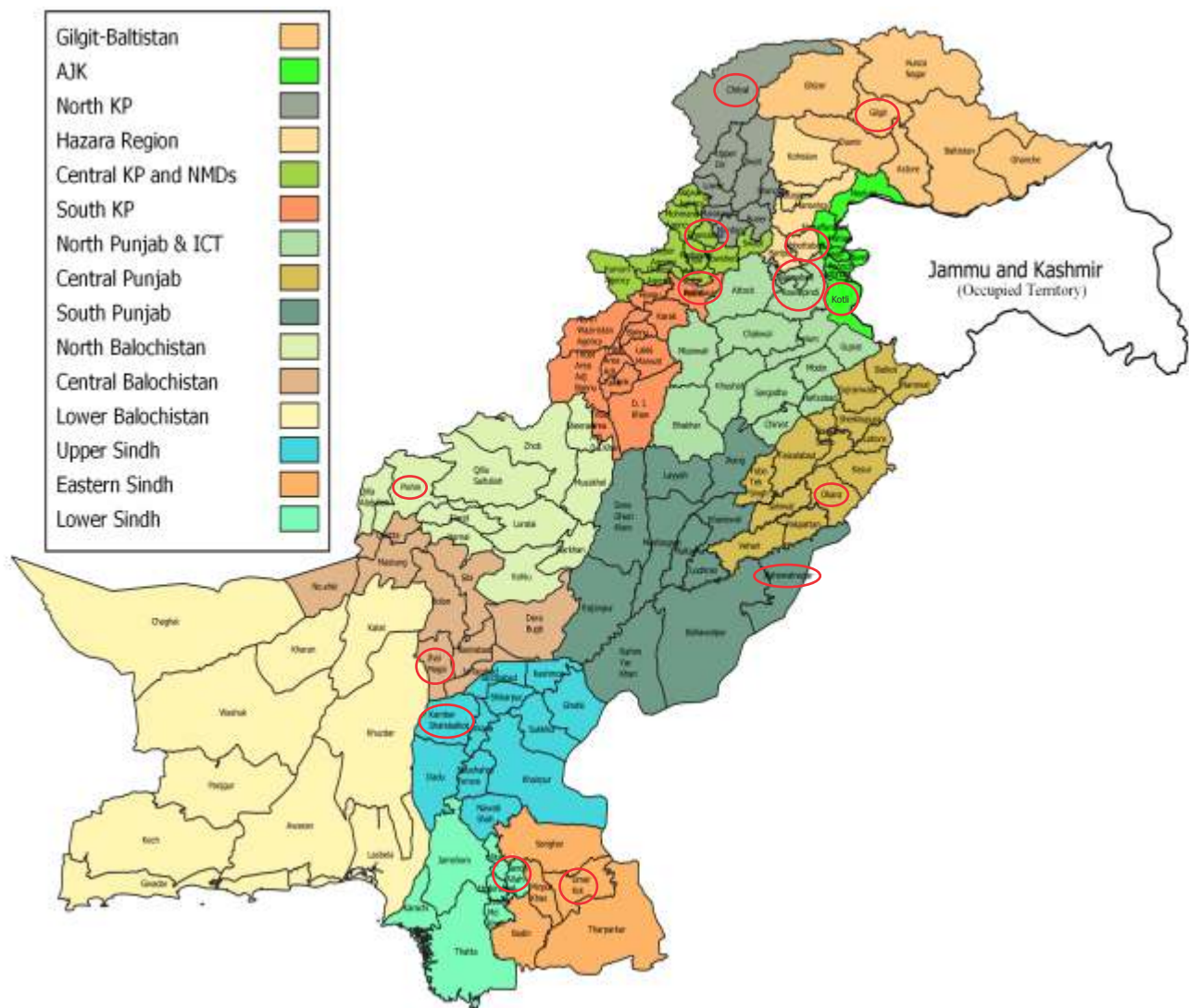


Figure 2 : Geographic based clusters and details on selection of study's districts

### 3.5. Sampling and Sample Selection Process

Efforts were made to conduct at least 30 interviews with individuals (225 CRPs, 150 community leaders and 75 RSPs staff) using the given criteria from each selected district, thus the total sample for the rapid situational analysis was 450 respondents (30 respondents from each of the 15 districts). The sample size and respondents were selected with intent to get better information in a short time and to run basic statistical analysis, a minimum of 30 respondents is generally considered good to run basic statistical tests. The purpose of the rapid situational analysis was not to carry out a representative survey.

For the selection of the sample respondents, the study team collected lists and contact details of CRPs, community institution office bearers and RSP field staff from the RSP M&E sections. From each district, 15 CRPs and 10 LSO executive/general body members and 5 RSP staff were selected, making the sample size of 30 in each district. 49% of total respondents were women.

Ethical Considerations of safety and dignity of clients, confidentiality, informed consent and safeguarding considerations particularly while conducting telephonic interviews were considered during the data collection process.

### 3.6. Study Tools and Techniques

A questionnaire (Annex-II) was developed after a brainstorming session with RSPN management through multiple video conference calls. The questionnaire includes close-ended questions as well as open-ended questions. The tool has been converted into ODK software for ease of use and real time data entry.

The rapid situational analysis employed Computer Assisted Personal Interview (CAPI) methodology and approach whereby interviewers use portable tablet computer devices to enter data directly onto the devices equipped with a customised application software. The CAPI data collection approach for rapid situational analysis surveys assisted the RSPN teams as a) interviewers were not being able to skip any questions or ask the wrong questions, b) questions were 'customised' correctly, c) mathematical calculations were carried out within the survey application software, d) computer checks for inadmissible or inconsistent responses, and e) errors from separate data.

### 3.7. Timelines

The study's timelines with associated key milestones are explained as follows:

Sr.	Description of Study's Key Milestone	Timeline
1	Formulate approach and methodology including study's questionnaire	30 <sup>th</sup> April 2020
2	Develop Android App for data collection and create databases	6 <sup>th</sup> May 2020
3	Training of RSP M&E teams on study's design and data collection	7 <sup>th</sup> May 2020
4	Data collection start date	8 <sup>th</sup> May 2020
5	Data collection end date	8 <sup>th</sup> June 2020
6	Data cleaning and analysis exercise	15 <sup>th</sup> June 2020
7	Share draft study's report for review and feedback	9 <sup>th</sup> July 2020
8	Present study's key findings with RSPN and RSPs and finalisation of report	15 <sup>th</sup> August 2020

### 3.8. Mainstreaming Gender in the Study's Design and Implementation

Attention was given to feedback from women (both community and staff) and their specific concerns. The following actions were taken to ensure women's concerns in particular:

- ♦ Gender sensitive study design and tools;
- ♦ Collection of sex-disaggregated data;
- ♦ Selected indicators that reflect gender issues;
- ♦ Gender-disaggregated situation analysis findings, recommendations and conclusions;

RSPN's Gender Resource Group (GRG) members were involved during all phases of the rapid situational analysis. The GRG is a group set up by RSPN, consisting of focal points of all RSPs, that examine, share and provide feedback on gender issues in the RSPs at organisational and community levels. The RSP gender focal persons facilitated the interviewers from their organisations to ensure that half of the sample respondents were women. It was ensured that women staff conducted interviews with women respondents i.e. CRPs, community leaders and other RSP field staff. From BRSP, Ms Zainab Kakar, Communication Officer BRSP and Ms Naseema Salaam, Gender Coordinator BRSP along-with Ms Gul Afroz, Programme Manager, NRSP Balochistan have conducted some surveys of women respondents in Balochistan. Similarly, Ms Fozia Khaskheli, District Programme Officer from NRSP facilitated the implementation of this study in Sindh and Ms Nadia Tariq, Manager Social Sector from SRSP helped the KP and Yasmin Qalandar, Area Programme Manager AKRSP assisted the Gilgit teams in this regard. From RSPN, Sadaf Dar, Programme Officer Gender and Development led the gender component of the study and assisted in overall coordination with the RSPs.

### 3.9. RSPs Data Collection Team, Training on Study Design & Data Collection Process

RSPN and RSP M&E heads were involved in the designing and implementation of the rapid situation analysis. RSP regional and district senior M&E colleagues participated in the capacity building sessions and implementation of the telephonic surveys.

RSPN conducted two online training sessions on the rapid situation analysis on 7th May 2020. The first session was attended by participants from NRSP and SRSO for AJK, Punjab, Lower Balochistan, Lower and Eastern Sindh clusters. Similarly, the second session was organised for AKRSP, BRSP, and SRSP team engaged for undertaking surveys in GB, North and Central Balochistan, and KP Clusters. Zoom video conferencing platform was used for these training sessions.

During the training:

The background, aim, approach, methodology, and tools were explained to participants;

- a) Each participant was asked to arrange one tablet computer device, in case of its unavailability- the smartphone device with Android-OS was to be used in the training and the actual as well;
- b) The ODK Connect App from the Play-store was installed by each participant and configured for use;
- c) A session was held on how to do telephonic surveys and how to complete the survey forms;
- d) A work plan for data collection was made for each sub-cluster and cluster;
- e) Quality assurance arrangements also were discussed;

### 3.10. Study's Limitations

This is a fact that COVID-19 pandemic is an exceptional and complex scenario to deal with. It has affected all the ways of performing development interventions including such rapid situational analysis. Even with best possible arrangements, there remained serious limitations that need to be considered while referring to key findings in this report. Some are given in the following:

- ♦ Restrictions on movement and public gatherings along-with risks of getting the virus, we have carefully chosen the telephonic data collection methods. This limits personal interaction, observations and detailed discussions;
- ♦ The telephonic interviews are new experiences for community leaders and activists, and they are not comfortable with longer duration talks specially with the women respondents;
- ♦ The sample was directly linked to those involved in RSP programmes. Hence, indicators like awareness levels about COVID-19 may be influenced by this, as RSPs were already undertaking large-scale awareness campaigns with communities they work with.

## 4. KEY FINDINGS FROM THE RAPID SITUATIONAL ANALYSIS

### 4.1. Survey Respondents' Profile

This section details the profile of respondents ie their age group, education and primary occupation. Interviews were held with 30 individuals from each survey district. This included 15 CRPs, 10 community institution office bearers and 5 RSP field staff. A total of 450 respondents were interviewed comprising 225 CRPs, 150 LSO office bearers, and 75 RSP field staff. Efforts were made to establish a representative sample with the principles of inclusion of women in the rapid situational analysis. Overall, 49% of total respondents were women and 51% were men. There was a high percentage of women respondents in Punjab (74%) and Sindh (73%) as RSPs are implementing a women-led social mobilisation programme the survey districts of these provinces. Women respondents in AJK were 23% followed by GB and KP with 30% each and 39% in Balochistan. Table 2 shows the provincial distribution and gender segregated summary of study respondents interviewed:

**Table 2: Provincial distribution and gender segregated summary of study' respondents interviewed**

Province	No. of Districts(s)	Women Respondents	Men Respondents	Total Respondents	% Women Respondents
AJK	1	7	23	30	23%
Balochistan	3	35	55	90	39%
GB	1	9	21	30	30%
KP	4	36	84	120	30%
Punjab	3	67	23	90	74%
Sindh	3	66	24	90	73%
<b>Grand Total</b>	<b>15</b>	<b>220</b>	<b>230</b>	<b>450</b>	<b>49%</b>

Table 3 shows the provincial break up and category-wise survey sample details of each category ie CRPs, staff and LSO office bearers/members. In KP, AJK and Balochistan, 18%, 20% and 20% of total LSO office bearers/members participated in the survey were women. Whereas, 60% women LSO members appeared in the survey with less percentage of women CRPs (13%) and field staff (20%) came out in GB. High percentages of women participation in each category of the study's sample experienced in Punjab and Sindh as RSPs are implementing women-led social mobilisation and rural development programmes in these provinces from more than a decade.

**Table 3: Province-wise and gender segregated CRPs, LSO members and staff categories**

Province	No. of CRPs	% Women	No. of LSO Members	% Women	No. of RSP Staff	% Women
AJK	15	27%	10	20%	5	20%
Balochistan	45	47%	30	20%	15	53%
GB	15	13%	10	60%	5	20%
KP	60	38%	40	18%	20	30%
Punjab	45	78%	30	90%	15	33%
Sindh	45	67%	30	100%	15	40%
<b>Grand Total</b>	<b>225</b>	<b>51%</b>	<b>150</b>	<b>52%</b>	<b>75</b>	<b>36%</b>

The size of the surveyed households was between 8 to 9 individuals. This compares to the average household size of 6.7 for rural Pakistan. The average sex ratio within the household stands at 0.96 males to every female.

The results from the rapid situational analysis demonstrates that the average age of respondents was 38 years i.e. 34.38 years for women and 41.47 for men. The highest average-age was recorded in AJK at 46.37 years (women 46.86 years, men 47.74 years) and the minimum age was 34.87 years (women 34.30 years, men 36.42 years) in Sindh. This reflects the participation of an active population age-group in RSP programmes and the average age of RSP staff working in the field.

Regarding occupation, close to 38% of the study's respondents were recorded in the 'services' category as their primary occupation. This category includes private and public sector employment and temporary and permanent skills-based work. About 14% of respondents reported their occupations in the 'other' category as their primary occupation i.e. mostly retired from public and military service, followed by 12% occupied in housework (all women). Similarly, 12% of the respondents were in the category of skilled and unskilled daily-wage labour; 8% in managing their own businesses; 6% in farming; 2% as seasonal farm labour; 15 % were full time tenants, and the remaining 7% were currently not working or employed. Table 4 shows the main primary occupations and number of responses along-with women's.

**Table 4: Primary occupation of study respondents**

Primary Occupation Categories	No. of Respondents	% Women	% Occupation Share
Services	169	40%	38%
Housework	55	100%	12%
Daily-wage labour (skilled/unskilled)	56	64%	12%
Business (own)	35	29%	8%
Not working/employed	32	25%	7%
Own Farming	25	36%	6%
Farm labour (seasonal)	9	56%	2%
Tenant (Hari) farming full time	4	75%	1%
Other	65	40%	14%
<b>Grand Total</b>	<b>450</b>	<b>49%</b>	<b>100%</b>

The survey revealed that 60% of respondents were college graduates (35%) i.e. masters (22%) and higher levels (3%). About 8% were not literate; 5% had primary education; 7% middle school and 20% were completed their higher level education that is equivalent to matriculation. It is important to note that 76% of total women respondents had completed their college, masters and higher level educational levels. See Table 5 for educational status of survey respondents.

**Table 5: Educational status of survey respondents**

Educational Status	Women	Men	Total	% Educational Status
Not Literate	30	5	35	8%
Primary School (Class 1-5)	19	2	21	5%
Middle School (Class 6-8)	22	11	33	7%
High School (Class 9-10)	53	38	91	20%
College (Class 11-14)	66	94	160	35%
Masters (Class 15-16)	27	71	98	22%
Higher (over 16)	3	9	12	3%
<b>Grand Total</b>	<b>220</b>	<b>230</b>	<b>450</b>	

## 4.2. Awareness Level about COVID-19 in Communities

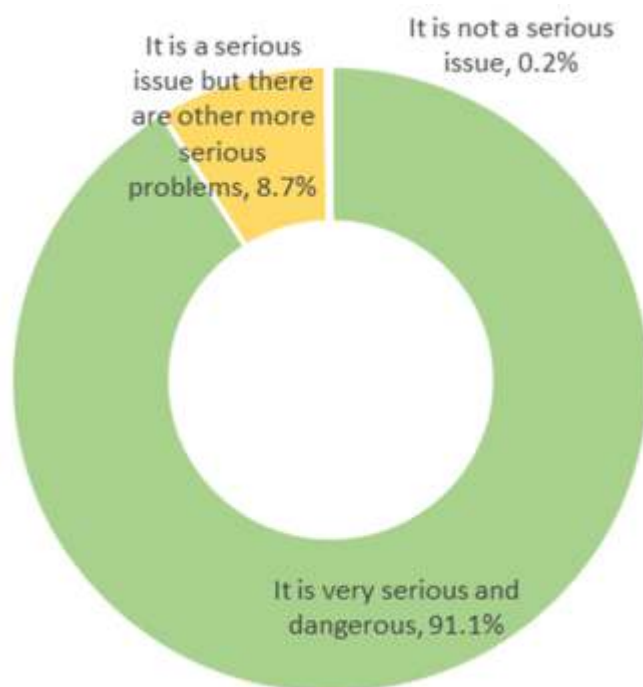
This section covers various aspects of awareness levels in communities about the COVID-19 pandemic in rural areas. Respondents were initially asked to share their understanding of the most common symptoms and different effects of COVID-19. It was encouraging to see that 71% of respondents were aware of the three common symptoms of COVID-19 i.e. dry cough, fever and tiredness, followed by 19% who identified a dry cough and fever, and 7% who said only dry cough. The remaining 3% (6 respondents) identified 'dry cough and tiredness', 'fever and tiredness' and 'fever'. There was no response where the interviewee said that she/he 'does not know about COVID-19 symptoms'. Responses of women and men regarding COVID symptoms are given in Table 6:

**Table 6: Responses on most common symptoms of COVID-19**

COVID-19 Symptoms	Women Responses	Men Responses	Overall Responses	% Responses
Dry Cough, Fever, Tiredness	155	163	318	71%
Dry Cough, Fever	48	40	88	19%
Dry Cough	11	22	33	7%
Dry Cough, Tiredness	3	4	7	2%
Fever, Tiredness	2	1	3	1%
Fever	1	0	1	0%
<b>Grand Total</b>	<b>220</b>	<b>230</b>	<b>450</b>	<b>100%</b>

It was also encouraging to see that 91% respondents acknowledged that COVID-19 is a serious and potentially dangerous illness (See Figure 3), whereas only 9% believed that this pandemic is a serious issue but there are other more serious problems mainly related to socio-economic substances eg participation in religious and cultural activities and events, mobility for rural livelihoods (agriculture and livestock), etc. There was only one response recorded where the respondent thought that the pandemic is not a serious issue.

Upon asking about demonstrating precautionary measures at individual and community levels, 81% were seriously taking protective measures to avoid infecting from the virus, however only 33% of communities around them doing the same. About 19% at individual level not clear and a large number ie 57% communities are taking precautionary measures to some extent. The remaining 19% communities are not taking any kind of precautionary measure. Figure 4 shows the individual and community levels situation about practicing COVID-19 precautionary measures.



**Figure 3: Awareness level on COVID-19**

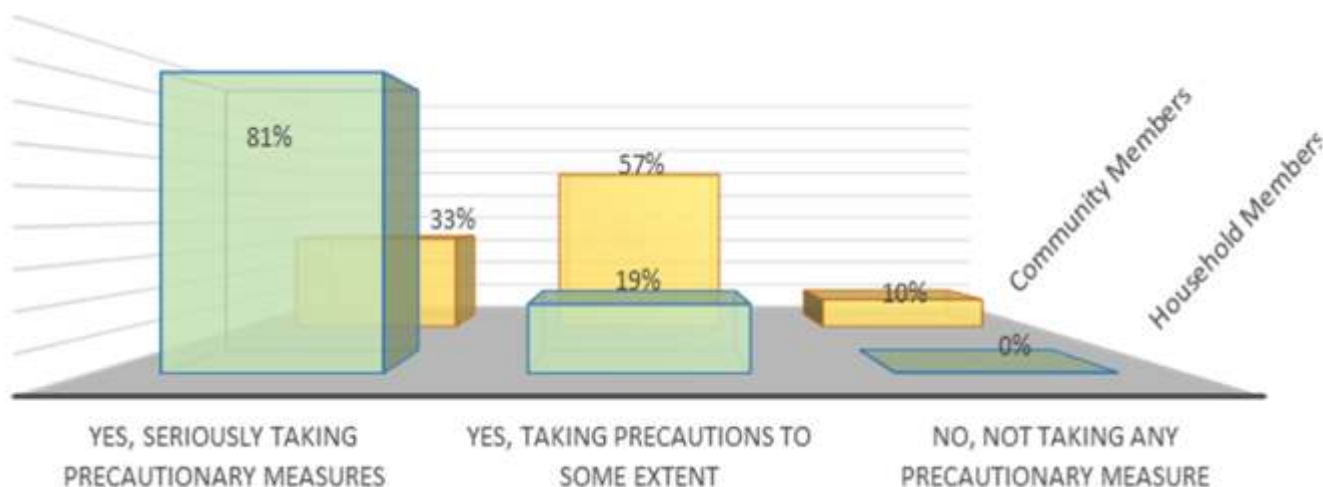


Figure 4: Status of practicing precautionary measures at individual and community levels.

Survey participants were asked to provide information on what kind of precautionary measures they are currently practicing to avoid getting the virus. Seven categories of most important precautionary measures were listed, with responses against each category recorded separately. See Table 7 for details. Most prominently, 71% of survey respondents were practicing precautionary measure of washing hands regularly with soap and water and/or using sanitizer (alcohol-based hand-rub). 57% said they were maintaining social/physical distance of at least one-meter to avoid people coughing or sneezing on them and 52% were using face-masks and/or mouth and nose covers when coughing or sneezing. 46% of respondents said that they try and avoid touching their face (mouth, nose and eyes) and 44% said they preferred to stay home if they felt unwell. Similarly, 48% avoided unnecessary travel and preferred staying away from large groups of people. Overall, 33% of participants said that they are practicing all seven precautionary measures in their daily lives.

Table 7: Status of practicing precautionary measures against COVID-19

Precautionary Measures	No. of Responses	%
Wash hands regularly with soap and water and/or clean them with sanitizer	319	71%
Maintain at least one-meter physical distance	255	57%
Avoid touching face	207	46%
Use face-mask and cover mouth and nose when coughing or sneezing	236	52%
Stay home if feel unwell	200	44%
Refrain from smoking and other activities that weaken the lungs	64	14%
Avoid unnecessary travel and staying away from large groups of people	216	48%
All of the above	149	33%

In light of these findings it can be concluded that about half of the population (average % of all 7 precautionary measures listed in above table) is presently practicing some and 33% are practicing all precautionary measures to avoid getting COVID-19.

Survey respondents were asked to identify what prevents them from taking precautionary measures to avoid getting the COVID-19. A list of choices was provided to them. Table 8 has details of what prevented people from taking these measures. 43% were of the opinion that they needed to interact with people frequently as their livelihoods depended on this. This is what was preventing them from practicing staying at home,



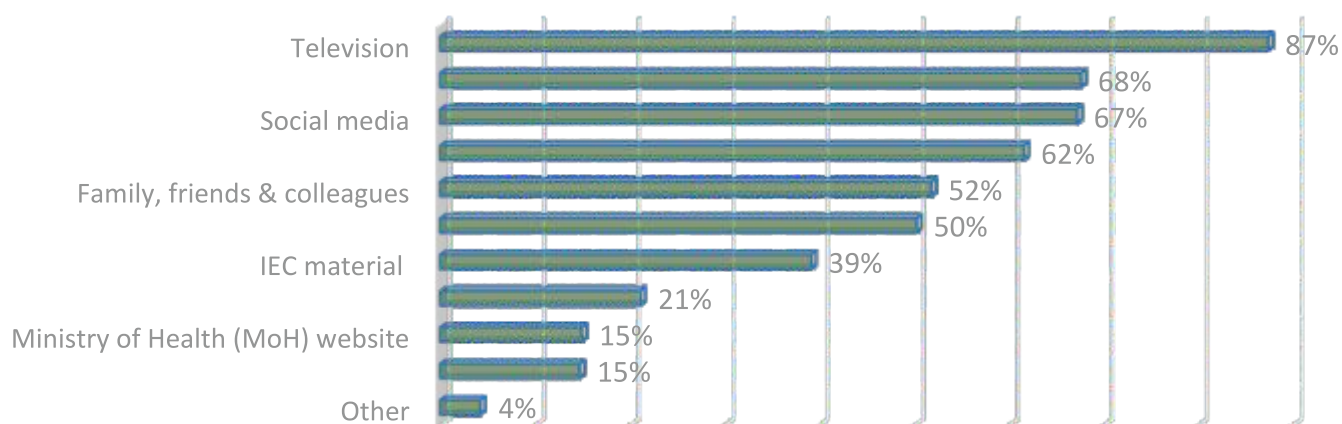
social/physical distancing and limited mobility. It was difficult to practice any form of physical distancing for 25% of respondents as space is limited and they have a high number of household members in their homes. 34% said they needed to look after their relatives and neighbours and could not practice social/physical distancing and staying at home.

**Table 8: What prevents people from taking precautions**

Description of what prevents from taking precautions	No. of Observations	%
Need to interact with people to earn	194	43%
Need to care for relatives/neighbours	155	34%
Lack of availability of masks, soaps, etc.	134	30%
Lack of affordability for masks, soap s, etc.	121	27%
High number of household members, cannot stay inside	113	25%
Don't believe in precautionary measures	48	11%
Don't know about precautionary measures	31	7%
Other (social/cultural pressures, public transport without SOPs, etc.)	78	17%

Further reasons for not being able to practice some or all precautionary measures were: 30% of survey participants said that there is lack of availability of face-masks and 27% said that they cannot afford to buy face-masks and soaps. About 11% don't believe in taking precautionary measures and 11% are not aware of precautionary measures that need to be taken. There were only 17% respondents said that there are other reasons for not practicing the preventive measures eg social/cultural pressures hurdles in practicing social/physical distancing and avoid public gathering, using public transport generally not following the given Standard Operating Procedures (SOPs), etc.

In response to how people got information on COVID-19, 87% of the interviewees informed that television (national and private channels) is the main medium through which communities are getting awareness on precautionary measures. This was followed by 68% respondents stating that the RSPs and community leaders, activists and community resource persons provided them with this information. RSP campaigns include announcements in mosques, using mobile loudspeakers, distribution of IEC material (pamphlets, brochures, posters, banners), household visits and awareness sessions and providing assistance to the health department to implement the TTQ strategy of the government.



**Figure 5: Main source of awareness about precautionary measures**

Moreover, 67% got awareness on precautionary measures through social media, mainly the WhatsApp and Facebook and 62% from mobile phones ie calls and text messages. However, many were of the opinion that these sources also spread wrong information about the disease. Similarly, 52% were informed of messages and precautions by their families, friends and colleagues and 50% through public announcements (mosques and loudspeakers). Furthermore, 39% said that distributing and displaying IEC material on COVID-19 precautionary measures is also an effective way of spreading awareness. 21% said that that radio, 15% the Ministry of Health and 15% the World Health Organisation (WHO) websites are also providing awareness on COVID-19.

Finally, about 18% of survey respondents have known someone affected by COVID-19 and the remaining 82% said they don't know anybody in their family or social circle infected by the virus.

### 4.3. COVID-19 Impact on Rural Economy

This section provides details about the influence of COVID-19 on different occupational groups ie temporary urban-rural migrants, effects on farmers, livestock owners, entrepreneurs and other occupations. The rapid situational analysis explored the composition and cost of the average weekly household food basket, the impact of the crisis on it and what, related coping mechanisms are being used by the poor. In this regard, the study revealed that the weekly average household expenditure is Rs. 6,224, with the highest expenditure recorded in Balochistan i.e. Rs. 8,669 and the lowest Rs. 2,238 in Gilgit-Baltistan, due to the highest and lowest average household size in these areas. The household average per-capita cost of weekly consumption is PKR 668, almost there were no major variation reported in all four provinces and the AJK, however the GB respondents reported significantly low per-capita average weekly consumption cost. One of the reason of this low expenditure on consumption is that government provides various subsidies on energy and commodities, specifically on wheat and overall consumption of people in GB is low as compare to other parts of the country.

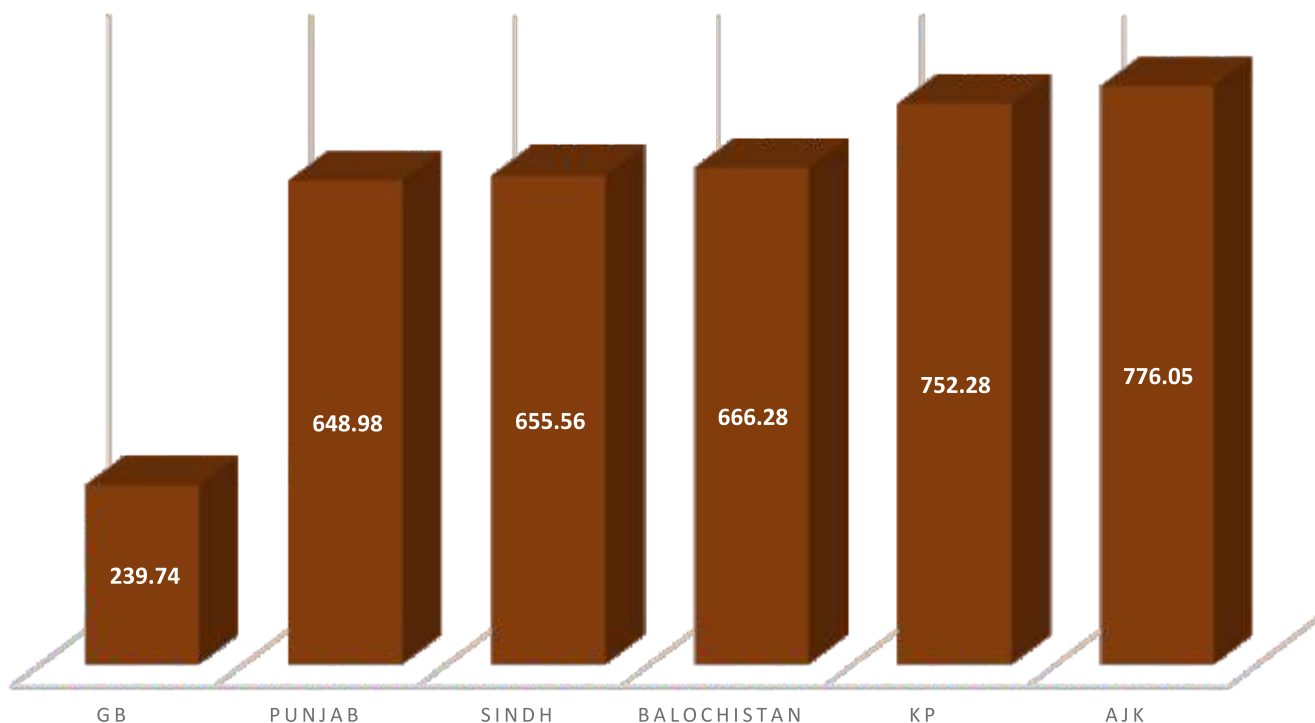


Figure 6: Average household per-capita weekly cost of consumption

Further to this, the study also revealed on basis of average cost of weekly consumption, each household spends 15% on milk, 14% on flour, 10% on vegetables, 9% on oil and same 9% percentage on buying fruits. In the same way, they spend 4% on sugar, 4% on pulses, 4% on tea, 3% on buying eggs. The remaining 10% of total weekly spending on other items that include soft drinks, snacks, spices, bakery items, etc.

Efforts were made to triangulate the findings from this rapid assessment on average amount spent on household's weekly consumption with the most recent available data on similar indicators. The purpose of this comparison is to provide reliable analysis on the actual impact of the pandemic on rural communities, see the extent of results are aligned with the national facts and figures, and accordingly design the realistic and optimum relief packages needed by the poor and vulnerable communities are being affected due to the COVID-19.

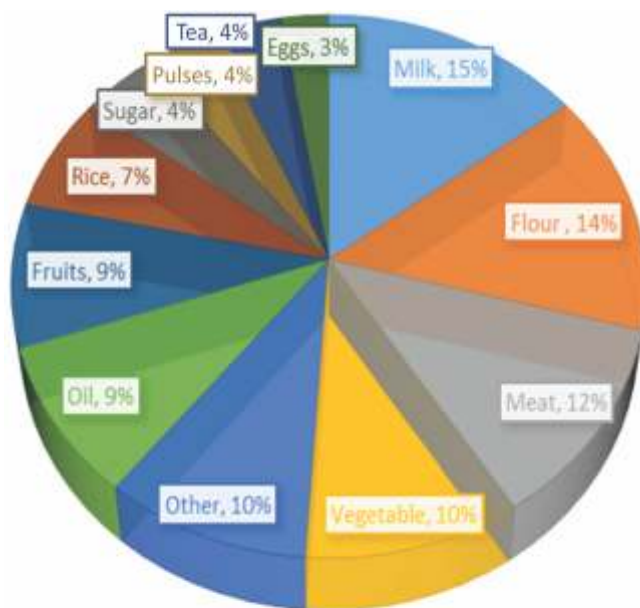


Figure 7: Average household weekly spending on essential food items

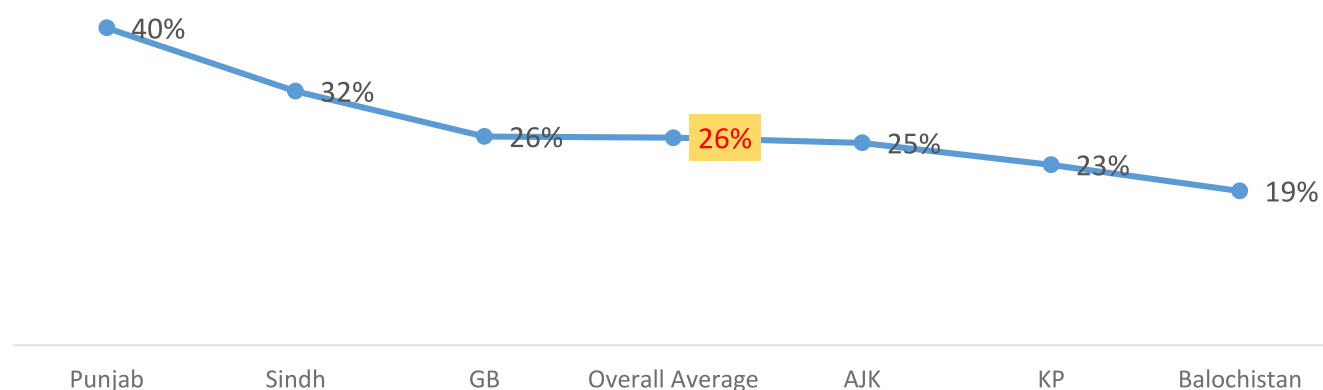
The government has adopted the 'cost of basic needs' methodology to estimate poverty<sup>1</sup> which includes all food and non-food expenditure. The official poverty line of Pakistan is calorie based, and consumption based absolute poverty is estimated after converting the household consumption level to adult equivalent based on recommended nutritional requirements of 2,350 calories per person per day. The updated poverty line for 2018-19 is Rs. 3,776 per adult equivalent per month. The poverty line was applied on the aggregate consumption expenditure obtained from the HIES 2018-19 micro-data to estimate poverty levels. If we use the given cut-off of Rs. 3,776, a poor household requires Rs. 6,325 each week mainly for food items and including non-food expenditures that are being incurred on a recurrent basis. According to UNICEF's Annual Report 2017, an average Pakistani household spends from Rs 144,900 to 212,200 annually on a nutritious diet i.e. from Rs 4,000 to Rs 5,000 per week.

Moreover, according to baseline survey of the EU-funded Programme for Improved Nutrition in Sindh (PINS), undertaken by AASA Consulting Pakistan and supervised by the Centre for Evaluation and Development (C4ED) at the University of Mannheim, Germany, in 2018, a household spends an average of Rs. 21,926 monthly on food items i.e. Rs. 5,482 per week.

Therefore, the findings from the rapid situational analysis supported by results from external evidences on household spending for consumption are complementing each other and will help the federal and provincial governments, donor agencies and organisations, and other development stakeholders to design evidence-based new initiatives to support poor, vulnerable and marginalised target population in terms of cash or in-kind support for food consumption in such difficult times.

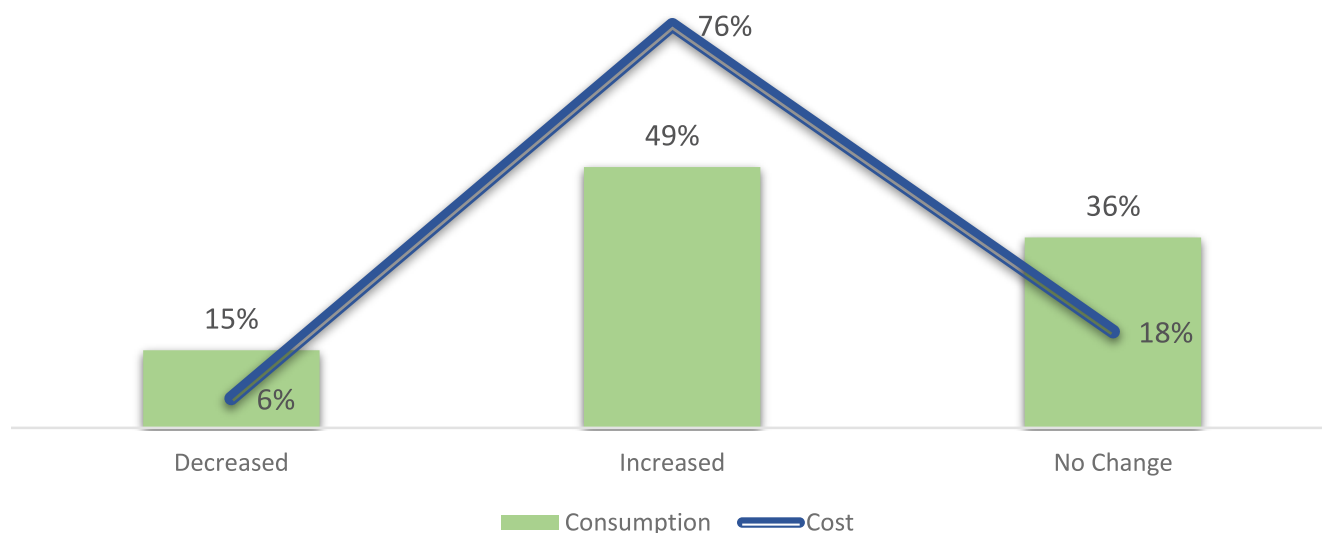
<sup>1</sup> Source: National Poverty Estimates 2018-19 by Nasir Iqbal, Associate Professor, PIDE

Average household monthly income before and after the coronavirus pandemic was asked from the survey participants. It is evident that there is overall on average 26% decrease in an average household's income before and after the COVID-19 situation. Highest decrease of 40% is experienced in Punjab and lowest of 19% in Balochistan. The following figure 8 shows the overall situation in the country:



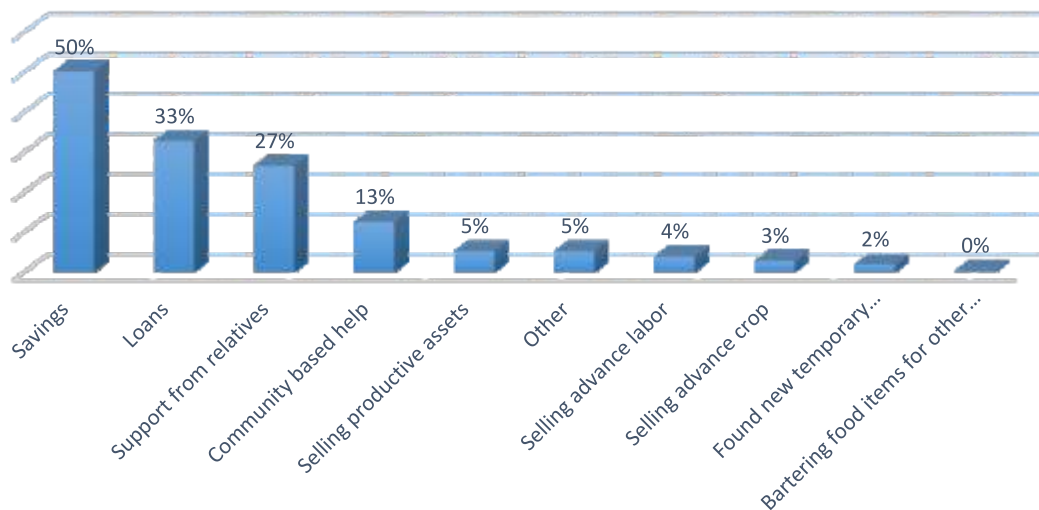
**Figure 8: Impact on household income before and after of COVID-19**

Of the total number, 49% of survey respondents said that restrictions imposed due to lockdown restrictions had led to an increase in their consumption levels and 76% said that the cost of consumption has increased. 36% and 18% said that there is no change in their consumption levels and cost. Moreover, 15% of survey participants said that their consumption had decreased and 6% said that their costs had decreased.



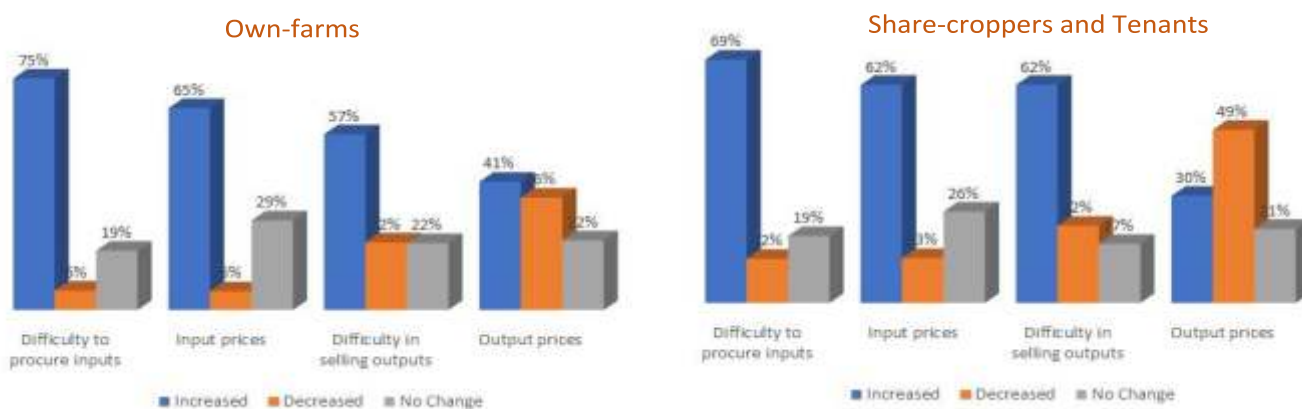
**Figure 9: Comparison of trends for consumption and cost in COVID-19 crisis**

When asked what kind of coping strategies are being used to offset the impact on consumption and cost, 50% of respondents said they are using their savings, followed by 33% who are taking loans. Similarly, 27% have taken support from their relatives; 13% have been helped by their communities and 5% have sold their assets. Additionally, 4% are 'selling' their labour and 3% their crops, in advance with 2% having found new and temporary employment and only 2 interviewees said that they are bartering food items to meet other needs such as exchange of wheat and vegetables, etc. See Figure 10 for household level coping strategies to offset the impact of consumptions and costs.



**Figure 10: Household level coping strategies to offset the impact on consumptions and costs**

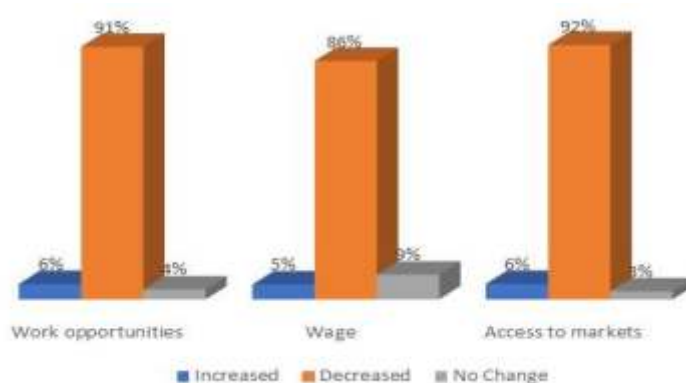
The procurement of agriculture inputs such as seeds, rental machinery, fertilisers, etc., their prices and difficulties in selling produce was also asked about. Figures 11 explains that 60% to 70% of respondents recorded facing difficulties in procuring agriculture inputs as these have become expensive; and in selling their produce. However, about 43% of both categories (working in own farms, and farm/livestock labourers) informed that the cost of agriculture and livestock inputs and produce had decreased.



**Figure 11: Effects on people working in own farms, and share-croppers and tenants**

A further impact of the COVID-19 pandemic on daily wage labour ie skilled and unskilled, non-farm labourer, shows that more than 90% of survey participants identified a significantly risk in this area, with a decrease in work opportunities, wage rates and access to labour markets. Figure 12 provides details.

Significant impacts were also observed on households doing business or trading. On average 80% to 85% respondents observed a



**Figure 12: Effects on daily wage, skilled and unskilled non-farm labourer**

decreasing trend as compare to the normal situation in terms of the following:

their clientele, a decrease in number of customers,

- ♦ supply chain for inputs mostly related to central wholesale market, and outputs refers to sale of commodities or finished products for other enterprises,
- ♦ a significant decrease in profits,
- ♦ a decrease in number of workers/employees in businesses,
- ♦ problems in loan repayments by customers who had taken credit from shops, and
- ♦ access to markets.

A very low percentage of interviewees reported a positive or no change in these categories.

Figure 13 has details of COVID-19 impact on trading and micro household enterprises.

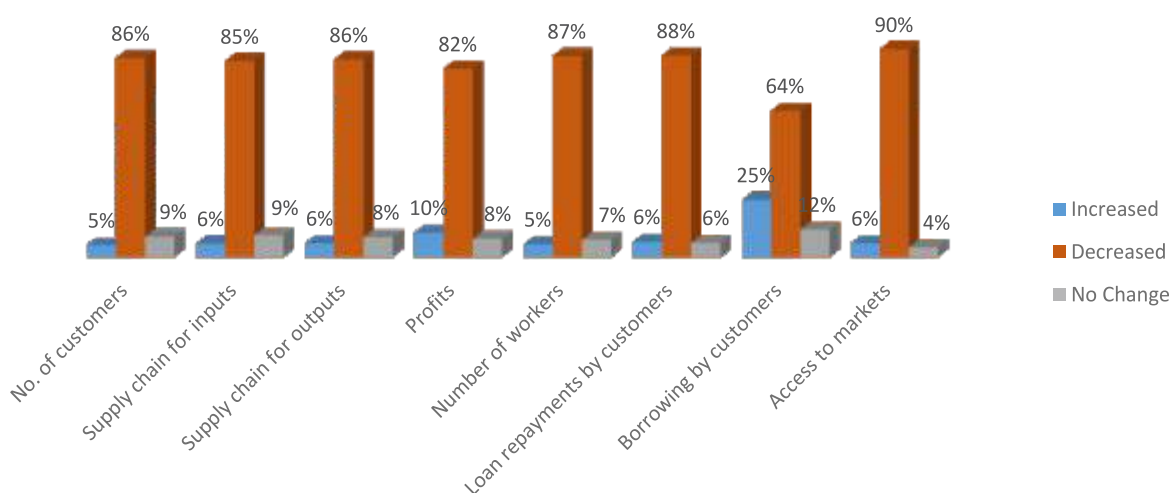


Figure 13: Effects on trading and micro household enterprises

The impact of COVID-19 pandemic on members of households doing government jobs was also analysed. More than 98% of respondents said that government employees have not faced any issues of job security; 83% are getting their salaries on-time and 91% of respondents said that there is no change in their salaries. However, 17% reported that their salaries have decreased during the pandemic. Figure 14 explains the effects of COVID-19 on households with government employees.

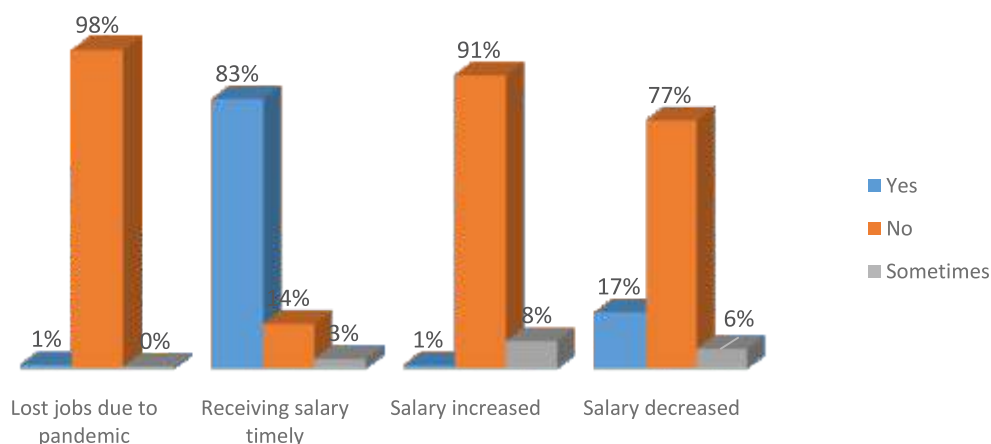


Figure 14: Effects on households with government employees

Further to this, the impact on those members of the household working in the private sector was also assessed at the community, based on perceptions of the survey participants about people working in private sector. According to survey respondents, it was found that 37% of people had lost their jobs, 42% are not receiving their salaries on-time and 29% experienced a decrease in their salaries due to the pandemic, mainly due to lockdown, lack of transport and decrease in business turnovers.

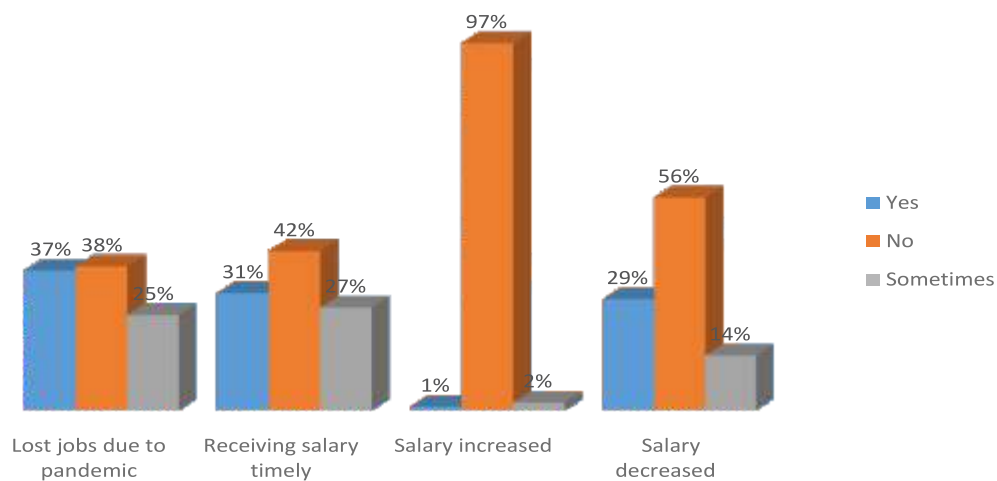


Figure 15: Effects private sector employees

#### 4.4. Impact on Everyday Life

COVID-19 has affected day to day life and is slowing down the country's economy. Whether it is work, studying, shopping, travelling or simply getting around - the COVID-19 crisis has fundamentally changed many things. In this section, perceptions about changes in people's everyday lives are presented. These include activities of children, the availability of daily utilities and household matters, the impact on the mobility of women and men and the impact on community institution meetings, as result of social distancing. Feedback was taken on activities that children are now engaged in, as schools are still shut.

As expected, it was found that the education routine of children has been disturbed, with 52% of households reporting that children spends lesser time studying. However, 37% of respondents said that children are spending more time on their studies during the pandemic situation.

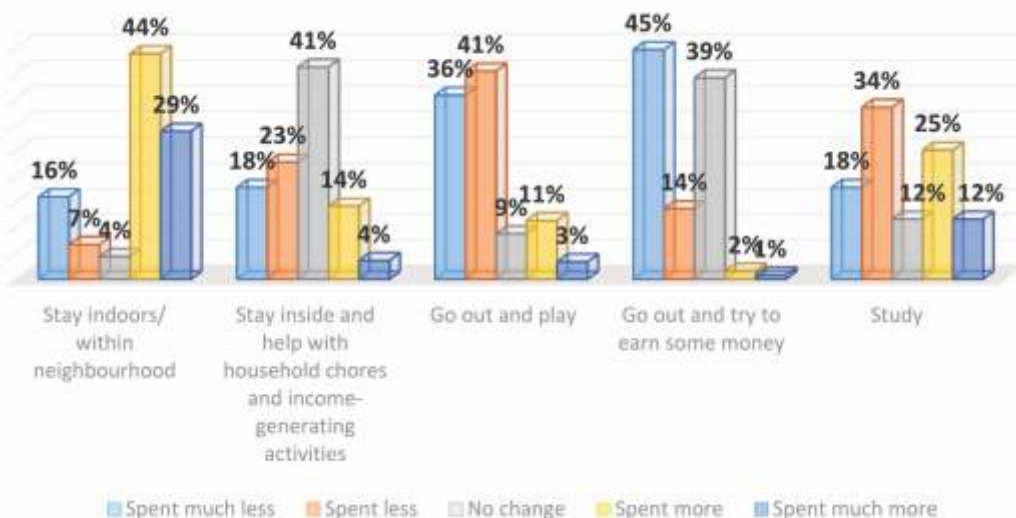


Figure 16: Activities of children after the closure of schools

Figure 16 shows that children of about 73% of the respondents are staying indoors or within the neighbourhood, out of which 44% 'spent more' and 29% 'spent much more' time indoors and in their own neighbourhoods. Similarly, children of 18% of respondents spent their time helping with household chores and income-generating activities, while staying home.

Moreover, 77% of survey participants said that children spend much less (36%) and spend less time (41%) going outdoors to play. Children of most of the households are not going out for income generating activities and tried to earn money.

Regarding shortages of daily use items and utilities, 58% of interviewees said that they are facing shortages of food items; 48% are experiencing shortages in clothing; 29% are facing scarcity in building material for construction and repair works, and 23% reported a shortage of medical items. A large percentage of respondents reported that there is no significant shortage of utilities ie water (86%), electricity (89%), and natural gas (95%). Figure 17 shows the responses logged about shortages of items and utilities.

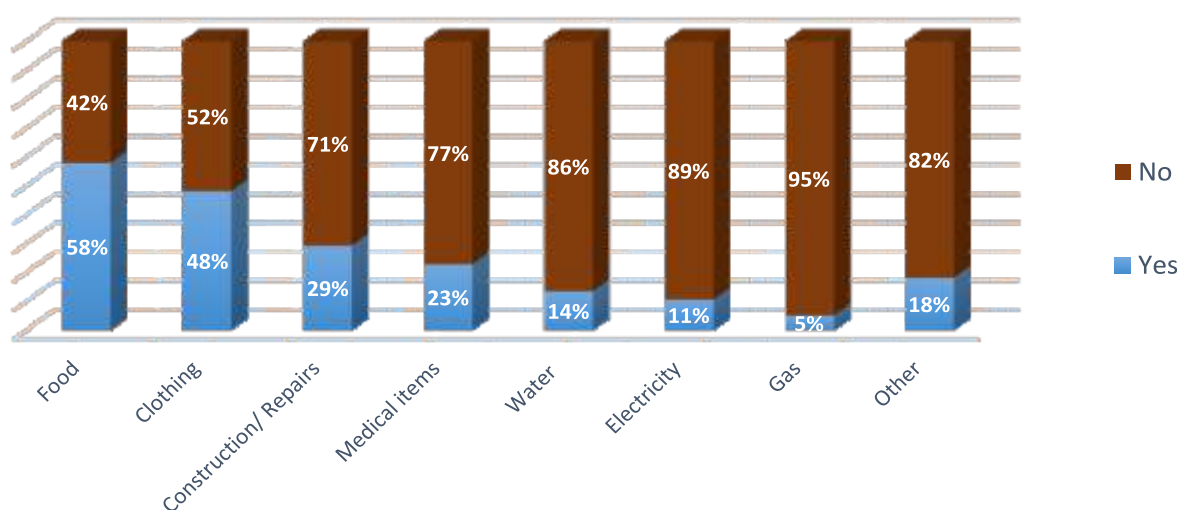


Figure 17: Status of availability of everyday use items and utilities since the coronavirus outbreak

It has been proven that staying-at-home is an essential practice to effectively restraint the spread of COVID-19. Survey participants were asked to share changes in their social and domestic lives during this time of restricted movement. About 96% said that visits to neighbours and relatives have reduced, out of which 72% said these had significantly reduced and 24% said they had reduced to some extent. Figure 18 shows further details of survey responses.

The study reveals that the COVID-19 crisis has impacted the mobility of men and women living in rural settings. The survey respondents said that the mobility of 65% women and 52% men has been significantly reduced followed, with 26% women and 38% men experiencing reduced mobility to some magnitude. There was only 6% men and 2% women reporting that their mobility has increased and similarly 4% men and 7% women have experienced no changes in their mobility during the pandemic crisis.

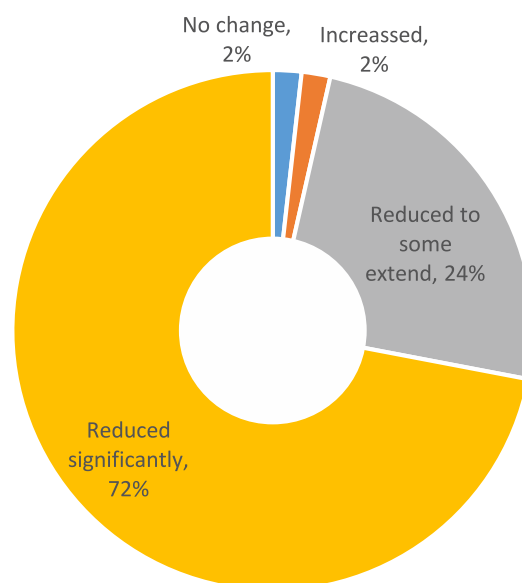


Figure 18: Frequency of visiting neighbours and relatives



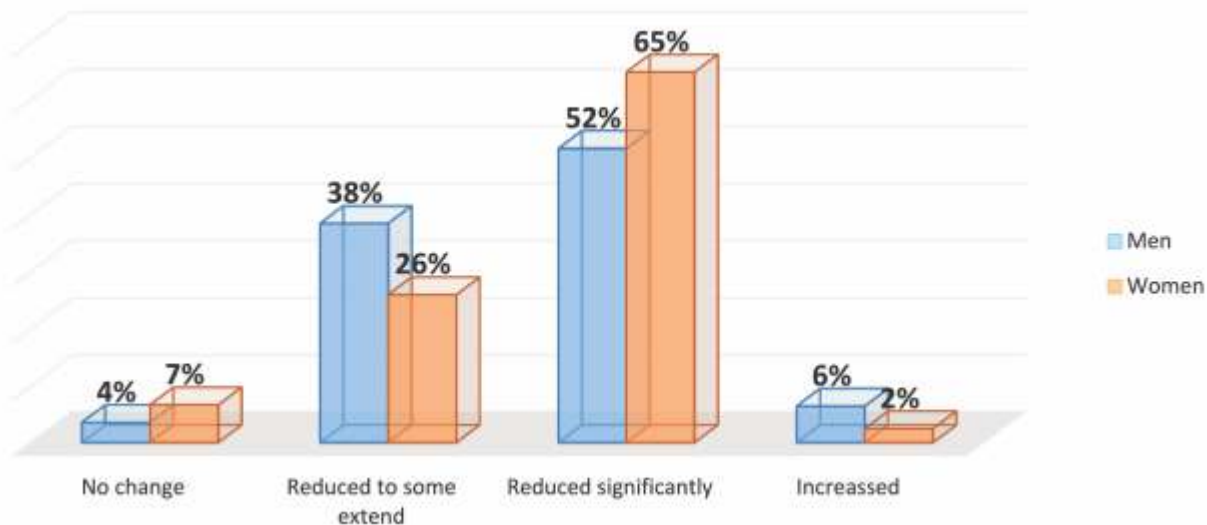


Figure 19: Frequency of visiting neighbours and relatives by women and men

COVID-19 reinforces the need for access to clean water for health and food and nutrition security. Reliable Water, Sanitation and Hygiene (WASH) facilities are essential to containing the spread of the virus. In this regard, the survey participants were asked about the availability of and access to water in their areas and to what extent the increased demand for water impacted their community.

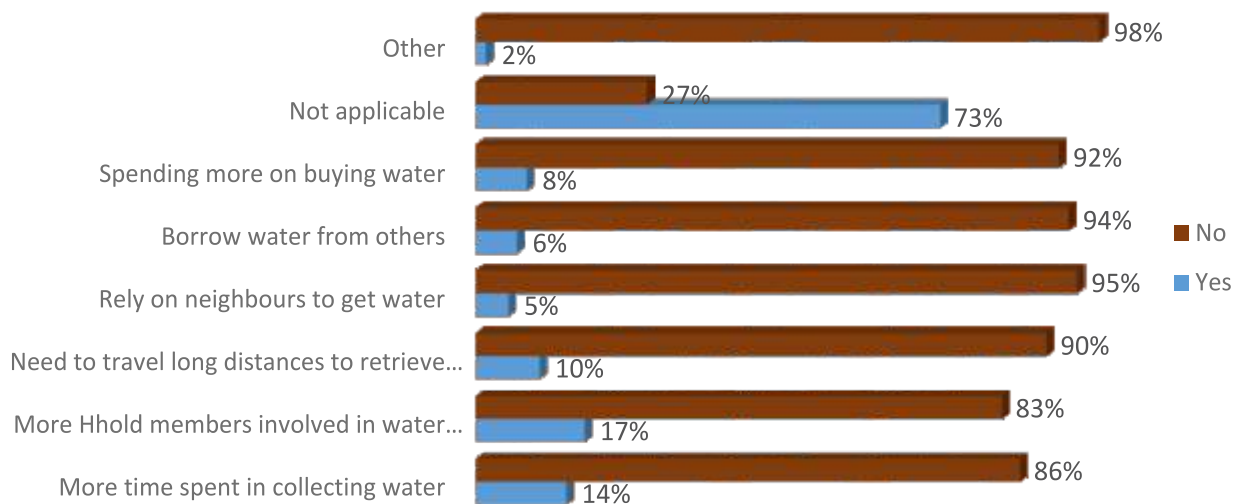


Figure 20: Status on access to water at community level

Figure 20 shows that there is no significant change in the supply of water during this pandemic crisis. There were only 14% respondents who recorded that their community is spending more time in collecting water for use, followed by 17% who said that more household members are now involved in water collection. Only 10% said they need to travel long distances to fetch water; 5% said they are relying on their neighbours to get water; 6% said they 'borrow' water from others, mostly from neighbours and 8% are spending more on buying water.

## 4.5. Gender Aspects and Impact of COVID-19

This rapid situational analysis intended to explore the change in the daily routines of women, which includes time spent on different activities, the social, psychological and emotional impacts on women and how women, men, children and PWDs are coping with these changes. Findings of this survey have been supplemented with feedback from the RSPN Gender Resource Group, a Group of RSP gender focal persons and other staff working on gender issues. The GRG meets every quarter to exchange lessons on RSP programmes across the country and put forth recommendations to improve programming. The GRG meeting held online on 4th June 2020, highlighted some critical issues and challenges face by rural women and RSP women staff.

With regards to how time spent has been impacted 65% of interviewees (84% women) are spending more or much-more time on household work i.e. cooking, fetching water, washing clothes, cleaning the house, etc followed by 84% (83% women) spending more or much-more time with family and children, as schools are shut and movement restricted. Similarly, 73% (70% women) are utilising a significant amount of time watching television and, interestingly, 70% (66% women) said that their sleeping time has significantly increased, especially during the lockdown. Moreover, 63% (45% women) are spending more time on their mobiles, laptops, internet browsing and social media (Facebook/ WhatsApp), followed by 36% (29% women) reported spending more/much-more time on work associated to their primary occupation or work ie farming, livestock, labour, job, business, etc. Furthermore, 33% (30% women) are using a large chunk of their time in doing social work, mainly supporting the poor, vulnerable and marginalised families in their communities ie raising awareness about COVID-19 and preventive measures, assisting poor households in accessing cash and in-kind support, donations, etc. The following Figure 21 shows responses to how people are now spending their time, compared to their normal routines.

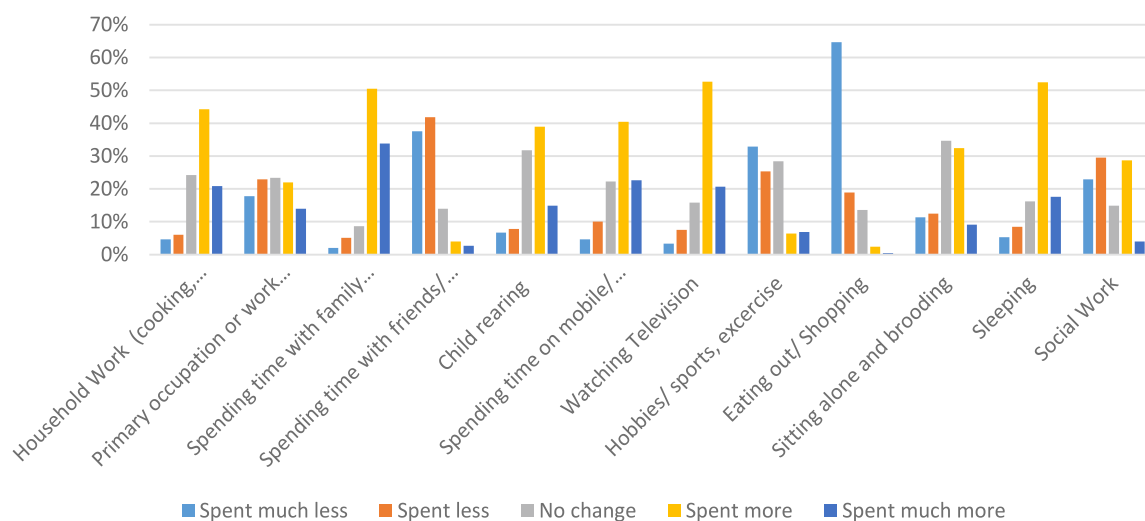


Figure 21: How people are spending their time during the COVID-19 crisis

Furthermore, 84% (81% women) are spending less/much-less time on eating-out and shopping, followed by 75% (79% women) spending much less time socializing with friends and relatives. 58% (56% women) are utilising less/much-less time on their hobbies, sports and doing physical exercise. We can conclude that there are significant changes in time spent on certain activities by the rural population, after the restrictions imposed by the authorities to contain the spread of coronavirus.

At a time of high stress and concern, survey participants were also asked about their source of emotional support. Significantly, 44% (40% women) are being supported by their friends, relatives and neighbours. Similarly, 43% (55% women) are getting support from their male household members followed by 41% (39% women responses) from their female household members. 27% (28 % women) said that they are getting

## IMPACT OF COVID-19 ON RURAL WOMEN OF PAKISTAN

“Issues and challenges highlighted by RSPs Gender Resource Group (GRG)”

**Economic Impacts on Women Entrepreneurs:** lockdown and lack of transport impacted negatively on rural women economic activities, women have had to take loans from landlords and shop keepers, and to recover from the economic hardships, there will be an increase in child labour and dropout rates of school-going girls and boys.

**Women's Health Issues:** women couldn't access health facilities to deliver babies and for ante-natal check-ups, lack of access to family planning services, women and children are becoming nutrition deficient because of income loss and lack of access to health facilities, disabled women and elderly people have no access to health facilities, food items and basic necessities, and poor women unable to buy face masks and soap for their safety.

**Increased Care Work:** large number of men engaged in migrant labour returned home, this has increased the workload for women and young girls.

**Gender-based Violence:** both domestic and sexual violence has increased, as has violence against children, women have said that men became violent with children on petty issues e.g. when children make a noise at home, when they ask for money etc.

**Impact on Children and Young Girls:** children are also facing abuse from family members, young girls are overburdened with household work and have limited time to study, it is most likely that due to the financial crises many girls will drop out of schools, and routine EPI immunization, including polio vaccination has been stopped by the government due to the COVID-19 pandemic.

**Other Issues:** stigmatisation of COVID-19 patients, lack of women's special needs and quarantine centres, and rural women have faced a challenge in applying for the 'Ehsaas Emergency Cash Programme' as many do not own mobile phones and were dependent on men for this.

**Challenges for Working Women:** increased housework, working women faces difficulties in commuting to their workplace because of the restrictions on transport, they are fulfilling commitments such as meetings with government officials, rural communities and other stakeholders, while putting themselves at risk, and lacking the gender sensitive guidelines/SoPs for women staff.

**Recommendations from GRG Meeting:** RSPs should integrate gender-based violence prevention in all routine and COVID-19 related work. As RSPs are closely working with district governments to fight against COVID 19, so they should brief the government officials regarding rural women's issues, especially the increasing issues in reproductive health. The district government can direct population welfare departments to look into this issue and respond, accordingly. RSPs should develop a gender sensitive guidelines for official work and attempt to approach donors to access resources for family-planning services, prevention of child abuses projects, awareness on preventions of COVID-19 and the compassionate treatment of corona patients, who are currently stigmatised. Moreover, women and men staff who are working at frontline with communities should be provided with PPEs for their safety and RSPs should report on gender issues in all COVID- 19 or related projects. These need to be regularly shared with RSP senior management.

emotional support from social workers and the community institutions of which they are members. Figure 22 exhibits the source of emotional support during the COVID-19 crisis.

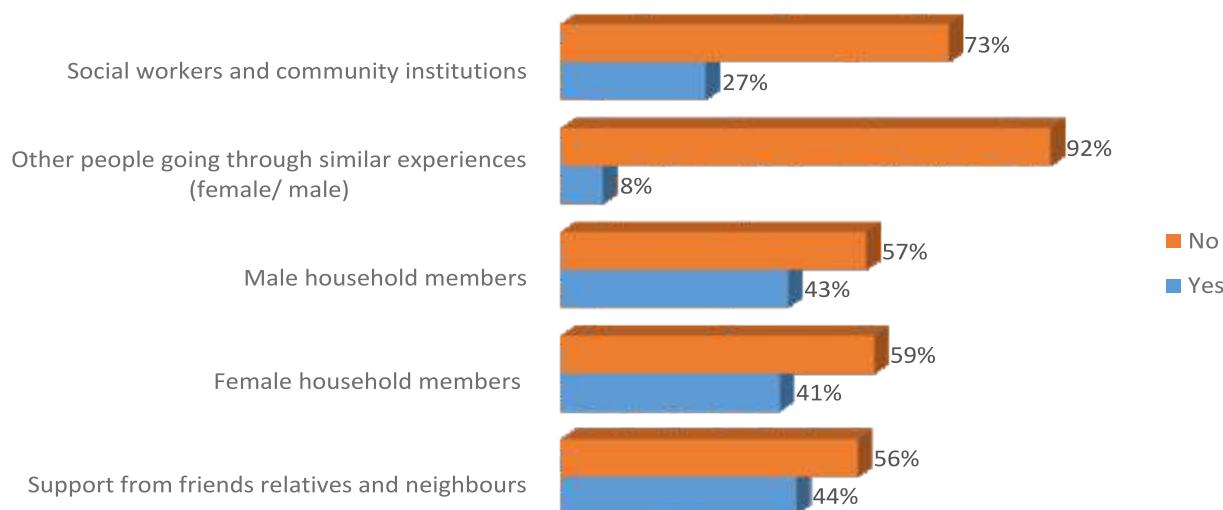


Figure 22: Source of emotional support during the COVID-19 crisis

When asked what psychological changes they are going through, 84% (94% women) said they are facing high/extremely-high levels of anxiety, stress, tension, depression, anger and sleeplessness; 84% (89% women) said they are experiencing a high/very-high level of fear and uncertainty and 58% (64% women) expressed sentiments of helplessness and loneliness. A high percentage of people i.e. 59% men and women both, are facing high/very-high occurrences of blood pressure, hypertension and headaches. Likewise, 53% men and women are experiencing high/very-high levels of 'boredom'. 32% of survey participants (30% women) said that family fights and domestic violence have significantly increased. Correspondingly, low and very-low levels of contentment (45% overall - 48% women) and happiness (74% overall - 79% women) were reported by survey participants.

Furthermore, 70% (62% women) of respondents were of the opinion that levels of adaptation to deal with the emerging crisis are high/very-high. This includes with 65% (64% women) reporting high/extremely-high extent that their overall behaviour in dealing with the emergency situation is now significantly changed, accordingly. Figure 23 explains what people are feeling and going through psychologically and emotionally.

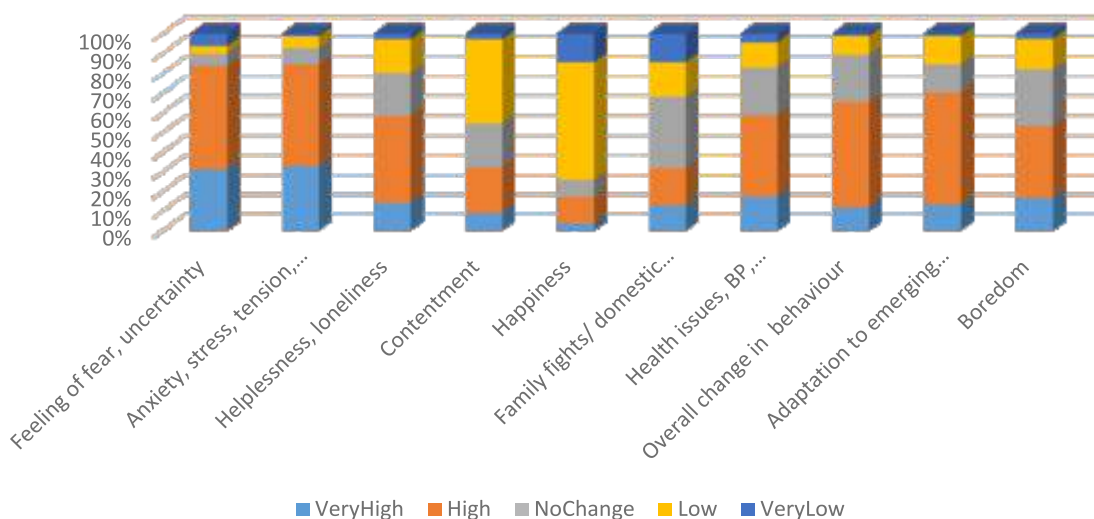


Figure 23: Perception about what people are feeling during pandemic

Finally, respondents were asked about the degree of impact of the crisis on women, men, children, PWDs and the elderly, on scale of 1 to 5. To simplify the question, we divided this scale into three i.e. 4-5 being the category being significantly impacted, 1-2 as not-impacted and 3 taken as there is no impact.

The study results revealed that large percentage of group has been impacted by the COVID-19 situation. The men's group is severely impacted at 85%. This is due to uncertainty of earning for male household income earners. Comparatively, 49% of respondents said that the women were significantly impacted from the existing crisis situation. It is likely that this is due to a lesser change in the daily lives of women as 88% reported being mostly involved in household activities or in activities close to the home eg income generating activities on farm or within the house. Regarding impacts on children, a total of 61% (55% women) of those interviewed were of the view that children are highly impacted as their educational and activities are disturbed, due to the closure of schools. Similarly, 58% (62% women) interviewees reported that the elderly have also been highly impacted, due to the lack of availability of health-care services. About half of the women interviewed (57% as compare to overall 49% respondents) is also extremely impacted by the current, uncertain situation. Of the PWDs, 39% (45% women) have been significantly impacted.

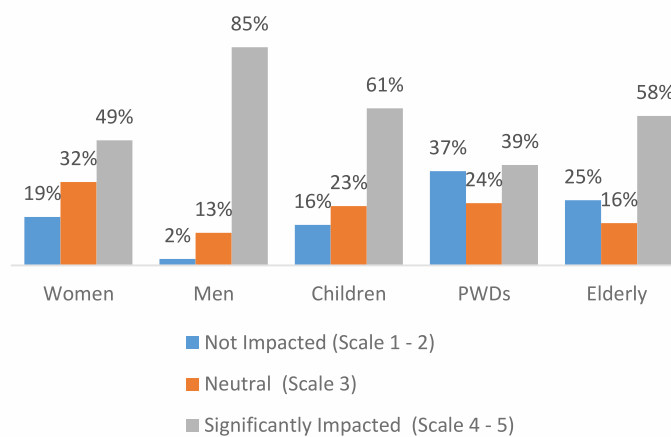


Figure 24: Gender segments and status of impact from the COVID-19 situation

#### 4.6. Access to Public Services During the Pandemic

The government is responsible for the overall welfare and protection of the social and economic well-being of its citizens, especially in such difficult pandemic times. This extremely important aspect was integrated in the study design highlighting the link between public services providers and citizens (women and men) in these testing times.

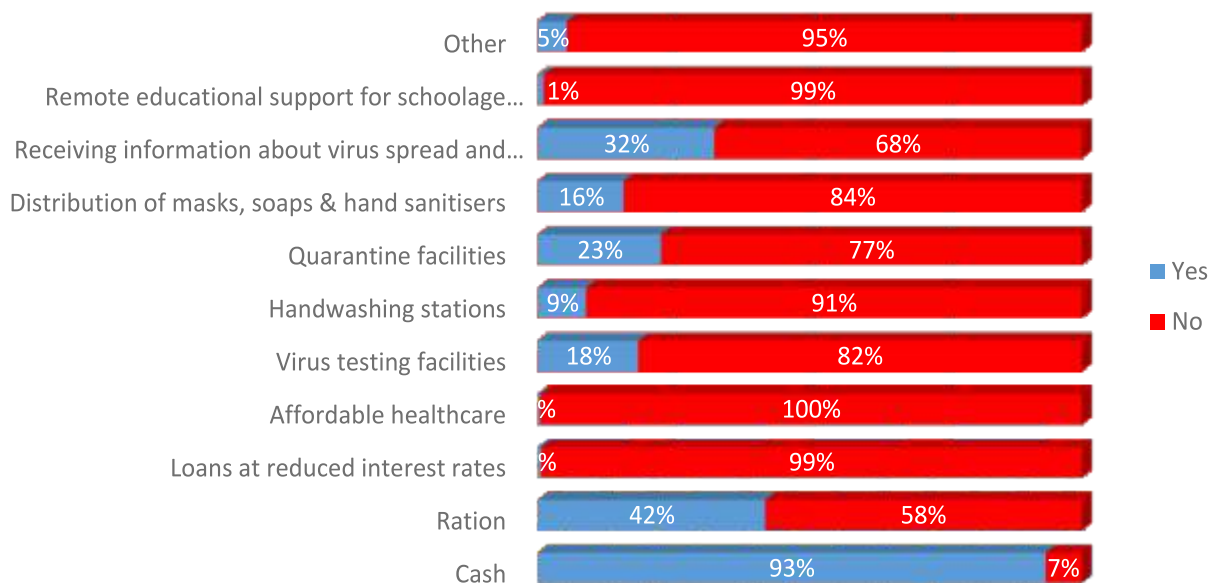


Figure 25: Support the people are receiving from the government

Of the total respondents, 100% complained about the lack of affordable public healthcare services. In a country where healthcare services are extremely weak, the pandemic has put immense pressure on an already weak system. Hence, 'additional' but critical services are hard to come by, especially in rural areas. 91% of respondents said that due to the closure of all public health facilities during the lockdown, there was little or no access to doctors and facilities. Respondents said that there is a lack of public handwashing stations in their nearby central public locations i.e. local markets, government offices, banks, etc.; 82% said that there are no COVID-19 testing facilities; 82% recorded that they had no access to masks, soap and hand sanitizer and 77% said that there are no quarantine facilities arranged by the government in nearby, central locations, for COVID patients.

With regards to other 'facilities', 99% of respondents said that microcredit is not being given at reduced interest rates. In education, 99% were of the view that remote/online educational support for students is unavailable. In response, 95% who chosen 'other' option explained that although people were receiving the Ehsaas Emergency Cash assistance, however the amount of PKR 3,000 per month for an average sized 6.7-member unit, is not sufficient.

As to what support people are receiving from the government during this crisis, the survey participants were asked whether they or others they knew about beneficiaries from their communities. 87% of the interviewees verified that women and women-headed households had received some type of government support. Similarly, the response for other categories was as follows: 15% for PWDs; 0% for children, 1% for the transgender community, 2% for ethnic minorities, and 8% for religious minorities. These categories have hardly been provided with any kind of support by government. Figure 26 shows responses by all categories regarding support from government.

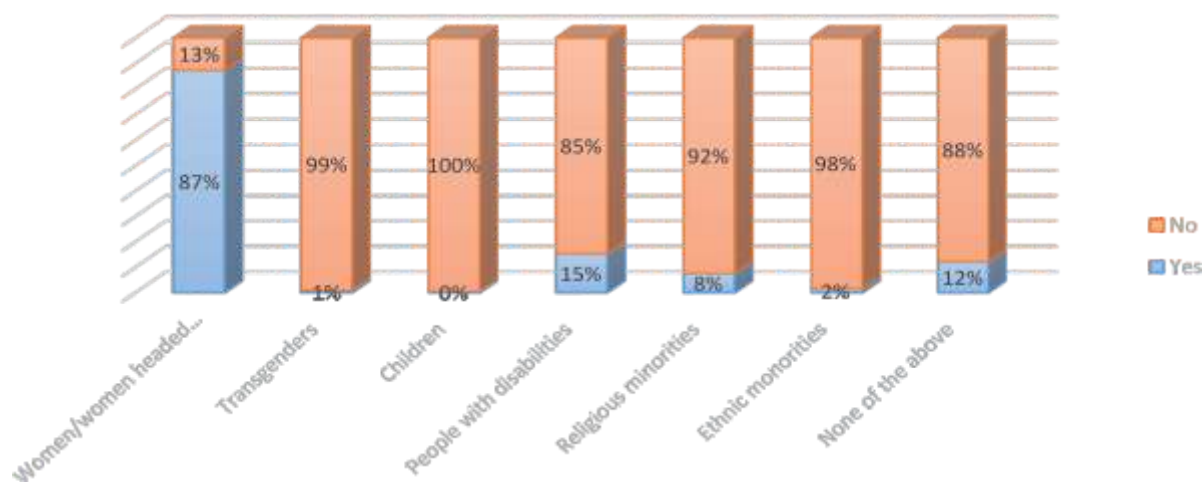


Figure 26: Status of receiving help by gender groups from the government during this crisis

Regarding the support people are receiving from the government, the assessment revealed that 95%, a significant number of people, are receiving cash support from the government. It is mainly, the government's Ehsaas Emergency Cash programme that has contributed significantly to ameliorating the conditions of poor people and the vulnerable in the ongoing COVID-19 crisis. The financial assistance under the programme is meant to help people to buy food rations. As of 30th June 2020, the programme has served 12.6 million beneficiaries and disbursed PKR 152 billion<sup>2</sup>. Similarly, 42% of respondents informed that the eligible population is getting rations from the government.

<sup>2</sup> Source: [https://www.pass.gov.pk/ecs/uct\\_all.html](https://www.pass.gov.pk/ecs/uct_all.html)

Respondents were asked whether rural communities approached government departments and their elected representatives for any support during the crisis. 74% of respondents said that people had approached government departments and 76% said they had approached elected representatives. However, 32% of respondents said that people had received an encouraging response from government departments and 35% said that people got a similar response from elected representatives eg identification of poorest and vulnerable communities for govt. cash and in-kind support, assisting poor and marginalised people for registering them with government's emergency cash support and ration initiatives, some are on special committees formed to deal with COVID-19 emergency, other productive linkages, and some have received support on their personal matters, etc).

**More than 40% of respondents said that people who had approached both departments and politicians got no response.** About one-quarter of the survey participants said that the people in their communities have not contacted any politicians or departments for support. Figure 27 explains the feedback after approaching any government department and elected representatives for support during this pandemic.

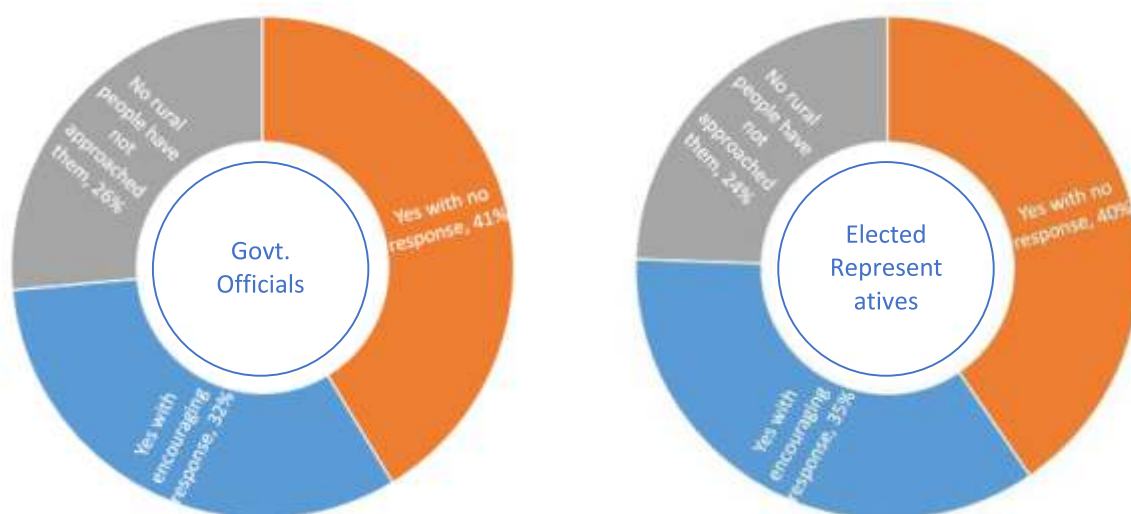


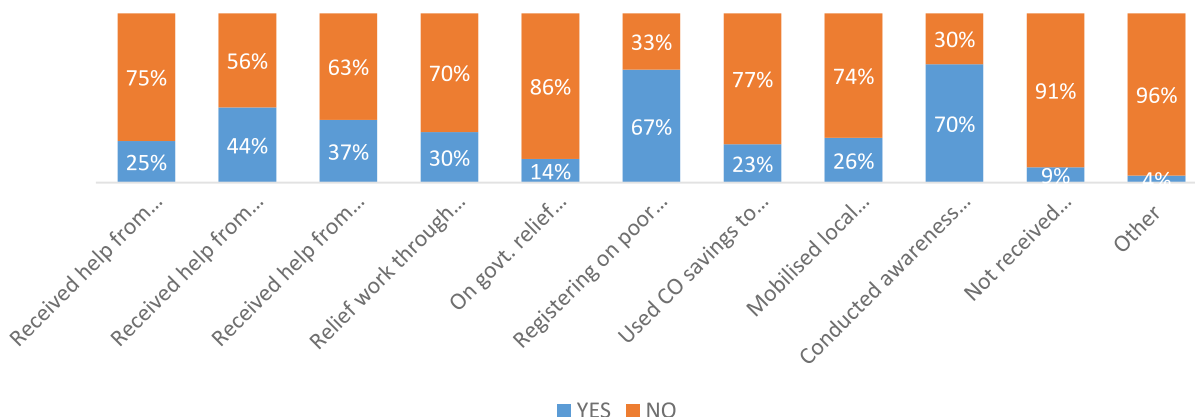
Figure 27: Feedback after approaching any govt. department & elected representatives for support

#### 4.7. Availability and Access to Social Safety-net and Support Systems

The pandemic has had adverse impacts on the rural population in the country. The most vulnerable segments of society, especially those living in extreme poverty, are being hit the hardest. The response of the government is vital to minimise these impacts. Apart from collecting information on the government's response, the study also collected responses about the role of the local community, individuals within it and local community institutions in relief efforts.

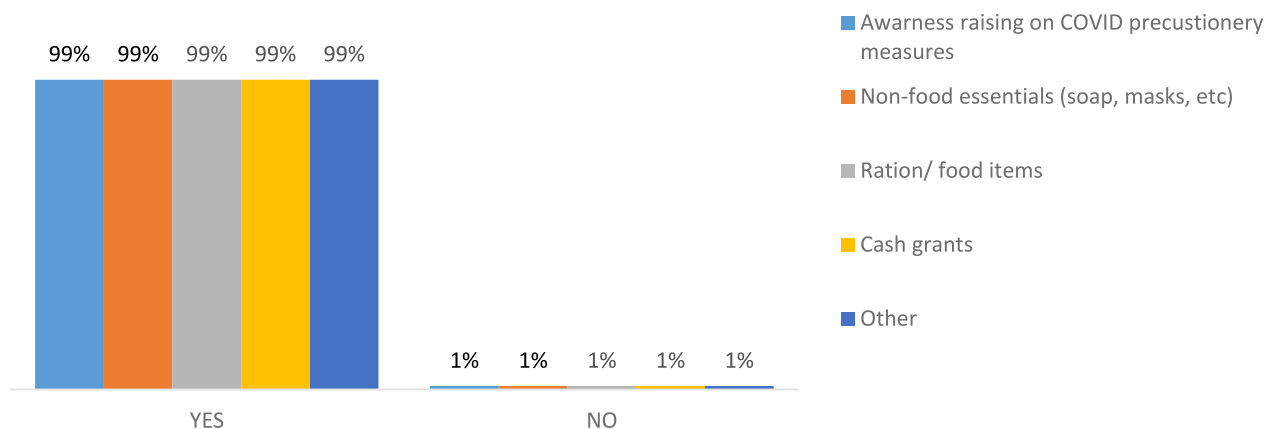
The survey participants were asked about how community institutions and communities are responding to the emergency. 70% of respondents said that community institutions, organised by the RSPs have conducted awareness sessions on COVID -19; 67% said that these are assisting poor households to register with the government's Ehsaas Emergency Cash Programme; and 34% said that community institutions have received help from NGOs working their areas. Figure 28 demonstrates the status about how the community institutions are responding to the situation on their own and through linkages.

Similarly, 37% said that they have received help from the government, 30% said that community institutions are undertaking relief work on a self-help basis, 26% of respondents said that community institutions have mobilised local donations and supported people in need, 25% said that people had received help from local philanthropists, and 23% said that Community Organisation (CO) savings were used to help poor and needy households. However, 91% of respondents of the opinion that vulnerable people in their areas have not received any provisions or help during the crisis. Here, the role and responsibility of public institutions, the private sector, donor agencies and other development stakeholders in working with community institutions is critical.



**Figure 28: Status of how the CIs are responding to the situation on their own and through linkages**

To conclude the survey, participants were asked what they thought were the current priority needs of communities and to rank these. Areas identified were awareness raising on COVID-19 precautionary measures, provision of non-food essentials (soap, masks, etc), rations including food items and cash grants. 99% of the interviewees prioritised these needs.



**Figure 29: Current priority needs of communities**

In addition to these priorities, respondents also identified functional medical facilities, transport especially for women, creation of employment opportunities, reduction in charges of utilities, alternative educational strategies for rural areas, equipping local medical facilities with COVID-19 testing, the provision of interest free loans to entrepreneurs and provision of PPEs for health staff.



## 5. KEY RECOMMENDATIONS

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Key recommendations based on the findings from rapid situational analysis are as follow:

### 5.1. Large-scale Public Awareness Campaigns

**Public Awareness through Mainstream Media:** enhanced efforts are needed at national level in messages of public awareness about precautionary measures to avoid COVID-19. This should be continued through television (national and private channels), radio shows and print media.

**RSPs' National Awareness Campaigns:** local level public awareness campaigns about COVID-19 are being undertaken by RSPs and RSP fostered community institutions (COs, VO, LSOs) through trained community leaders, activist and community resource persons. These campaigns include public announcement eg in mosques and using mobile speakers, the distribution and display of IEC material (pamphlets, brochures, posters, banners), household visits and assisting public health departments to implement the TTQ strategy. This effort needs further strengthening and scale-up.

**Emphasis of the Public Awareness Campaigns:** the assessment revealed that the rural population does have some knowledge and understanding of COVID-19, its effects and precautionary measures, however a significant fraction of the rural communities not practicing these measures and about one fifth of respondents said that people were not doing this. Therefore, minimum precautionary measure need to be put out to the public, more strongly, such as:

- a) Washing hands regularly with soap and water and/or cleaning them with sanitizer (alcohol-based hand-rub);
- b) Maintaining at least one-meter of social/physical distance;
- c) Avoid touching the face, specifically the mouth, nose and eyes;
- d) Using face-mask or cover in public and covering the mouth and nose when coughing or sneezing;
- e) Avoiding unnecessary travel and staying away from large groups of people;
- f) Staying home if experiencing symptoms related to COVID-19;

**Adaptability of Public Awareness Policy to Local Context:** it is also recommended that messaging should be simple and translated into local languages and that campaigns ensure that the most vulnerable and marginalised, women, children, the elderly, PWDs, religious minorities and trans-gender communities are reached.

### 5.2. Social Protection and Livelihood Enhancements

The government's Emergency Relief Programme has an allocation of PKRs 1.2 trillion, of which PKR 152 billion has been disbursed to 13 million poor families, through the Ehsaas Emergency Cash programme. This is a one-time grant of Rs. 12,000 per family, for a four-month period. The main aim of this financial assistance programme is to help poor and vulnerable families to buy rations so that they don't go hungry. However, many of the poor households have not been reached through the Ehsaas Emergency Cash programme as rural women have faced challenges in applying for the assistance as many do not own cell phones, also it is a complex task for them to handle their case via Ehsaas SMS service in situation they have an access to cell phones.

Whereas immediate emergency measures of providing some cash liquidity to the poorest to access food and other essential necessities have seen a quick and highly organised response from government, longer term rehabilitation of households require a longer term, more sustained approach. Funds under the Ehsaas 'graduation' programme need to take this into account ie a graduation programme to assist beneficiaries to consistently move out of poverty on a sustained basis as the country cannot afford repeated grants. The RSPs have been working on 'graduation' on a large scale since 2009 and are currently implementing such programmes eg the EU supported Sindh Union Council and Community Economic Strengthening Support (SUCCESS) and the Balochistan Rural Development and Community Empowerment (BRACE) Programme, the IFAD-supported Southern Punjab Poverty Alleviation Programme (SPAP), the PPAF-Italian Government supported Programme for Poverty Reduction (PPR), and the GoPak-IFAD-PPAF supported National Poverty Graduation Program (NPGP). There has been important learning from this vast experience which the RSPs have documented and RSPs can provide design input for such programmes.

**Social Protection and Livelihoods Enhancement Initiatives:** government and donor supported initiatives should be scaled-up nationally to support the most marginalised and vulnerable groups with appropriate in-kind and cash support to ensure that they have adequate access to essential goods and food items. Moreover, the government need to effectively address the issue of poor people's access to food, it will need to do more rounds of emergency cash grants. In the longer term, this may not be a sustainable solution and needs to be succeeded by a 'graduation' programme that capacitates poor people to invest in income earning activities.

Moreover, special initiatives focusing on the rural economy need to be immediately designed and implemented focusing small-scale men and women farmers and agriculture labor dependent on agriculture, livestock rearing stapled with agriculture and non-agricultural labour jobs for their livelihood protection and enhancements. These vulnerable occupational groups have limited capacity to access the food production inputs to purchase food and struggle to meet their food and nutrition security needs. This action will assist the agriculture and livestock farmers in accessing necessary and seasonally dependent inputs. An instant and adequate cash, social protection, food, food-production assistance combined with the agriculture and livestock inputs support and COVID-19 awareness raising to maintain health and protection of the livelihoods means. These farmers should also be adequately facilitated in the marketing of their produce and support for next sowing through providing cash or input support.

**Access to Loans on Flexible Terms:** with the support of government, MFIs and MFBs should provide emergency loans on flexible terms to micro-entrepreneurs and poor farmers and day-wage labour. MFIs and MFBs are suffering due to repayment challenges and it is only with government support that they can continue and provide flexible micro-credit loans.

### 5.3. Gender and Development

The socio-economic impacts of COVID-19 are worsened for women and girls. Multiple economic impacts are being faced especially by women and girls who are largely earning less, saving less, and living close to poverty. The health of poor rural women is also effected as a result of COVID-19 due to priorities of the state regarding provision of health services to women have been changed, including the reproductive health services. The study revealed that the unpaid care work has increased, with children out-of-school and older persons need special care. Moreover, there is increased pressure on rural women due to unemployment of men and its impacts, so the domestic violence against women and girls is increasing exponentially.

In light of the existing situation and study's findings, the following are the key recommendations to mitigate the impacts of the pandemic on rural women and girls:

- a) It is important to have more representation of women in the provincial and district level decision making forums for COVID-19, so they can raise gender-related concerns with relevant authorities. For this the

state, RSPs and community leaders need to ensure that an active and ample representation of women at the special committees formed at federal, provincial, district and local levels.

- b) RSPs need to pre-emptively start working on economic and social interventions to address the specific needs of women and young girls in a post COVID-19 world. To recover financially from the economic hardships poor households have faced due to the pandemic, it is expected that there will be an increase in the dropout rates of school-going girls, who might be redirected to domestic labour industry. For this and other predictable socio-economic trends, planning needs to be done to ensure that women, young girls and other vulnerable groups do not get disadvantaged in as others around them recover from the pandemic.
- c) There is a need to use this data and invest on a health care system compatible with the topography, population density and infrastructure available in each rural region, especially for areas where the population is scattered. The RSPs can look into mobile health care offered by organisations like Health Pass (<https://www.healthpass.pk/about-us/>) to counter the lack of human and physical resources faced by Pakistan's health care industry.
- d) All the main development entities including RSPs are closely working with provincial and district government authorities to fight against COVID-19. Every local emergency response work should address the challenges being faced by rural women, especially the increasing issue of family planning reproductive health. The government authorities, exclusively the population welfare department to work with RSP fostered community institutions in order to address the need for family planning and reproductive health to rural women during the COVID-19 emergency.
- e) RSPs should develop a gender sensitive guidelines for official work and attempt to approach donors to access resources for family-planning services, prevention of child abuses projects, eradicating domestic violence against women, awareness on preventions of COVID-19 and the treatment of corona patients, who are currently stigmatised. Moreover, women and men staff who are working at frontline with communities should be provided with PPEs for their safety and organisations should report on gender issues in all COVID- 19 or related projects and these need to be regularly shared with the RSP senior management.
- f) Moreover, to protect the women entrepreneurs, the development organisations working in rural set-ups should design and implement the economic recovery solutions to facilitate micro-businesses owned by women and link vulnerable and effected women with the programmes being implemented by the federal and provincial governments.

#### **5.4. Provision of Public Services to the Rural Population**

The survey participants recorded their needs based on their experience of accessing the public services during the pandemic. Special focus should be given to ensure the following:

- a) Functional and affordable public healthcare services at UC (BHUs/RHCs), Tehsil and District (T/DHQs) level including Outpatient Department (OPD) treatment, provision of reproductive health services to women, treatment of malnourished children, ensure the basic cleanliness of health centers and ensure that there are hand washing stations installed.
- b) COVID-19 testing services should be deployed in rural areas through mobile-units and/or sample collection to be done and sent to cities that have government and private laboratories. The entire process should be efficient and take no longer time, therefore necessary arrangements can be done to minimise the spread of virus in rural communities.

- c) The educational policy, exclusively for government primary and higher-grade schools in rural areas need to be reviewed and appropriate solutions be provided for school-age children, specially the girl child. It can be predicted that there will be an increase in the dropout rates of school-going children with existing educational policies and other arrangements, this situation may lead to increase in child labour.
- d) The study's respondents also demanded to set-up handwashing stations to practice the most important precautionary measures in public areas like central markets, UC secretary office, around the government and private facilities and offices, banks, post offices, educational and health facilities, etc. Moreover, as poor rural communities cannot afford to buy face masks, soaps and hand sanitizers, therefore government, private sector, RSPs, CIs and CSOs should arrange protective equipment to contain the spread of virus.
- e) To ensure the mobility in difficult times, the transportation facility specially for women should be ensured in rural areas with help of district administration, RSPs, CSOs and CIs.
- f) All the he public departments (health, education, agriculture, livestock, local government, etc) need to ensure that specialised local and community services are being provided to the most vulnerable and marginalised group ie women and women headed households, PWDs, children, transgender, ethnic minorities, religious minorities during this difficult times.

## 6. EXPERIENCE OF RURAL COMMUNITIES IN HUMANITARIAN RESPONSE

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RSPN and the RSPs have been significant actors during natural and man-made disasters along-with the existing global pandemic in Pakistan. This has been possible due to the presence of community institutions in affected areas, that were able to quickly mobilise for emergency, relief, early-recovery and rehabilitation programmes to reach the farthest and most remote parts of the country. Grassroots community organisations and a trained cadre of community activists and volunteers made this possible.

### 6.1. Humanitarian Response

RSPN and the RSPs have worked closely with communities following the 2005 earthquake, the IDP crisis of 2008 and 2014, droughts and floods in 2010, 2011, 2012 and 2014. RSPs have been supported by many donors and generously supported by Pakistani citizens who donated large amounts of funds and relief goods to rural communities. Donors during such operations have included USAID, AusAID, GTZ, UNDP, UNOCHA, PPAF, UNHCR, OSI, Government of Pakistan, WFP, DFID, Plan Pakistan, FAO, USAID/OFDA, UNICEF, DIAKONIE, Packard Foundation, Concern WorldWide, ILO, PIFERP, OXFAM, Save the Children, amongst others.

### 6.2. RSPN and RSPs Response to COVID-19 Emergency

The presence of RSPs in hundreds of villages and the existence of organised communities enabled both to come together to face the situation. RSPs are actively working with communities on awareness raising on preventive and precautionary measure against COVID-19 and economic relief to the needy, following the lockdown. This work is being done in 126 districts across Pakistan, in 3,048 union councils, involving 55,579 community institutions, with a membership of about one million. The anti-COVID-19 response is ongoing in all provinces, Gilgit-Baltistan and AJK, in coordination with government authorities benefitted more than 21 million people with COVID-19 community awareness interventions and social protection enhancement support.

Reacting quickly to the situation created by COVID-19 was supported by RSP donors. Some changes were made to existing, development projects, with the donors, with funds being used mainly for awareness about the disease and related preventive measures. The private sector, individual philanthropists and communities themselves contributed substantially to the poor. It has been heartening to see that poor communities came together to provide food for those who lost their daily incomes due to the lockdown and philanthropists also contributed food and cash to communities.

### 6.3. RSPN and RSPs Collaboration with National Command Operation Center (NCOC)

Acknowledging the huge, rural outreach of the RSPs, the NCOC requested the RSPN to partner with government, to work in villages on the social mobilisation strategy of the TTQ (Trace, Track and Quarantine) of the government. The initiative of 'Rural Communities in the Fight Against COVID-19' is Pakistan's first, organised community-led response to the COVID-19 emergency and a unique public-private partnership between the GoPak and Local Support Organisations (LSOs), facilitated by the RSPs. This action further strengthens the citizen-state link by effectively utilising the national outreach of the RSPs in rural areas. During the current phase of this work 1,500 LSOs in 66 districts of all provinces, AJK, GB will be involved in this work. Till date, ground work has been initiated nationwide where 1,009 LSOs have undertaken public awareness campaigns along-with creating productive linkages with government and development organisations in 3,966 villages with more than 2.15 million people benefitted (57% women), facilitated by 7,991 community leaders (60% women) trained by RSPs and relevant district authorities.

#### 6.4. RSP Strengths for Humanitarian Response to COVID-19 Emergency

The following are the key strengths of RSPs for a large-scale response to COVID-19 emergency in Pakistan in partnership with federal and provincial government authorities, national and international development and humanitarian organisations, etc:

- ♦ The largest 'organised' outreach to rural communities in districts, through village-based Community Organisations and their clusters;
- ♦ A large work-force of community volunteers who are members of these Community Organisations;
- ♦ The largest programme for rural women in Pakistan;
- ♦ An effective outreach to communities in the remotest parts of Pakistan;
- ♦ Assisting government in identifying the most-needy and facilitate access to these;
- ♦ Providing information to communities on key government relief programmes eg the current Ehsaas Emergency Cash and Ration Programmes, and the government's zakat programme;
- ♦ Providing relief goods and services through a large network of community activists, volunteers and resource persons;
- ♦ Facilitating multiple stakeholders in accessing communities that require relief, recovery and economic rehabilitation assistance ie the corporate sector, philanthropists, etc;
- ♦ Rural communities of 1500 UCs of 66 districts are assisting the NCOC in implementation of the GoPak's social mobilisation strategy of TTQ (Trace, Track and Quarantine) in all four provinces, AJK and GB. The overall work includes undertaking large-scale awareness campaigns along-with identification and referral of suspected cases, and their contacts tracing.
- ♦ Working with rural communities to raise awareness eg currently about COVID-19 and preventive measures;
- ♦ Staff, Community Volunteers (CRPs) and Community Institution leaders are on the provincial, district, tehsil and UC level COVID-19 response committees;

## 7. CONCLUSION AND WAY FORWARD

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RSPN will disseminate widely the key results from the rapid situational analysis of COVID-19 impact on rural communities in Pakistan, to targeted audience including federal and provincial governments and policy makers, research institutions, academia, donors, RSPs, INGOs, NGOs, and special arrangements to be done to share the key highlights from the report with community institutions.

Emphasis to be given to mainstreaming the key findings from the study in existing RSPN and RSPs COVID-19 response actions. The lessons learned from this rapid assessment will be used to bring improvements in implementation of existing RSPs response to COVID-19 emergency is being underway in 126 districts focusing all the socio-economic segments covered by this study, and the RSPN-NCOC collaboration concerning implementation of social mobilisation strategy of TTQ strategy is ongoing in 66 districts of the country. Moreover, the learning will also be mainstreamed in the RSPN-RSPs proposal for scaling up the existing NCOC collaboration in 50 current and 62 additional districts of the country. Through this strategic initiative, the government will be able to leverage on the RSP outreach of community organisations, reaching a total of 118 million rural people for a one-year period.

Explicitly, RSPN and RSPs shall use the study's results in designing of new initiatives on COVID-19 response. Moreover, RSPN will utilise the learning from the rapid situational analysis report in formulating and updating RSPN institutional, pragmatic and regional strategies.

## Annex-I: RSPN and Rural Support Programmes in Pakistan

**About the RSPs' Network:** RSPs are a national asset of Pakistan. The first RSP - the Aga Khan Rural Support Programme (AKRSP) - was established in 1982 by the Aga Khan Foundation (AKF). Its success and widespread recognition led to the establishment of several other RSPs across the country. Most RSPs have been generously supported by the government, with some having been set up through seed grants from government. RSPs receiving government support are NRSP, SRSP, SRSO, BRSP.

In July 2000, the Rural Support Programmes Network (RSPN) was set up by the RSPs, as a national coordinating network. RSPN provides strategic and technical support to the RSPs, all of which are represented on its Board. RSPN thus brings together over 35 years of experience in Community-Driven Development (CDD). RSPN is the largest, civil society development network of Pakistan. Current RSP outreach is to over 8 million rural households, representing a population of about 54 million in 149 out of 156 districts of Pakistan, covering the four provinces, Gilgit-Baltistan (GB) and Azad Jammu & Kashmir (AJK).

**The RSP Approach** to CDD is based on the conceptual framework developed by Dr Akhter Hameed Khan in the 1950s and 60s in the world famous Comilla (Bangladesh) Project. The approach was further developed and scaled up in rural Pakistan by AKRSP under the 12-year dynamic leadership of Mr Shoaib Sultan Khan, now the Chairman of RSPN. The centre-piece of the RSP approach is its strategy of 'social mobilisation.' This approach believes that people have an innate willingness and potential for development, provided they are organised and have the support of a structure like the RSP. This support includes social guidance, technical and financial support. Our experience has shown that poor communities, ie women, men and youth, have an innate potential to help themselves; they can manage their limited resources if they get organised and are provided technical and financial support. Organising people to create a Social Pillar (ie institution of the people) is critical, as the existing Administrative and Political Pillars of the state do not have the mandate to organise individual, poor households and communities, for them to actively participate in the development process. The core function of the RSPs is thus to foster this Social Pillar or a framework of grassroots institutions and capacitate these so that they can self-sustain certain activities and partner with the state to improve services and hold the latter accountable. Commonly, this process entails the formation of three-tiered institutions of the people ie:

- a) Fostering of Community Organisations (COs) at neighbourhood or muhalla level;
- b) Federating COs into Village Organisations (VOs) at village level;
- c) Federating VOs into Local Support Organisations (LSOs) at Union Council (UC) level;

Once people are organised into institutions of their own, they find the platform to harness their potentials, address their problems collectively and fulfil many of their social and economic needs. These community institutions gradually become a vehicle through which all kinds of community development initiatives can be effectively implemented. To date, the RSPs have mobilised 8.42 million households into 497,731 Community Organisations with a membership of 8.61 million, with 56% members being women. A total of 2,223 Local Support Organisations have formed at the union council level that have fostered links with government and other stakeholders. Over the years, the RSPs have witnessed and documented miracles happening through self-help initiatives taken by organised communities, and how people's institutions link into government services, to make these more efficient and accountable. A range of activities have been implemented by poor, rural communities. These include infrastructure schemes, Community Investment Fund (CIF) providing loans to the poorest, enterprise development programmes, large skills training initiatives, leadership training of community activists and programmes in nutrition, and the social sectors.



## Annex-II: Study's Questionnaire

Code	Question	Response Options
<b>1- Respondent information</b>		
101	Name of the respondent	
103	Gender	1=Female 2= Male
104	Age	(Number in years)
105	Education level	99= Not Literate, 1= Primary School (Class 1-5), 2= Middle School (Class 6-8), 3= High School (Class 9-10), 4= College (Class 11-14), 5= Masters (Class 15-16), 6= Higher (over 16)
106	Marital status	1= Married 2= Unmarried 3= Separated 4= Widowed 5= Divorced
107	Primary occupation	1= Own Farming 2. Tenant (Hari) farming full time 3. Farm labourer (Seasonal) 4= Daily-wage labour (skilled/unskilled) 5=Services, 6= Business, 7= Housework, 8=Not working, 9= Other (specify)
<b>2- COVID-19 Awareness</b>		
201	What are the symptoms of Coronavirus?	1= Dry cough, 2= Fever 3= Tiredness 4= Does not know about the symptoms
202	Do you think coronavirus pandemic is a serious issue?	1= It is very serious and dangerous 2= It is a serious issue but there are other more serious problems 3= It is not a serious issue
203	Are you taking any precautionary measures to avoid getting the virus?	1= Wash your hands regularly with soap and water, or clean them with alcohol-based hand rub. 2= Maintain at least 1 metre distance between you and people coughing or sneezing. 3= Avoid touching your face. 4= Cover your mouth and nose when coughing or sneezing. 5= Stay home if you feel unwell. 6= Refrain from smoking and other activities that

Code	Question	Response Options
		weaken the lungs. 7= Practice physical distancing by avoiding unnecessary travel and staying away from large groups of people. 8= All of the above 9= None of the above
204	What prevents you from taking precautions?	1= Lack of affordability for masks, soaps etc. 2= Lack of availability of masks, soaps etc. 3= High number of household members, cannot stay inside 4= Need to interact with people to earn 5= Need to care for relatives/neighbours 6= Don't know about precautionary measures 7= Don't believe in precautionary measures 8= Not applicable I follow the precautions 9= Other (please specify)
205	How did you find out about these precautionary measures?	1= Public announcements (mosques/loudspeakers), 2= Television, 3= Radio, 4= Mobile phone call/SMS, 5= Awareness sessions by RSPs/CRPs, 6= brochures/pamphlets, 7= Social media, 8= Family, friends, colleagues, 9=WHO website 10=Ministry of Health website 11= Other (specify)
206	Are other members of your household/community taking any precautionary measures to avoid getting the virus?	1= Yes, seriously taking precautionary measures 2= Yes, taking precautions to some extent 3= No, not taking precautionary measures
207	Is anybody known to you affected by COVID-19?	1= Yes 2= No
<b>3- Economic Impact</b>		
301	What is the weekly food consumption of the household? (Separate for mainly self-produced and bought from market)	Flour: Cost (Rs)___, Rice: Cost (Rs)___ Pulses: Cost (Rs)___,Vegetables: Cost (Rs)___ Meat: Cost (Rs)___, Eggs: Cost (Rs)___ Milk: Cost (Rs)___, Sugar: Cost (Rs)___ Oil: Cost (Rs)___, fruits: Cost (Rs)___ Tea: Cost (Rs)___ Other: Cost (Rs)___
302	What has been the effect of the COVID crises on food consumption and cost?	1= Increased 2= No change 3= Decreased
303	What coping strategies are being applied to offset the impact on consumptions and costs	1= Savings, 2= Loans, 3= Selling advance labor, 4= Selling advance crop

Code	Question	Response Options
		5= Selling productive assets 6= Community based help 7= Support from relatives 8= Found new temporary earning opportunity 9= Bartering food items for other needs like soap 10= Other (please specify) 11= No impact on my consumption and costs
304	How many people live in your family/household?	1.Total___ 2. Adult Male:___, 3. Adult Female___, 4: Children Male___, 5.Children Female___
305	Prior to the pandemic, how many of them were working (doing paid work against cash, kind or both)? And what is their primary occupation	1. Total working: Women ___ Men__ Total__ 2. Own farming: Women ___ Men__ Total__ 3. Farm labour (cultivation/harvesting on contract/wages, cultivation on partnership/share cropper on others farm): Women ___ Men__ Total__ 4. Livestock labourer (only): Women___ Men__ Total__ 5.Off-farm unskilled daily wage labour/mazdoor: Women __ Men__ Total_ 6. Off-farm skilled daily wage labour (driver, mason, carpenter, plumber etc): Women___ Men__ Total__ 7. Business/ trade: Women___ Men__ Total__ 8. Government Job: Women___ Men__ Total__ 9. Private Job: Women___ Men__ Total__ 10. Other (specify): Women___ Men__ Total__
306	How many members of your household have lost their job due to the pandemic?	
307	What is the effect on those members of the household (other community) working on own farm?	1= Difficulty to procure inputs (labour, fertilizer, seeds etc.) 2= Input prices 3= Difficulty in selling outputs 4= Output prices 5= Other (specify)
308	What is the effect on those members of the household (other community) working as farm labour and livestock labourer?	1= Difficulty to procure inputs 2= Input prices 3= Difficulty in selling outputs 4= Output prices 5= Other (specify)
309	What is the effect on those members of the household (other community) working as daily wage skilled and unskilled non-farm labourer?	1= Work opportunities 2= Wage 3= Access to markets 4= Other (specify)
310	What is the effect on those members of the household	1= Number of customers/clients 2= Supply chain for inputs

Code	Question	Response Options
	(other community) doing business or trading?	3= Supply chain for outputs 4= Profits 5= Number of workers 6= Loan repayments by customers 7= Borrowing by customers 8= Other (specify)
311	What is the effect on those members of the household (other community) doing government?	1= Have they lost their jobs because of the pandemic? 2= Are they receiving a salary timely? 3= Has their salary increased? 4= Has their salary decreased? 5= Other (specify)
312	What is the effect on those members of the household (other community) doing private jobs?	1= Have they lost their jobs because of the pandemic? 2= Are they receiving a salary timely? 3= Has their salary increased? 4= Has their salary decreased? 5= Other (specify)
313	What was your monthly household income before the coronavirus pandemic?	
314	What is your monthly household income after the coronavirus pandemic?	
315	What has been the overall economic impact on your community due to the coronavirus outbreak?	

#### 4- Everyday Life

401	After the closure of schools, what are the activities of children (boys and girls) in your household?	1= Stay indoors/within neighbourhood 2= Stay and help with household chores and income-generating activities 3= Go out and play 4= Go out and try to earn some money 5= Study 6= Other (Please specify)
402	Which shortages of everyday items/utilities are you facing since the coronavirus outbreak?	1= Food 2= Clothing 3= Home repairs/construction 4= Medical items 5= Water 6= Electricity 7= Gas 8= Other (Please specify)
403	How has the frequency of visiting neighbours and relatives changed due to the COVID crisis?	1= No change 2= Reduced to some extent 3= Reduced significantly 4= Increased

Code	Question	Response Options
404	How the crisis has impacted the mobility of men and women?	1= Women 2= Men
405	If you have a water shortage in your area for household use, how has the increased demand for water impacted your community?	1= More time spent in collecting water 2= More HH members involved in water collection 3= Need to travel long distances to retrieve water 4= Rely on community/neighbours to get water 5= Borrow water from others 6= Spending more on buying water 7= Not applicable 8= Other
<b>5- Gender</b>		
501	As compared to pre-lockdown period, what are the changes in time spent by you on the following activities after Lockdown?	1= Household Work (cooking, fetching water, washing cloths, cleaning of house etc) 2= Your primary occupation or work (farming, livestock, labour, job, business, studying etc) 3= Spending time with family and children 4= Spending time with friends/socialising 5. Child rearing 6. Spending time on mobile/ laptop/ net browsing / social media (facebook/ WhatsApp), etc 7= Watching Television, 8. Hobbies/sports, exercise 9. Eating out /Shopping 10. Sitting alone and brooding 11. Sleeping 12. Social Work 13= Other (Specify)
502	Have you received emotional support from anyone during this crisis?	1= Support from friends, relatives and neighbours 2= Female household members, 3= Male household members 4= Other people going through similar experiences 5= Social workers 6= Community Institutions/Women CRP 7= Other (Please specify)
503	During this crisis, who do you trust the most, as means of information and support?	1= My spouse, 2= My parents, 3= My children 4= My in-laws 5= Neighbours and friends 6= Other (specify)
504	As compared to the pre-COVID-19 crisis what changes do you see in your feelings?	1. Feeling of Fear, uncertainty 2. Anxiety, stress, tension, depression, Anger, Sleeplessness 3. Helplessness, loneliness 4. Contentment 5. Happiness 6. Family fights / domestic violence

Code	Question	Response Options
		7. Health Issues, BP Hypertension, headache 8. Overall change in your behaviour 9. Adaptation to emerging situations 10. Boredom
505	Do you think the following groups have been impacted differently by the lockdown and how?	1= Women 2= Men 3= Children 4= PWDs 5= Elderly
506	Which major issue (social, psychological, emotional) are you facing at household level since the pandemic?	
<b>6- Public Services</b>		
601	What support are people receiving from the government?	1= Cash 2= Ration 3= Loans at reduced interest rates 4= Affordable healthcare 5= Virus testing facilities 6= Handwashing stations 7= Quarantine facilities 8= Distribution of masks, soaps, hand wash, hand sanitisers etc. 9= Receiving information about virus spread and response 10= Remote educational support for school-age children 11= Others (specify)
602	Do you know of anyone within the following groups who has received help from the government during this crisis?	1= Women/women headed households 2= Transgender 3= Children 4= People with disabilities 5= Religious minorities 6= Ethnic minorities
603	During this situation, have rural people approached any government department for support?	1= yes, with encouraging response, 2= Yes, with no response, 3= No, rural people have not approached them
604	During this situation, have rural people approached any elected representatives of their respective UCs or Talukas for any support?	1= yes, with encouraging response, 2= Yes, with no response, 3= No, rural people have not approached them
<b>6- Support Systems</b>		
701	In what ways are the community institutions and communities responding to the	1= We have received help from local philanthropists 2= We have received help from NGOs 3= We have received help from the government,

Code	Question	Response Options
	situation on their own and through linkages with other organisations/individuals?	4= We have done relief work through self-help, by community institutions 5= We are on Govt Relief Committees 6= We are registering on poor households with Ehsaas Programme 7= We have used CO savings to help poor and needy households 8= We have mobilised local donation and supported the people in need 9= We have conducted awareness sessions on COVID - 19 10= No, we have not received provisions or help, 11= Other (Please specify)
702	In your opinion what are the current priority needs of communities (rank priority wise)	1= Awareness raising on COVID precautionary measures 2= Non-food essentials (soap, masks) 3=Ration/food items 4= Cash grants 5= other (specify)



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