

Undercurrents and Aftermath COVID-19 in Pakistan

A position Paper

by

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Acronyms:

| | |
|--------------|--|
| APSD | Asia CSOs Partnership for Sustainable Development |
| A4SD | Action for Sustainable Development |
| AGNA | Affinity Group of National Associations and Transparency Accountability & Partnerships |
| ADA | Asia Development Alliance |
| A J & K | Azad Jammu and Kashmir |
| CSOs | Civil society organizations |
| COVID-19 | coronavirus disease of 2019 |
| CNICs | Computerized National Identity Cards |
| EmONC | Emergency Obstetric and Neonatal Care |
| GCAP | Global Call to Action against Poverty |
| MoHR | Ministry of Human Right |
| <i>MSMEs</i> | Micro, Small & Medium Enterprises |
| NSC | National Security Committee |
| NGOs | Non-governmental organizations |
| NCOC | National Command & Operation Centre |
| UN ECOSOC | United Nation's Economic & Social Council |
| NMDs | Newly Merged Districts |
| NJPMC | National Judicial (Policy Making) Committee |
| NDMA/PDMAs | National & Provincial Disaster Management Authorities |
| PDA | Pakistan Development Alliance |
| PoR | Proof of Registration |
| PWDs | Persons with disabilities |
| RHCs | Rural Health Centers |
| SDGs | Sustainable Development Goals |
| TB | Tuberculosis |
| UN ECOSOC | United Nation's Economic & Social Council |
| WHO | World Health Organization |

Executive Summary:

COVID 19 was spread in Pakistan in late February 2020 due to mismanagement of overseas Pakistanis who were not ready to stay in quarantines closer to their airports and land borders. Therefore all airports and land borders were closed on February 23, 2020 until April 30th 2020. Pakistan's capacity of public healthcare system to contain or manage this crisis was extremely limited and was getting increasingly overwhelmed. Public diagnostics facilities had limited facilities to undertake tests of suspected cases which were significantly rising. Pakistan's National Security Committee (NSC) meeting was held in last week of February 2020 to discuss the looming healthcare crisis and have taken key decision about the formation of National Command & Operation Centre (NCOC)¹ to manage the COVID-19 crisis. First national level lockdown was announced on 23rd of March 2020 whereas the Prime Minister of Pakistan announced USD 8 billion's Corona Response Package to support people living below poverty as well as to keep various industries running in the country. Until October 25th 2022 30,619 people were died of COVID-19 out of around 1.6 million who were suffered during the pandemic time whereas 533 were in critical conditions.

It has been reported that Pakistan has lost one-third of its revenue and exports dropped by 50% due to COVID-19 outbreak and lockdown. Economists warn of recession amid virus lockdowns in Pakistan. Similarly, the World Bank also warned that Pakistan might fall into a recession. Due to the ongoing crisis caused by the COVID-19 pandemic, Pakistan's real GDP growth in FY20 was expected to contract by 1.3% as national and global economic activity slowdowns abruptly during the last few months of the fiscal year. Further, in case the outbreak of COVID-19 deteriorates and continues longer than expected, Pakistan's real GDP growth for FY20 contracted by 2.2% before just recovering to 0.3% growth in FY21.

Apart from human health and life, the measures taken by people and governments to avoid COVID-19 like lockdowns and smart lockdowns, were having repercussions on the employment and, consequently, people's livelihoods. The lockdown and global economic shock had the potential to throw up to 125 million people in Pakistan below the poverty line. It had disproportionate impact on vulnerable and marginalized groups, such as women and children, daily-wage workers, small and medium enterprises, agriculture, and other the informal sectors. The immediate economic shock was further exacerbated by the human cost in terms of mental trauma of death of a relative and fear of encountering the virus, and isolation or loss of academic progress for students, etc. It has been reported that Pakistan had lost one-third of its revenue and its exports dropped by 50% due to COVID-19 outbreak and lockdowns.

22.84 million school going age children, majority of them are girls were already out of school however COVID-19 added another 1.2 million children in this backlog who were part of schools before this pandemic. It was only on April 14 2021, when the Federal Education Ministry, in tandem with PTV, started the first ever **tele school** in Pakistan to help public school students and minimize their learning loss. It was an appreciable initiative. Furthermore, according to the survey conducted by AwazCDS-Pakistan in 44 districts across Pakistan on situation of gender based violence during COVID 19 around 56.67% respondents observed that violence against women including physical, verbal, psychological and behavioral have been increased during COVID19². According to a recent report released by Ministry of Human Right (MoHR), 73471 calls of human rights violations were received at MoHR's Helpline 1099 during January -June 2020³ and most of them related violence against women and children. Transgender community was gravely, disproportionately affected, stigmatized and discriminated during the COVID19 regime in Pakistan.

CSOs in Pakistan had expressed their concerns and expectations from Government in the form of Communique on behalf of Pakistan Development Alliance (GCAP-Pakistan) endorsed by 100+ Civil Society Organizations⁴. The CSOs highlighted lack of coordination among federal and provincial governments on the lock down policy and

¹ <https://ncoc.gov.pk/>

² <http://awazcds.org.pk/wp-content/uploads/2020/09/Survey-findings-Leaving-no-one-behind-during-COVID-19.pdf>

³ http://www.mohr.gov.pk/SiteImage/Misc/files/Progress%20Report_email%20ready.pdf

⁴ <https://gcap.global/news/pakistan-csos-statement-on-covid-19-response-by-government/>

other emergency measures taken by them unilaterally that caused further mistrust and reflected political immaturity of our political fraternity. CSOs also showed their disappointment on nonfunctional local governments and underutilization of the potential of elected representatives at district level causing serious challenges in delivery of emergency relief and mass sensitization on this critical situation under COVID19 regime.

In response federal and provincial governments took many short-term measures, to minimize, manage and mitigate the adverse, most pressing, and urgent impacts of COVID-19 on the lives and livelihoods of the people including their access to essential services and fundamental rights. Furthermore, some medium to long-term measures were also taken, to ensure a structural response - offering sustainable development and 'building back better' than before – to address the negative impacts of COVID-19. These include policy, regulatory and institutional measures as well as social and economic transformation⁵.

Many NGOs and CSOs, charities remained engaged in relief and public support interventions across Pakistan during pandemic. Government had also eased the working environment and regulatory requirements for the smooth sailing and financial transactions of NGOs during the COVID 19 pandemic. Upon the demand of CSOs/NGOs exemption letter for signing of MOUs with Economic Affairs Division was withdrawn for six months⁶. This facility gave sigh of relief to many organizations receiving foreign funding. Very few CSOs and their platforms were highlighting challenges related to human rights, women rights and other socially excluded groups including minorities, Dalits, transgender community, women headed families, orphans and elderly people. Some organizations like HRCP, Pakistan Development Alliance and AwazCDS-Pakistan have recorded responses of citizens on initiatives taken by Government.

Pakistan claims a success against COVID19 on the basis of strategic effort and multipronged strategy devised and implemented by the government and followed by the public at large. However this is being said that the number of COVID cases in Pakistan are lower than others in the region because the government has not carried out desired number of tests. Pakistan's positive testing rate is less than 2% and when we compare it with number of deaths the situation in Pakistan looks better than neighboring India in the region as well as Brazil & USA at global level.

In Pakistan both government and public did not respond COVID-19 seriously during early couple of weeks rather we heard funny jokes related to COVID-19. Had we been able to respond it seriously in the beginning, the number of total deaths today might have much lower than this number. However, both government and society at large did not panic and responded steadily by learning from other's experiences. Countrywide lock down was avoided at the first place despite criticism from some people at home and abroad. Provincial and city level partial lockdown strategy was adopted in the beginning and then it was transformed into countrywide lockdown for one and half months.

According to the working paper on COVID 19 by Centre for Aerospace and Strategic Studies, there are policy and structural level contributors in the so called so far success of Pakistan. At policy level Pakistan it was decided to keep its economy open, stimulus package was announced and delivered timely, civil society was given more space than usual and protected its rural areas while adopted the partial and smart lock down strategies. Above than all tireless efforts of healthcare providers as frontline soldiers against COVID-19, sanitary workers for keeping our cities clean, postal and bank employees for delivering pensions and *Ehsaas*⁷ emergency cash grants to more than 15 million beneficiaries in due time.

⁵ [file:///C:/Users/Acer/Downloads/Pakistan%20-%20COVID-19%20Socio-economic%20Impact%20Assessment%20and%20Response%20Plan%201%20May%202020%20\(2\).pdf](file:///C:/Users/Acer/Downloads/Pakistan%20-%20COVID-19%20Socio-economic%20Impact%20Assessment%20and%20Response%20Plan%201%20May%202020%20(2).pdf) (pg 18-19)

⁶ <http://www.ead.gov.pk/SiteImage/Misc/files/COVID-19.jpg>

⁷ <https://www.pass.gov.pk/>

Furthermore certain structural strengths & weaknesses of Pakistan have also contributed in this success. Today Pakistan is a country of young people as 70% of its population is less 30 years therefore this demographic strength might have worked to defeat COVID-19 as young people believe to have better immunity than older people. Obesity was also considered a major reason for COVID-19 related death and cases whereas only 8% Pakistanis are facing obesity. Pakistan is a highly conservative culture and most of the people follow religious teachings very strictly regarding use of liquor and other such products which may be considered injurious to health. Central air conditioning in the high rise buildings was also believed to be great source of spread of COVID-19 in many parts of the world but Pakistan's urban design is comprised of low rise housing and corporate buildings, therefore very few sites of central air-conditioning effects. BCG vaccine which was believed to be helpful in building immunity against COVID-19 has benefited Pakistan as almost every child/ young person in Pakistan has got BCG injection at least once in life to protect themselves against tuberculosis (TB). Although WHO denies this that BCG has any positive effect on COVID-19⁸.

⁸ [https://www.who.int/news-room/commentaries/detail/bacille-calmette-guérin-\(bcg\)-vaccination-and-covid-19](https://www.who.int/news-room/commentaries/detail/bacille-calmette-guérin-(bcg)-vaccination-and-covid-19)

Global Context:

On 31 December 2019, the World Health Organization (WHO) office in China received a report of 29 pneumonia cases of unknown etiology in Wuhan city in Hubei province, central China. The virus was quickly identified as a novel beta-coronavirus and the genetic sequence was shared on 12 January 2020. The infection is now officially termed COVID-19 and the virus SARS-CoV-2.⁹ Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, pregnant women, people living with disabilities and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.¹⁰ According to Centre for Disease control and prevention “Symptoms such as Fever, Cough, and Shortness of breath may appear 2-14 days after exposure (based on the incubation period of MERS-CoV viruses).¹¹

In the meanwhile, World Health Organization (WHO) urged all countries to prepare for the potential arrival of COVID-19 by readying emergency response systems; increasing capacity to detect and care for patients; ensuring hospitals have the space, supplies and necessary personnel; and developing life-saving medical interventions. WHO had declared Coronavirus Disease 2019 (COVID-19) a Pandemic on March 11, 2020. Furthermore, the Government of Pakistan had declared a National Health Emergency of Public Concern in regard to the same on 13th of March 2020.¹²

Regional Context:

Pakistan shares borders with Afghanistan, India, China and Iran, one being the epicenter and other has seen exponential increase in number of cases during early 30 days, respectively. Pressure mounted in Pakistan when four Pakistani students in Wuhan, China were tested positive on January 29, 2020 and hundreds of students and their families in Pakistan wanted government to bring them back home. Hundreds of *Shia*¹³ pilgrims from Pakistan who were ready to come back home from Iran were also quarantined at Iran Pakistan border. However, this is said that COVID 19 was spread in Pakistan due to mismanagement of overseas Pakistanis who were not ready to stay in quarantines closer to their airports and land borders. Therefore, on February 23rd 2020 Pakistan had banned travel and trade with the world and closed all its borders until April 30th 2020.

National Context & Response:

In Pakistan capacity of public healthcare system to contain or manage this crisis was extremely limited and was getting increasingly overwhelmed. Public diagnostics facilities had limited facilities to undertake tests of suspected cases which were significantly rising.

Pakistan’s National Security Committee (NSC) meeting was held to discuss the looming healthcare crisis and have taken key decision about the formation of National Command & Operation Centre (NCOC)¹⁴ for COVID-19, giving leading role to NDMA, closing education institutes, borders sealing, restrictions on international traveling, banning all types of gatherings, reaching out Islamic scholars, suspension of courts proceedings, and comprehensive food security planning.¹⁵

On 23rd March, Pakistan Government had announced complete lockdown and decided to deploy army troops nationwide to reinforce measures against coronavirus. According to a notification by the Interior Ministry, the

⁹ <https://academic.oup.com/trstmh/advance-article/doi/10.1093/trstmh/traa025/5810733>

¹⁰ https://www.who.int/health-topics/coronavirus#tab=tab_1

¹¹ <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

¹² <http://www.ndma.gov.pk/>

¹³ <https://www.pbs.org/wnet/wideangle/uncategorized/who-are-the-shia-shia-holy-cities/1735/>

¹⁴ <https://ncoc.gov.pk/>

¹⁵ <https://gulffnews.com/world/asia/pakistan/10-steps-pakistan-is-taking-to-contain-coronavirus-1.70403640>

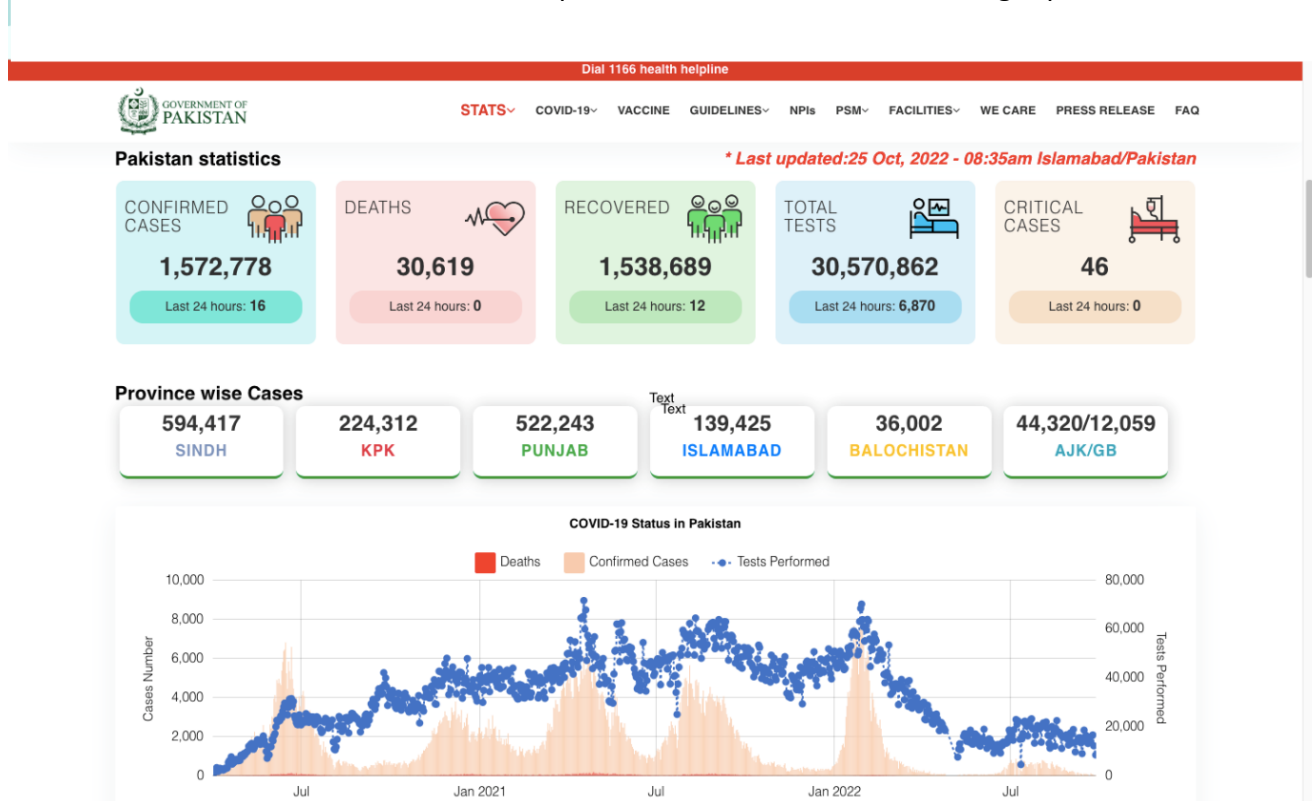
troops will work with provincial governments to ensure a lockdown in the country. During the lockdown, citizens were allowed to step out of their homes for buying grocery and hospital visits.¹⁶

On 27th of March 2020 Prime Minister of Pakistan launched [Ehsaas Program](#) to provide emergency cash grants of PKRs 12000 (USD 75) for 12 million households across the country. The cash grants distributions was completed through banks by August 2020. Further to this on March 31st 2020 PM also announced PKRs 1.2 trillion (USD 8 billion) [Prime Minister Corona Response Package](#) to support affected people and industry. Moreover, a special fund was also created to encourage philanthropist especially Pakistani diaspora to contribute in [Prime Minister's Relief Fund for COVID-19](#). Other than this the Prime Minister had also created the [Corona Relief Tiger Force](#) on April 7th 2020 and more than [one million youth](#) have been registered online to support government in this corona emergency situation. One of the major purpose of the Corona Relief Tiger Force was to make sure the food supply at the doorsteps amid lockdown period.

A detailed **Chronology of Events in Pakistan** since the COVID19 regime is seen as **Annexure (a)**

National Data & Trends about COVID19:

According to [Pakistan COVID-19 Dashboard](#) updated by Ministry of National Health Services Regulations & Coordination - Government of Pakistan by October 25, 2022 cases of COVID-19 have reached up to 1,572,738. So far, there are 30,619 deaths 1,538,689 recovered person, 533 critical cases are being reported across Pakistan.¹⁷



COVID-19 & Pakistan's Healthcare System

In Pakistan, dealing with the localized epidemics such as Hepatitis C & Dengue Fever have always remained a hectic job for our healthcare sector. With ongoing crisis in full swing, it is obviously difficult to calculate the actual impact of Coronavirus that how long it drags us down¹⁸.

¹⁶ <https://www.aa.com.tr/en/asia-pacific/pakistan-deploys-army-to-assist-in-covid-19-measures/1776226>

¹⁷ <http://covid.gov.pk/>

¹⁸ <https://www.anth.pk/covid-19-pakistans-healthcare-system/>

Pakistan has one of the lowest Public Health Expenditures as a percentage of GDP in the world, with less than 1% of the GDP for decades and only 0.6 beds per 1000 people. In 2019, 12,671 million rupees were allocated for development in the health sector. The health sector is facing tough challenges and is in dire need of enhancement of budget allocation. This is needed especially for development expenditure by federal and provincial governments for enhanced and better-quality health service availability across the country, with increased health coverage for the growing demands of the increasing population of Pakistan.

Summary statistics of Health care facilities and trained human resource in Pakistan:

| Health facility and human resource for health | Figures/Indices |
|---|-----------------|
| Public Sector Hospitals | 1279 |
| Basic Health Units | 5527 |
| Rural Health Centers | 686 |
| Dispensaries | 5671 |
| Registered Doctors | 220,829 |
| Registered Dentists | 22,595 |
| Registered Nurses | 108,474 |
| Population per doctor | 963 |
| Population per dentist | 9,413 |
| Population per nurse | 1962 |
| Population per bed | 1,608 |

Pakistan, being signatory to the International Health Regulations(IHR) convention 2007, has not paid the due share of attention to point of entries in comparison to the pivotal role to prevent international spread of diseases. The lack of an effective quarantine facility at Taftan land crossing resulted in the importation of the virus in the country¹⁹.

While the Government had imposed a lock down across the country whereby all the hospitals and health facilities were closed except for emergency services. This measure was taken to reduce the spread of virus. However, its implication was lack of access to OPD, immunization, preventive health care, lifesaving EmONC Services, pre- and post-natal care etc. This will potentially result in increases in mortality, particularly maternal and child mortality. The impact of the COVID 19 outbreak on acute care services in Pakistan with under-resourced health system was substantial. SRH service delivery had been severely impacted, contributing to a rise in maternal and newborn mortality, increased unmet need for contraception, and increased number of unsafe abortions and sexually transmitted infections. It is critical to ensure that all women have access to safe birth, antenatal care and post-natal care services²⁰.

Macro-economic effects

It has been reported that Pakistan has lost one-third of its revenue and exports dropped by 50% due to COVID-19 outbreak and lockdown. Economists warn of recession amid virus lockdowns in Pakistan. Similarly, the World Bank also warned that Pakistan might fall into a recession. Due to the ongoing crisis caused by the COVID-19 pandemic, Pakistan's real GDP growth in FY20 was expected to contract by 1.3% as national and global economic activity slowdowns abruptly during the last few months of the fiscal year. Further, in case the outbreak of COVID-19 deteriorates and continues longer than expected, Pakistan's real GDP growth for FY20 contracted by 2.2% before just recovering to 0.3% growth in FY21.

¹⁹ <https://jglobalbiosecurity.com/articles/10.31646/gbio.63/>

²⁰ <https://reliefweb.int/sites/reliefweb.int/files/resources/globalhumanitresponseplancovid19-200510.v1.pdf>

The lockdowns were having repercussions on the employment and, consequently, people's livelihoods. As such, it has implications on food production, the entire value chain including marketing, distribution and even the consumption due to lack of livelihoods opportunities and majority of the population having subsistence earnings. The lockdown and global economic shock has the potential to throw up to 125 million people in Pakistan below the poverty line. It had disproportionate impact on vulnerable and marginalized groups, such as women and children, daily-wage workers, small and medium enterprises, agriculture, and other the informal sectors. The immediate economic shock was further exacerbated by the human cost in terms of mental trauma of death of a relative and fear of encountering the virus, and isolation or loss of academic progress for students, etc.

Effects on livelihoods:

The lockdown and uncertainty during the corona regime was having the following implications on the livelihoods:

1. All the markets except the outlets from groceries/edible items were closed. The inter – city/district/province public transport had been banned thus affecting the ability of many people to access affordable markets. Only the goods transportation carrying food or medical emergency items are allowed with the condition of adopting protective/preventive measures.
2. Prospects for the economy and the quantity and quality of employment have also deteriorated rapidly. Initial ILO estimates point to a significant rise in unemployment and underemployment in the wake of the virus.
3. The decline in economic activity and constraints on people's movements has impacted both manufacturing and services coupled with declining labour supply because of quarantine measures and a fall in economic activity which resulted into significant increase in poverty.
4. Informal sector workers are most vulnerable and many of them lost their jobs due to the prevailing lockdown situation across the country.
5. In the case of the agriculture sector, farming activities are primarily carried out by the self-employed either on their own land or as sharecropper/ a contract cultivator or on someone else's land. Although, the Government has announced that the lockdown is not applicable on transportation or sale of agricultural inputs, yet, these farming households are facing disruption in the supply chain of vital agricultural inputs like seeds, fertilizers and pesticides, etc.
6. Small entrepreneurs, shopkeepers and small factories owners and laborers who are directly dependent on income sources from daily trade and economic activities in rural and urban areas are also experiencing a sharp decrease in their earning.

Most Affected Population Groups:

Women and children from the disadvantaged households, homebased workers, domestic workers, daily wage earners (small shops, self-employed persons and families) and especially pregnant women, were among the most impacted during this pandemic.

Nearly half of households in the country rely on agriculture and livestock as their primary and/or secondary source of livelihood. Some 22% are dependent on daily wage labour (skilled/unskilled non-agricultural labor, forestry workers). Around 62% of households in the poorest wealth quintile rely on farm labor and daily wage as livelihood strategies (33% on farming - small/medium/large farming, livestock, fishing and agricultural labor) and 29% on wage labor (skilled and unskilled non-agricultural work).

People Living in NMDs:

The Newly Merged Districts (NMDs) are particularly vulnerable - according to the Comprehensive Food Security and Livelihood Assessment (CFSLA) Report 2019, a majority (65%) of the households are dependent on unsustainable livelihood strategies (daily wagers), while the remaining (35%) depend on somewhat sustainable sources.

Afghan Refugees in Pakistan:

Pakistan hosts approximately 1.4 million Afghan refugees who are registered in the Afghan National Registration (ANR) database managed by the National Database and Registration Authority (NADRA) and issued with Proof of Registration (PoR) cards. Since the majority of refugees reside in Khyber Pakhtunkhwa (58%) and Baluchistan (23%), where the lowest living standards and the highest multidimensional poverty index are recorded, it is evident that most of the Afghan refugees are severely affected by the unprecedented events surrounding the COVID-19 pandemic. UNHCR estimate that more than 70,000 Afghan refugees are Persons with Specific Needs (PWSN) and face additional challenges (children at risk, women at risk, single parents, older persons at risk, persons with serious medical conditions). Additionally, there are growing numbers of extremely vulnerable refugee families whose livelihoods have been severely affected by the COVID-19 pandemic, particularly daily-wage earners that require urgent support.

Impact on at-risk Workers:

This analysis is based on data from the latest available round of the Labour Force Survey (LFS) for 2017-18, as data from the more recent 2018-19 round of the LFS has not been released yet. According to Labour Force Survey 2017-18, there are 61.7 million employed workers in Pakistan, of whom 23.8 million are agricultural workers and 37.9 million are non-agricultural workers. Of the country's 37.9 million non-agricultural workers, 27.3 million (72 per cent) work in the informal sector, while only 10.6 million (28 per cent) are employed in the formal sector. Out of the total of 61.71 million employed, 48.17 million are males while 13.54 million are females, 40.75 million are residing in rural areas while 20.96 million are residing in urban areas. The provincial disaggregation shows that 37.60 million are in Punjab, 14.44 million in Sind, 7.17 million in KP and 2.51 million are in Balochistan. Youth aged 15-29 years makes up 23 million of the employed.

Impact of COVID-19 on Micro, Small & Medium Enterprises (MSMEs):

The biggest and most immediate impact of the lockdown was the halt in all type of business operations. Lockdown was first announced in Sindh province from March 23, 2020. Karachi—the capital city of Sindh province—is considered as the country's largest industrial zone accounted for 30% of total exports. Due to lockdown, out of 2700 factories in Karachi less than 50 were operating on the first working day.

After them, there is a class of micro-enterprises (also known as self-employed persons) such as small shop owners, household businesses, and street vendors, among others, who heavily rely on their micro business. These businesses are usually operated by family members in different industries ranging from agriculture to education. Further, these micro-enterprises are considered a part of the informal economy, and most of their activity is undocumented. Hence, the accurate number of these businesses is not known. According to the recently available statistics, the micro-enterprises or self-employed persons are accounted for 35.7% (2017–18) of the total national employment. Furthermore, 55.6% (2017–18) of these businesses are vulnerable, out of which, more than 87% of employment in *agriculture*, three-fourths of jobs in *wholesale and retail trade*, 50% of

employment in *restaurants*, three-fifths of the job in *real estate and business*, and more than two-fifths of employment in *transport and communication* is vulnerable²¹.

Marginalized communities in times of COVID19

Women:

Past outbreaks and humanitarian crises in Pakistan, have demonstrated that men and women are impacted differently. Women – especially women with disabilities and young women – and transgender persons suffer disproportionately due to the unequal gender and power relations that determine access to and control over resources.

In Pakistan, weak governance systems and a lack of enforcement of legal instruments undermine access to democratic rights. Though the extent and scope of the gender-differential impact of COVID-19 in Pakistan is not yet known, however it may be said that women and most marginalized communities have experienced disproportionate hardship. This reality means all preparedness and response measures should incorporate a gender analysis²². According to the survey conducted by AwazCDS-Pakistan in 44 districts across Pakistan on situation of gender based violence during COVID 19 around 56.67% respondents observed that violence against women including physical, verbal, psychological and behavioral have been increased during COVID19²³. According to a recent report released by Ministry of Human Right (MoHR), 73471 calls of human rights violations were received at MoHR's Helpline 1099 during January -June 2020²⁴ and most of them related violence against women and children.

Transgender Community:

Most of the transgender community people have been socio-economic and cultural discriminations in Pakistan. They are left further behind in case of natural and manmade calamities. During the COVID19 regime their usual business remained halted as most of them were working as dancers in the private marriage and birthday parties. Some of them also work as sex workers. They had to face many challenges including difficulties in paying their house rents and utilities. Transgender community was gravely, disproportionately affected, stigmatized and discriminated during the COVID19 regime in Pakistan. 59.25% respondents of survey on trends of violence and discrimination during COVID19 revealed that transgender community faced more verbal, psychological and physical violence during COVID19²⁵.

Most trans-community members are semi or poorly educated, therefore there are obvious and serious gaps in understanding written information and precautionary guidelines with regards to COVID-19. A community-based awareness mechanism should have been introduced to educate them on COVID-19 prevention and response. This should have been clubbed with the basic training on preparing cost-effective masks, disposing of masks and gloves, maintaining physical distance and keeping themselves safe in their personal spaces²⁶. Only 18.60% Transgenders observed in a national survey that their community people were given priority during governmental and non-governmental relief distributions²⁷.

Persons living With Disabilities(PWDs):

PWDs in Pakistan face various challenges and the most important one is that they are not counted appropriately. PWDs are only 0.48% of the total population as the most recent population census of Pakistan, whereas it was 2.49% in the previous population census held in 1998. If we consider the percentage of old census total population of PWDs in may be 5.223 million today but World Health Organization (WHO) declares that Pakistan

²¹ <https://www.sciencedirect.com/science/article/pii/S2590051X20300071>

²² <https://www.ifes.org/publications/covid-19s-impact-pakistani-women>

²³ <http://awazcds.org.pk/wp-content/uploads/2020/09/Survey-findings-Leaving-no-one-behind-during-COVID-19.pdf>

²⁴ http://www.mohr.gov.pk/SiteImage/Misc/files/Progress%20Report_email%20ready.pdf

²⁵ <http://awazcds.org.pk/wp-content/uploads/2020/09/Survey-findings-Leaving-no-one-behind-during-COVID-19.pdf>

²⁶ <https://www.pk.undp.org/content/pakistan/en/home/stories/social-inclusion-of-vulnerable-transgenders-in-times-of-covid-19.html>

²⁷ <http://awazcds.org.pk/wp-content/uploads/2020/07/Observational-survey-findings-on-Ehsas-Cash-Grant-Distribution.pdf>

has 31 million people living disabilities out of 220 million today. They faced great challenges during the COVID 19 regime. PWDs headed families were even more deprived than the families having one or more PWDs. There was no special planning and opportunity available for PWDs community during COVID19 however they were being treated casually. 45.74% PWDs who were selected for government relief fund during COVID 19 complained that they were neither given any priority nor the distribution points were accessible²⁸. 41.78% respondents of a survey on trends of violence during COVID19 observe that PWDs faced more violence and intolerance²⁹. However this pertinent to mention here that in order to provide timely and appropriate information and sensitization on COVID19, AwazCDS-Pakistan and its partner organization Social & Economic Development Association (SEDA) published WHO guidelines for the prevention from COVID19 in braille language and also produced documentary of the guidelines in sign language for the sensitization of hearing and visually impaired people.

Persons with disabilities also did not have access to social protection and relief programs as their needs were not prioritized. Moreover, persons with disabilities with limited resources often require access to food, cash, hygiene kits and assistance provided by the government. However, they are unable to register themselves in online portals because they are not accessible and user friendly, especially for screen reader users. Also, many do not have internet connection. “How can they register? Portals are also not in easy to read formats either”. NGOs working for PWDs offer their assistance in this matter and sometimes they are successful. “When a person with disability obtains cash or income support, they are unable to receive it because many do not have a bank accounts”³⁰.

Education in times of COVID19:

Pakistan is an unfortunate country where 22.84 million children are already out of schools.³¹ The COVID19 have further aggravated this learning crisis and pushed millions more not to return to schools/ education due to permanent closure of low income private schools, higher drop outs of existing boys and girls³².

Like other countries Pakistan also temporarily closed educational institutions (schools, colleges and universities) to contain the spread of the coronavirus. The covid-19 pandemic has negatively impacted the education of millions of students in Pakistan. Parents and teachers have growing concerns about the likely impact on students’ short-term learning and long-term success? The impact, no doubt, is negative and disproportionate. The closures are having more negative impact on students from low-income families or students of rural areas.

On March 13, when the Government of Pakistan decided to close educational institutions, elite private educational institutions (both schools and universities), in urban centres, started online classes to minimize the disruption to their students’ learning. For many of them, that was a small leap. Their students have educated parents, and laptops and desktops with Internet connections at home. This was not a substitute for the rich and meaningful learning experiences of classroom interaction. They communicate with teachers and do lessons/assignments using email, websites, and engaged in videoconferencing. Students have formed study groups using the same technologies and educational software and apps. But they’re also losing social interaction, like sports and extracurricular activities which are as important as curriculum contents.

Keeping aside the loss in social interaction, poor internet connection, noise, lack of independent learning skills among kids and young children or emotional maturity to maintain attention, arguably these students of elite urban institutions have a learning advantage over those from disadvantaged ones who attend public educational institutions in general and those in the rural areas in particular. From March 13 to April 14, unlike elite institutions’ students, public schools’ students (74 percent in the rural areas and 41 percent in the urban)

²⁸ <http://awazcds.org.pk/wp-content/uploads/2020/07/Observational-survey-findings-on-Ehsas-Cash-Grant-Distribution.pdf>

²⁹ <http://awazcds.org.pk/wp-content/uploads/2020/09/Survey-findings-Leaving-no-one-behind-during-COVID-19.pdf>

³⁰ <https://www.internationaldisabilityalliance.org/covid19-pakistan>

³¹ <https://www.unicef.org/pakistan/education>

³² <https://epod.cid.harvard.edu/article/analytical-angle-covid-19-and-looming-education-crisis>

remained unattended. Their school closures were notified as 'summer vacation'. It was only on April 14, when the Federal Education Ministry, in tandem with PTV, started the first ever **tele school** in Pakistan to help public school students and minimize their learning loss. It is an appreciable initiative.

School closures, for low income families means children are expected to help their families. Children get engaged with their families doing agriculture, fetching wood and tending cattle. Some are even pushed into child labour. Similarly, the absence of an educational environment at home; children's and parents' lack of interest in schooling; household poverty; pressures of domestic responsibilities; and the absence of fathers due to outstation work are factors that will lead irreparable learning loss for these children³³.

After six months of educational lockdown schools were reopened in three phases starting from September 15, 2020. All the schools will have to strictly follow the SOPs [standard operating procedures]. It was announced by the federal and provincial governments that strict disciplinary action will be taken against violators,"³⁴

Expectations of CSOs from Government on COVID:

CSOs in Pakistan have expressed their concerns and expectations from Government in the form of Communique on behalf of Pakistan Development Alliance endorsed by 100+ Civil Society Organizations³⁵:

1. Parliament of Pakistan and other elected assemblies and forums across the country including A J & K and Gilgit Baltistan are not providing expected guidance and leadership during this time of need whereas none of the government response initiatives including Ehsaas Cash Grant Program as well as other packages on construction industry and small traders being implemented by government were passed through the inclusive process of collective and participatory decision making.
2. Lack of coordination among federal and provincial governments on the lock down policy and other emergency measures taken by them unilaterally that caused further mistrust and reflected political immaturity of our political fraternity
3. Nonfunctional local governments and underutilization of the potential of elected representatives at district level causing serious challenges in delivery of emergency relief and mass sensitization on this critical situation under COVID19 regime.
4. Lack of Personal Protection Equipment (PPEs) for the front line service providers including Doctors, Paramedics, police, military and officials of other government and non-government organizations
5. Most vulnerable communities like transgender, people living with disabilities, older people and religious minorities and women headed families are suffering much more than others. Most of them are deprived of Ehsaas Cash Grants because most of them do not have Computerized National Identity Cards (CNICs) so do not fulfill the eligibility criteria. Some of them do have CNICs but unable to have mobile numbers in their name and those who have mobile numbers are illiterate therefore unable to send and read responses of the messages by the registration authorities.
6. Religious minorities are severely deprived of food and other relief items as charity organizations are instructed by the donors to give Zakat (religious giving) only to Muslims.
7. Corona testing and quarantine facilities across the country are far less than needed and lack of coordination among federal and provincial governments are further aggravating the concerns of concerned citizens and civil society.
8. Besides the secondary and tertiary hospitals at district headquarters level there is a dire need to focus on the primary health care centers known as Rural Health Centers (RHCs) and Basic Health Units (BHUs) as well which are providing most basic services to the patients at grassroots level. However, their medical staff are also vulnerable to Coronavirus due to the non-availability of PPEs. Many participants informed

³³ <https://www.pakistantoday.com.pk/2020/05/07/covid-19-education-unequal-learning-loss/>

³⁴ <https://www.aa.com.tr/en/asia-pacific/pakistan-announces-reopening-schools-in-phases/1965561>

³⁵ <https://gcap.global/news/pakistan-csos-statement-on-covid-19-response-by-government/>

- that BHU/RHC and OPDs in most of the district hospitals are closed therefore many needy patients are facing challenges to get access to appropriate healthcare services.
9. Media messages and public sector sensitization campaigns on COVID 19 lack inclusiveness as people living with disabilities particularly hearing impaired / blind people.
 10. Severe violations of safety protocols are observed during Ehsaas Cash Grants distributions across the country whereas reports of corruption are also shared by the participants
 11. People at worship places particularly in mosques are also violating the safety protocols therefore creating vulnerabilities for the spread of COVID19.
 12. Sexual and gender based violence is reported to be increased in many communities
 13. People are severely suffering from mental health issues particularly anxiety, depression and intolerances. Instances of community violence and unrest are also shared by some participants
 14. Tele taleem / Taleem Ghar TV is very effective source of education during the closures of schools however many poor households do not have televisions in their homes. People living in the border areas do not have access to TV channels thus deprived of educational opportunities.
 15. Data available to the government under the Ehsaas Programme lacks information on various groups of informal workers, including home based workers, piece rate workers and domestic workers. Absence of updated data as in some cases, a male head of the household may have passed away but the information is not updated so the widow is unable to seek government assistance.

The Government Response on COVID19:

The National Action Plan (NAP) for COVID-19:

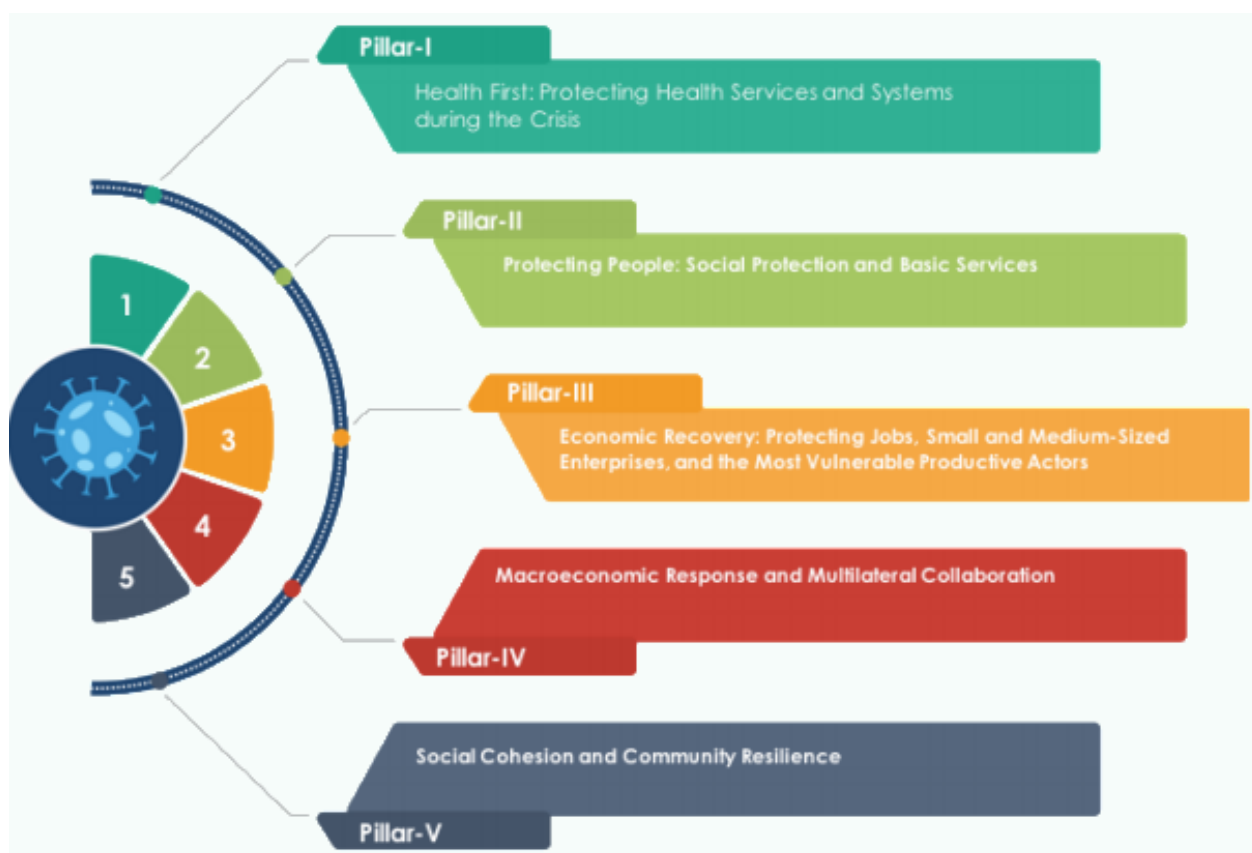
The NAP aimed to: (i) contain and respond to the outbreak in a timely and efficient manner; (ii) prioritize financial resources and increase the domestic and international investment for country emergency preparedness (iii) implement emergency preparedness actions by strengthening inter-sectoral collaboration with government sectors, private sector and civil society at the provincial level. The plan covers planning and coordination mechanisms, laboratory support, food security, logistics, communication, infection prevention and control at PoEs and health facilities, trainings for health workers, human resource management, quarantine preparedness, isolation hospitals, surveillance, reduced community exposure, and monitoring and evaluation. A National Emergency Coordination Committee and Command and Control Centre (NCOC)³⁶ was established at the national level with provincial representation and relevant stakeholders (Ministries of Finance, Interior, Planning, Foreign Affairs, Health, Pakistan Army, National Disaster Management Authority, National Institute of Health etc.) to monitor the response. The Prime Minister chaired a meeting of the National Security Council on March 13, 2020 to ensure implementation of the nation-wide response and addressed the nation on March 17. A COVID-19 Secretariat was set up at the Planning Commission to help with a coordinated economic and social response to COVID-19³⁷.

³⁶ <https://ncoc.gov.pk/>

³⁷ [file:///C:/Users/Acer/Downloads/Pakistan%20-%20COVID-19%20Socio-economic%20Impact%20Assessment%20and%20Response%20Plan%201%20May%202020%20\(2\).pdf](file:///C:/Users/Acer/Downloads/Pakistan%20-%20COVID-19%20Socio-economic%20Impact%20Assessment%20and%20Response%20Plan%201%20May%202020%20(2).pdf) (pg-9)

Framework for COVID19 Response:

The Framework for Impact Assessment and Response Plan takes guidance from the UN framework for the immediate socio-economic response to COVID-19. It is based on five pillars, anchored in the core objectives and principles of saving lives, and protecting rights of people living under the duress of the pandemic with particular focus on the most vulnerable countries, groups, and people who risk being left behind.



Implementation of this Framework and the related Plan requires contextualizing and adapting to the situation that has emerged as a result of COVID-19 by: 1. Switching to the emergency mode by ensuring an adequate and effective rescue (saving lives) and relief (economic packages) plan through its COVID-19's National Action Plan and annual development plans (Pillar-1&2). This also means: a) maintaining essential life-saving health services along with a complementary effort targeting health systems recovery, preparedness and strengthening with a focus on primary health; and b) scaling-up and expanding resilient and pro-poor social protection systems including provision of essential food and nutrition, water and sanitation, education and protection services, with a focus on infants, children, women and other vulnerable populations. 2. Developing a resilient economy by protecting jobs, micro, small and medium-sized enterprises, and the most vulnerable productive actors through public sector development, policy and regulatory measures. (Pillar-3). This also means: a) increasing public-sector investment in labour-intensive development schemes (cashfor-work) for immediate, short-term job creation in sectors of high priority such as agriculture, rural infrastructure development etc.; and b) introducing incentives for vulnerable productive sectors and SMEs through policy, regulatory measures and financial packages (subsidies, interest-free loans, tariffs rebates etc.) to protect and sustain private sector jobs, enterprises, domestic productions and exports. 3. Managing a fiscal and financial surge through efficient financial and resource planning, management and mobilization for the response to COVID-19 and other development priorities (Pillar-4).

This also means: a) estimating the potential impact of COVID-19 and its financial implications, identifying macroeconomic policy options and other administrative measures to create fiscal space for financing COVID-19's response, and identifying COVID-19 response priorities for allocation of financial, budgetary resources; b) introducing measures for promoting global partnerships, private sector engagement and development

cooperation to mobilize and leverage financial, technical and advisory support to implement the public-sector development plans, particularly the response to COVID-19; and c) promoting efficiency-saving measures including austerity measures, negotiation for rescheduling of debts, deferment of debt servicing, etc. 4. Inculcating principles of social cohesion and community resilience in the overall public sector development planning and for the socio-economic response to COVID-19 by establishing systems and processes through which citizens and communities can participate in and benefit from public sector development programmes. Specifically, this means: a) introducing well-tailored social dialogue and political engagement, grounded in fundamental human rights such as peaceful assembly, freedom of association and the right to collective bargaining, freedom of expression, access to information, gender equality and the inclusion of women, non-discrimination, amongst others.

The COVID-19's Socio-economic Impact Assessment and Response Plan includes:

- Short-term measures, to minimize, manage and mitigate the adverse, most pressing, and urgent impacts of COVID-19 on the lives and livelihoods of the people including their access to essential services and fundamental rights.
- Medium to long-term measures, to ensure a structural response - offering sustainable development and 'building back better' than before – to address the negative impacts of COVID-19. These include policy, regulatory and institutional measures as well as social and economic transformation³⁸.

The Federal Government's Fiscal Stimulus Package:

The Economic Coordination Committee (ECC) of the Cabinet in its meeting on March 30, 2020 approved a fiscal stimulus package with an outlay of Rs. 1.2 trillion. The main components for businesses are (i) Rs 75 billion to enable the FBR to make payment against claims from the last 10 years for sales tax and income tax refunds and duty drawback; (ii) Rs 30 billion to pay duty drawback claims to textile exporters in the current financial year and (iii) exemption of advance tax on import of pulses and additional customs duty on soya bean, palm, canola and sun flower oil and seeds. In addition to the aforesaid, which were mentioned in the press release issued by the Ministry of Finance, the Prime Minister announced Rs. 100 billion allocation towards red payment of loans by the agriculture sector and SMEs. He also announced that the SBP shall direct banks to provide 'easy' loans to businesses that do not lay off employees in the midst of this crisis.

On April 3, 2020, the Advisor to the Prime Minister on Finance stated that Rs. 200 billion had been allocated for those who have become unemployed or require income support due to the restrictions imposed to combat the outbreak of the Novel Coronavirus³⁹.

Special Incentive Package for Construction Industry:

On April 3, 2020, the Prime Minister announced a "Special Incentive Package for the Construction Industry," which envisages a tax amnesty for investment made in the construction sector, fixed income tax regime for the industry, reduction in sales tax on construction material and reduction in provincial sales tax on construction services. Most significantly, the source of income of any investment construction shall not have to be explained, enabling previously untaxed and undeclared funds to be so invested without any adverse consequences. Furthermore, a fixed income tax rate will mean that fixed tax will be charged on a per square foot or per square yard basis, which will effectively reduce tax liability on builders and developers and reduce compliance costs. Any builders or developers carrying out construction in the Naya Pakistan Housing Scheme shall have to pay only 10% of such fixed tax. The holding period for the purpose of capital gains tax on constructed property shall be reduced from 4 years to 3 years. Withholding tax on purchase of goods and services for construction industry

³⁸ [file:///C:/Users/Acer/Downloads/Pakistan%20-%20COVID-19%20Socio-economic%20Impact%20Assessment%20and%20Response%20Plan%201%20May%202020%20\(2\).pdf](file:///C:/Users/Acer/Downloads/Pakistan%20-%20COVID-19%20Socio-economic%20Impact%20Assessment%20and%20Response%20Plan%201%20May%202020%20(2).pdf) (pg 18-19)

³⁹ <https://www.riaabarkergillette.com/pk/covid-19-bulletin/>

(except steel and cement) will be reduced to zero. Federal legislation on the aforesaid package is yet to be promulgated⁴⁰.

Measures announced by the State Bank of Pakistan:

In the wake of the crisis, in two meetings on 17th and 24th of March 2020, of the [Monetary Policy Committee](#) of the SBP announced a cumulative reduction of 2.25% in the benchmark interest rate.

Furthermore, the SBP in its [notification](#) dated 20 March 2020 announced the following policies and measures:

1. SBP will provide refinancing opportunities to support banks in providing cheap credit at interest rates between 3 and 6% to exporters for working capital or new projects.
2. The matching amount for exporters has been reduced. As per the new performance requirements, export must be 1.5 times the amount of the borrowed funds. Furthermore, the date to meet the performance requirement has been moved from end June 2020 to end December 2020.
3. Exporters must now ship their goods within 12 months (previously 6 months) of availing subsidized credit schemes between January and June 2020.
4. Exporters will be able to avail credit under the Long Term Financing Facility between 1 January and 20 September 2020 if the exports amount to 40% of the total sales or USD 4 million; a decrease of 10% or USD 1 million from the previous requirements. Additionally, the new projected exports performance measurement time period has also been increased to 5 years.
5. SBP has increased the time period for the realization of export proceeds from 180 days to 270 days and this provision will be granted on a case by case basis. Additionally, the time period for imported goods against advanced payment has also been increased from 120 to 210 days.

In a [notification](#) issued on 26 March 2020, SBP, in collaboration with Pakistan Banks Association (PBA), announced a relief package aimed at households and businesses. Relevant aspects of the announcement are highlighted below:

1. The Capital Conservation Buffer applicable to commercial banks has been reduced from 2.5% to 1.5%, increasing the loanable pool funds by Rs 800 billion.
2. The regulatory retail limit of Rs 125 million per SME has been increased to Rs 180 million to encourage banks to provide additional loans to SMEs.
3. Payments of principal loan obligations may be red by one year upon a written request submitted by the borrower before 30 June 2020. This ment will not be classified as a restructure/reschedule and will not affect borrowers' credit history.
4. Until 31 March 2021, loans that are rescheduled/restructured within 180 days from the due date will not be treated as defaults and banks will not be required to suspend the unrealized mark-up on these loans. Additionally, the timeline for classification of trade bills has also been increased from 180 days to 365 days.
5. To increase the borrowing ability, the margin call requirement of 30% against listed shares has been reduced to 10% and banks have been allowed to take exposure against the shares of their group of companies⁴¹.

Measures Taken by Federal Board of Revenue:

The FBR issued a notification dated 20 March 2020 exempting custom duty, income tax and sales tax on all diagnostic support items including medical equipment for three months, which is stated to be extendable. The FBR had also granted an extension for submission of sales tax and federal excise returns for the tax period of January and February 2020 till 15 April 2020 and an extension in date of payment for the tax period of February 2020 till 12 April 2020. An extension in time limit for filing of goods declaration has also been granted. The filing

⁴⁰ [Ibid](#)

⁴¹ [Ibid](#)

of goods declaration for Import General Manifest filed between 17 March and 7 April 2020 had been extended to 25 days.

Sindh Board of Revenue had granted extension to registered persons, including the withholding agents covered by the provisions of Sindh Sales Tax Special (Procedure) Withholding Rules, 2014, for E-Deposit of Sindh Sales Tax till 31 March 2020 and for E-filing of Tax Return till 10 April 2020 for the tax period of February, 2020. Other provincial tax collection authorities had also notified extensions. In addition to this, Sindh Infrastructure Cess on imports of testing kits and other medical devices required to treat COVID-19 were waived.

The Government of Punjab had also announced a tax relief package of Rs 18 billion comprising reduction to zero of rates of sales tax on construction services, services of doctors, private hospitals, marriage halls, catering, laundry, beauty salons, gyms, embroidery services, human resource development and online platforms, a “ring” of property tax and development cess on urban immovable property and reduction of Capital Value Tax and stamp duty on property transactions to 2%⁴².

Measures Taken by Courts:

A meeting of National Judicial (Policy Making) Committee (NJPMC) was held on 19 March 2020 under the chairmanship of the Chief Justice of Pakistan, deciding that, due to the prevailing situation courts will remain open but the judicial work load will be reduced.

The Sindh High Court and the Lahore High Court had issued notifications stating that they shall remain closed for all ordinary civil business till further orders and only urgent matters of criminal or civil nature shall proceed.

The Balochistan and Peshawar High Court issued notifications that they and all subordinate courts shall remain closed until 28 March 2020 for ordinary business and shall only hear urgent cases. They have not resumed ordinary business till date. It is expected that notifications extending the previous directions shall be issued by the High Courts.

The Islamabad High Court in its circular dated 16 March 2020 directed that only urgent matters shall be heard until 5 April 2020.

The Appellate Tribunal Inland Revenue in its circular dated 25 March 2020 directed that only stay applications etc. will be heard and decided by the respective benches at different cities. Further, the main appeals of urgent matters will be fixed and heard by the concerned benches on appropriate application till further orders. The Federal Board of Revenue (FBR) issued a memorandum stating that no adverse inference may be drawn for non-attendance in hearings and directed that cases may be adjourned in the absence of a request until 24 April 2020⁴³.

Bails of Under-Trial Prisoners

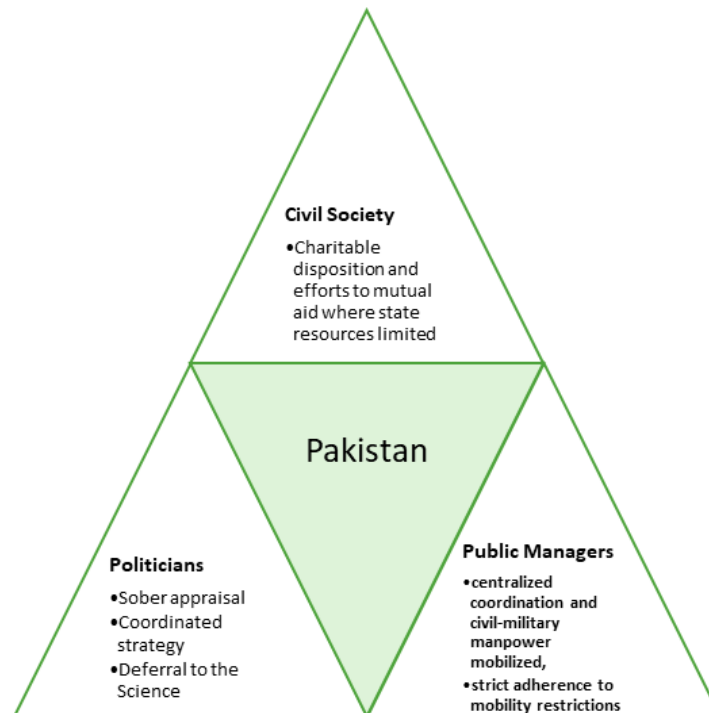
On 24 March 2020, the Islamabad High Court granted bail to prisoners under trail for minor offences to prevent the spread of the coronavirus in prisons. Other provincial High Courts and subordinate court had also been entertaining bail applications of prisoners on grounds of the virus. On 30 March 2020, in an appeal against such order of the IHC granting bail, the Supreme Court of Pakistan restrained the grant of any bails on such grounds by the High Courts and Provincial Governments. Furthermore, the Supreme Court ordered that any bail orders issued but not implemented shall not be acted upon until further orders from the Supreme Court. On 1 April 2020, the Supreme Court ordered *status quo* to be maintained and directed the Inspectors General of Prisons across the country to furnish a report in respect of prison populations and capacity, categories of prisoners:

⁴² [Ibid](#)

⁴³ [Ibid](#)

women/elderly, nature of offences and whether convicted or under trial. Interestingly, even though this has no direct nexus with the issue of grant of bail to prisoners, in its order of 1 April 2020, the Supreme Court directed the Federal Government, Provincial Governments, Government of Gilgit Baltistan and the administration of Islamabad Capital Territory to furnish a report on the expected threat of the further spread of the Novel Coronavirus, measures adopted by them to deal with the outbreak and the state of readiness of hospitals⁴⁴.

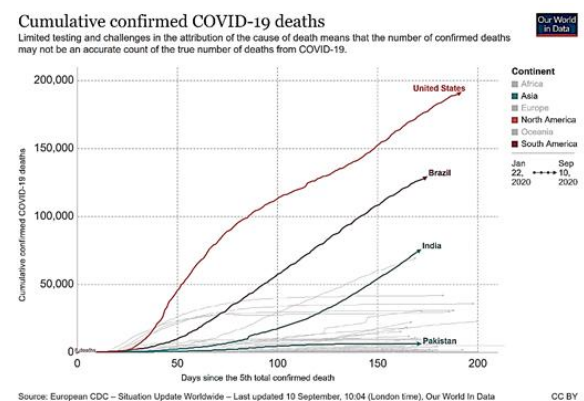
A Strategic Triangle Approach to Pakistan's Coronavirus Efforts



Why Pakistan is a Success Story against COVID19 in the Region &World?

Pakistan claims a success against COVID19 on the basis of strategic effort and multipronged strategy devised and implemented by the government and followed by the public at large as mentioned in the *Triangular Diagram*⁴⁵. However this is being said that the number of COVID cases in Pakistan are lower than others in the region because the government has not carried out desired number of tests as shown in the *map*. Pakistan's positive testing rate is less than 2% and when we compare it with number of deaths as mentioned in the *graph of confirmed COVID-19 deaths*⁴⁶ the situation in Pakistan looks better than neighboring India in the region as well as Brazil & USA at global level.

In Pakistan both government and public did not respond COVID-19 seriously during early couple of weeks rather we heard funny jokes related to COVID-19. Had we been able to respond it seriously in the beginning, the number of total deaths today might have much lower than this number. However, both government and society at large did not panic and responded steadily by learning from other's experiences. Countrywide lock down was avoided at the first place despite criticism from some people at home and abroad. Provincial and city level partial lockdown strategy was



⁴⁴ [ibid](#)

⁴⁵ <https://casstt.com/post/pakistan-india-two-public-value-paths-in-the-coronavirus-pandemic/254>

⁴⁶ [ibid](#)

adopted in the beginning and then it was transformed into countrywide lockdown for one and half months.

According to the working paper on COVID 19 by Centre for Aerospace and Strategic Studies, there are policy and structural level contributors in the so called so far success of Pakistan. At policy level Pakistan it was decided to keep its economy open, stimulus package was announced and delivered timely, civil society was given more space than usual and protected its rural areas while adopted the partial and smart lock down strategies. Above than all tireless efforts of healthcare providers as frontline soldiers against COVID-19, sanitary workers for keeping our cities clean, postal and bank employees for delivering pensions and *Ehsaas*⁴⁷ emergency cash grants to more than 15 million beneficiaries in due time.

Furthermore certain structural strengths & weaknesses of Pakistan have also contributed in this success. Today Pakistan is a country of young people as 70% of its population is less 30 years therefore this demographic strength might have worked to defeat COVID-19 as young people believe to have better immunity than older people. Obesity was also considered a major reason for COVID-19 related death and cases whereas only 8% Pakistanis are facing obesity. Pakistan is a highly conservative culture and most of the people follow religious teachings very strictly regarding use of liquor and other such products which may be considered injurious to health. Central air conditioning in the high rise buildings was also believed to be great source of spread of COVID-19 in many parts of the world but Pakistan's urban design is comprised of low rise housing and corporate buildings, therefore very few sites of central air-conditioning effects. BCG vaccine which is believed to be helpful in building immunity against COVID-19 has benefited Pakistan as almost every child/ young person in Pakistan has got BCG injection at least once in life to protect themselves against tuberculosis (TB). Although WHO denies this that BCG has any positive effect on COVID-19⁴⁸.



Civil Society Actions in the Wake of COVID19:

Many NGOs and CSOs, charities remained engaged in relief and public support interventions across Pakistan. Government had also eased the working environment and regulatory requirements for the smooth sailing and financial transactions of NGOs during the COVID 19 pandemic. Upon the demand of CSOs/NGOs exemption letter for signing of MOUs with Economic Affairs Division was withdrawn for six months⁴⁹. This facility gave sigh of relief to many organizations receiving foreign funding. Very few CSOs and their platforms were highlighting challenges related to human rights, women rights and other socially excluded groups including minorities, Dalits, transgender community, women headed families, orphans and elderly people. Some organizations like HRCP, Pakistan Development Alliance and AwazCDS-Pakistan have recorded responses of citizens on initiatives taken by Government.

The HRCP's analytical fact-finding study finds that the pandemic has eroded people's trust in, and respect for, ruling institutions and the governing elite. The health emergency has exacerbated existing structural discrimination and inequalities, and laid bare misplaced socioeconomic priorities. The report includes a survey of a cross-section of citizens countrywide, of whom only 25pc thought the steps taken by the federal government

⁴⁷ <https://www.pass.gov.pk/>

⁴⁸ [https://www.who.int/news-room/commentaries/detail/bacille-calmette-guérin-\(bcg\)-vaccination-and-covid-19](https://www.who.int/news-room/commentaries/detail/bacille-calmette-guérin-(bcg)-vaccination-and-covid-19)

⁴⁹ <http://www.ead.gov.pk/SiteImage/Misc/files/COVID-19.jpg>

had been effective in tackling COVID-19. Around 94pc felt that wage labour had been the most affected by the pandemic. More than half were concerned that religious minorities would be discriminated against in the distribution of relief items or access to healthcare, and around 70pc felt that women had become increasingly vulnerable to domestic violence.

Women's health, employment, and domestic abuse are areas of special concern that need immediate attention. Governments and civil society must not lose sight of the vulnerability of religious minorities, persons living with disabilities, the elderly, and transgender persons, especially in terms of their access to healthcare and aid distribution. The problems identified in access to online education and connectivity must be rectified at the earliest. Serious attention must also be paid to the state of Pakistan's prisons, which are especially susceptible to infectious diseases.

HRCF believes that there is a defining time for government at all levels as their performance will be judged in relation to how they have handled this crisis, and there is much that can still be done to mitigate its effects. The report has recommended that the federal government must bring back parliamentary oversight to all decision making, and address institutional imbalances in the interest of democracy. The collaborative and coordinated policy effort must involve the federal, provincial and district governments in order to put forward a united front⁵⁰.

Citizens responses taken by AwazCDS-Pakistan:

AwazCDS-Pakistan and its **46** partner organizations are working together in **45** districts across the country including A J & K and Gilgit Baltistan under its Ujala Program.

During COVID-19 pandemic, AwazCDS-Pakistan and its partners conducted observational surveys⁵¹ during relief work carried out by governments and CSOs to observe some of the basic indicators like accessibility, taking care of health & safety protocols, transparency in cash transfer, witness discipline and coverage of most vulnerable sections of society like PWDs, transgender, minorities / other socially excluded groups etc.

Out of 129, 74.42% sites were the distribution points of Ehsaas cash grants; Whereas, 25.58% sites were of non-governmental/ private charities where ration, food and other essential items including sanitizers, masks and soaps were distributed among needy.

1. Observers were asked if the distribution points were reachable and in the easy access of people, 87.6% observers responded yes whereas 12.4% of observers did not agree and found the distribution places distant and hard to reach.
2. 68.2% Observers witnessed that measures and protocols for health & safety were followed at most of the distribution locations, whereas 31.8% observers found the distribution points untidy and unhygienic.
3. Social distance was not maintained completely in any of the province and region. Nationally, 55.8% observers were satisfied on maintaining social distance by people while distribution activities were carried out and 44.2% observers were not satisfied.
4. The non-serious conduct of people towards the adherence of safety measures and protocols as only 27.9% observers confirmed that people were following protocols to keep themselves safe from COVID-19.
5. The distribution staff were observed abiding by the safety protocols by using gloves, masks, sanitizers etc. as stated by 69% observers but still 31% observers stated that distribution staff and other co-workers did not follow government's directives regarding personal safety protocols.

⁵⁰ <https://www.dawn.com/news/1570247>

⁵¹ <http://awazcds.org.pk/wp-content/uploads/2020/07/Observational-survey-findings-on-Ehsas-Cash-Grant-Distribution.pdf>

6. Separate places for PWDs were not allocated at distribution points with average 61.24%. Other than allocation of separate areas, it was also observed that there was no such arrangement of wheelchair, ramps etc. for the deserving PWDs who were there for collecting their cash. TGs were also not given priority during the distributions of cash grants and other relief items except in Punjab with 35.71% agreement of observers.
7. Only 37.21% observers agreed for the availability of separate places for elderly people so they could not wait for long and not to get mixed in large gathering as elderly people are supposed to get virus easily due to their fragile health conditions.
8. During cash distributions, elderly people were also somehow given priority to receive Ehsaas cash grant on urgency basis as confirmed by 57.36% observers.
9. Most of the staff found friendly and helpful. Cash amounts were given to people with their complete contentment. In case of any issue like missing finger prints of any elder person, staff was found sympathetic and supportive in explaining them the issue and way out for claiming their amounts.
10. 95.5% observers confirmed that people were provided with complete amounts and proper evidence and record were being maintained through bio-metric verifications. Nobody was given amount in absentia or in place of relative of any beneficiary or if biometric was not verifiable at Ehsaas cash grants distribution centers⁵².

National assessment of Leaving No One Behind in times of COVID-19⁵³

AwazCDS-Pakistan and its 44 Ujala partners carried out an other national survey in their respective 44 district headquarters to collect citizens' responses on some of the basic indicators included information of Ehsaas Cash Grant Program, its process and challenges faced by them. They also tried to understand how much vulnerable groups are aware from Corona virus, their economic challenges, status of behavioral changes, inclusion of most vulnerable groups of society and if elected representatives have played their role in educating and facilitating public⁵⁴.

The findings are based on 3,997 responses received from 44 districts including 10 districts from each of the four provinces and 02 each from Azad Jammu & Kashmir and Gilgit Baltistan.

| | Punjab | | KP | | Sindh | | Balochistan | | AJK | | GB | | Total | |
|---|--------|-----|--------|-----|--------|------|-------------|-----|--------|-----|--------|-----|--------|------|
| | % | # | % | # | % | # | % | # | % | # | % | # | % | # |
| Women Headed Family | 31.8 % | 314 | 43.3% | 363 | 34.0% | 394 | 43.5% | 276 | 37.8% | 76 | 43.8% | 77 | 37.5% | 1500 |
| Person with Special Abilities or family member | 24.7 % | 244 | 28.0% | 235 | 27.0% | 313 | 33.4% | 212 | 58.2% | 117 | 34.1% | 60 | 29.5% | 1181 |
| Religious Minority | 19.6 % | 194 | 17.0% | 143 | 24.4% | 282 | 19.2% | 122 | 3.0% | 6 | 22.2% | 39 | 19.7% | 786 |
| Transgender Community | 23.9 % | 236 | 11.7% | 98 | 14.6% | 169 | 3.9% | 25 | 1.0% | 2 | 0.0% | 0 | 13.3% | 530 |
| Total | 100.0% | 988 | 100.0% | 839 | 100.0% | 1158 | 100.0% | 635 | 100.0% | 201 | 100.0% | 176 | 100.0% | 3997 |

Out of total, 37.5% women headed families, 29.5% PWDs, 19.7% Religious minorities and 13.3% Transgender community were surveyed. Sindh came out with highest number of respondents (1158) engaged followed by Punjab (988) and KP (839). Some of the findings are shared below:

⁵² <http://awazcds.org.pk/observational-survey-on-ehsaas-cash-grant-distribution/>

⁵³ <http://awazcds.org.pk/wp-content/uploads/2020/09/Survey-findings-Leaving-no-one-behind-during-COVID-19.pdf>

⁵⁴ <http://awazcds.org.pk/national-assessment-of-ehsas-cash-grant-program-lnob/>

1. **90.73%** women headed families, **93.48%** PWDs, **91.86%** Religious minorities and **89.06%** Transgender out of total respondents from the respective categories shared that they are aware of Government's Ehsas Cash Grant Program.
2. Out of all four categories, 70.72% respondents told that they received timely response from Ehsas Cash Grant. 67.66% respondents shared they have received validation from them but only 27.01% have received cash grant.
3. Out of all four categories, **91.45 %** respondents expressed that they received complete amount of PKRs 12,000/- as per Government's promise. But only **32.97%** respondents were happy from the cash amount as they think this is minimum amount being provided in this difficult time.
4. Out of 3384 respondents, **91.9%** said that they have faced economic changes at family level due to corona virus. From all four categories, **64.70%** respondents stated that they are facing economic distress/ less income whereas, **52.55%** shared they became unemployed due to economic situation in COVID-19.
5. When asked about the satisfaction on health services provided by Government in times of Covid so only **36.50%** shared their response of "satisfactory". Whereas, Religious minorities found least satisfied with health services during COVID with **34.10%**. Among provinces, AJ&K remained at top with least satisfied with **81.59%** followed by Balochistan and KP with **71.65%** and **67.70%** respectively.
6. Though, respondents were found very concerned about their children's education as **87.77%** respondents think that education of their children is badly affected by corona virus. Women headed families were found most concerned about children's education with **90.33%**. Among provinces and regions, AJ&K came out with highest % considering children' education is badly affecting with **99%** followed by KP and GB with **92.97%** and **91.48%** respectively.
7. Among provinces, KP came out with highest % of 88.32 to share that mental distress has increased among people followed by Punjab, AJ&K, Sindh and GB with 83.50%, 83.08%, 81.09% and 80.11% respectively.
8. 56.67% respondents believe that violence against women including physical, verbal, psychological, misbehaving etc. has increased during Covid-19. 58.20% women from category "women headed families" agreed with the increased rate of violence against women.
9. 33.73% respondents believe that violence against transgender community including physical, verbal, psychological, misbehaving etc. has increased during Covid-19. 59.250% transgender from category "Transgender" agreed with the increased rate of violence against them.
10. 55.92% respondents believe that violence against children including physical, verbal, psychological, misbehaving etc. has increased during Covid-19. out of all four categories, Transgender came out with high % with opinion of increased violence against children with 57.55% followed by women headed families with 56.20%.
11. 41.78% respondents believe that violence against PWDs including physical, verbal, psychological, misbehaving etc. has increased during Covid-19. 52.64% transgender agreed with the increased rate of violence against PWDs followed by PWDs themselves with 41.66%.
12. While asking about the discrimination, 26.72% respondents of category "Religious minority" shared that they have faced discrimination during COVID period. Out of that, not being included into relief package came out as highest form of discrimination with 59.05%. Overall, 47.37% people think that they were not provided with any relief package.
13. Among provinces, 93.03% respondents from AJ&K shared that no elected representative came for their facilitation during COVID followed by second highest % in Balochistan with 87.56%.
14. However, overall 39.03% respondents were satisfied from Governments' initiatives to tackle Corona virus. But at the same time 83.49% respondents expressed that government should continue awareness campaign to protect people from COVID-19.

Recommendations

Policy Level Recommendations for Global Institutions:

- Ensure affirmative policies and echo-centric actions by to prevent such pandemic situations in future
- Strengthen the multilateral system for preparing and responding to pandemic future threats.
- Build and strengthen global surveillance and forecasting capabilities to avoid worst impacts of such pandemics on mankind.
- Diversify global supply chains and support multilateral mechanisms for the equitable allocation of vaccines for all across the globe without any kind of discrimination.
- Establish global roadmap for vaccine equality that must include a complete TRIPS waiver covering diagnostic tests, treatments and COVID-19 vaccine
- Ensure universal public health prevention and protection services, based on the principles of socio-economic determinants of health that guarantee sexual and reproductive health rights of all especially women and other sexual minorities.
- Deliver accessible, affordable and adequate prevention, diagnostic treatment, post care and quality support for all with respect to communicable and non-communicable diseases particularly in low and middle income countries like Pakistan.
- Ensure debt justice and cancel all external public debts unconditionally for all countries in need in the wake of health, economic and climate crisis.
- COVID-19 has shattered the economies across the world that will have implications on global human development instruments like SDGs. Financing for SDGs was already miserable and after COVID-19 it is expected to be further decline so what will be the future of SDGs? Civil societies at national and regional level may initiate multi-stakeholders dialogue and suggest appropriate measures on how to achieve SDGs in the current scenario?

Policy level Recommendations for National Institutions:

- Multi-stakeholders consultative processes to understand impacts of COVID-19 on human development policies and structures at national and regional level to suggest appropriate and doable way forward
- Government of Pakistan, National & Provincial Disaster Management Authorities (NDMA/PDMAs) should adopt robust strategy to combat such pandemics and disasters in future.
- The national and subnational governments should prioritize pandemic and disaster preparedness to act and invest accordingly
- Launch a countrywide awareness campaign for mass education on pandemic prevention and preparedness
- Revamp national preparedness capacity assessment and pair them with strategies to promote readiness and implementation
- Invest and further strengthen country's health care system at primary and tertiary level.
- Identify at-risk populations, most marginalized communities and plan to reduce their vulnerabilities.
- Develop a national strategy and capability for testing and tracing systems that can be rapidly scaled up in any public health emergencies.
- Maintain a dependable national stockpile of much needed emergency kits for future pandemics and emergencies.
- Invest on research and development for vaccine creation and production
- Identify diverse global channels to ensure immediate needs of prevention and protection vaccines at national level.
- Create spaces for civil society and private sector to support and strengthen public healthcare systems.

COVID-19 Pandemic Chronology -Pakistan

January 1, 2020 to October 25, 2022

| Date | Global / National Events |
|----------------|---|
| 2019 Dec. 31 | China - 27 cases suspicious of COVID-19 in Wuhan, China discovered and reported |
| Jan 29, 2020 | Four Pakistani students studying in China were tested positive for COVID-19 |
| Jan 30, 2020 | WHO declares "Public Health Emergency of International Concern (PHEIC)" |
| Feb 23, 2020 | Pakistan closes its border with Iran after 43 cases were reported in Iran |
| Feb 26, 2020 | First two cases of COVID 19 were officially confirmed by PM Special Assistant on health |
| March 2, 2020 | Pakistan closed its border with Afghanistan |
| March 10, 2020 | Sindh provincial government imposed temporary ban on marriage halls, tea stalls, after 11: 15 at night |
| March 11 | WHO Declares Pandemic |
| March 11, 2020 | Pakistani consulate in Milan, Italy announced first death of a Pakistani in Brescia |
| March 13, 2020 | Pakistan stopped all international flight operations except for Islamabad, Karachi and Lahore |
| March 13, 2020 | National Security Council decided that all educational institutions remained closed until April 5, 2020 |
| March 13, 2020 | Parliament of Pakistan suspended its legislative business due to COVID 19 |
| March 16, 2020 | Pakistan reached first 100 cases of COVID 19 |
| March 16, 2020 | Pakistan completely sealed its borders with China |
| March 16, 2020 | Local and higher judiciary announced lockdown – only urgent and important civil and criminal nature cases were to be heard until August 2020. |
| March 17, 2020 | Pakistan Super League (Cricket Tournament) postponed |
| March 18, 2020 | First two deaths due to COVID 19 reported in Pakistan |
| March 21, 2020 | All types and national and international, intercity air / road travel banned |
| March 21, 2020 | Shopping malls, markets, offices , public areas and parks were closed officially |
| March 24, 2020 | Three Provinces announced lock down |
| March 24, 2020 | Prime Minister approved PKRs 1.2 trillions (USD 8 Billion) economic relief packages |
| March 25, 2020 | Pakistan reached first 1000 cases of COVID 19 |
| March 27, 2020 | Prime Minister announced youth Tiger Force to help government against the spread of COVID 19 nationwide |
| April 1, 2020 | Government started delivering Ehsaas cash grants of PKRs 12000 to 12 million destitute families for three months |
| April 2, 2020 | National Command & Operation Centre (NCOC) was established to combat COVID 19 |
| April 12, 2020 | Pakistan announced to bring back 4000 stranded Pakistanis from across the world through special flights |
| April 15, 2020 | Deaths of 100 people reported due to COVID 19 in Pakistan |
| April 21, 2020 | Pakistan re-opened its air space and airports for international travels |
| April 22, 2020 | Pakistan reached 10000 cases of COVID 19 |
| May 7, 2020 | It was reported that more than 500 health care providers in Pakistan are infected by COVID 19 |
| May 9, 2020 | Lock down ended in Pakistan |
| May 10, 2020 | Smart lockdown announced across the country based on COVID situation |
| May 11, 2020 | Parliament of Pakistan resumed its business to discuss COVID 19 situation |
| May 21, 2020 | Death toll reached up to 1000 people |
| June 8, 2020 | Pakistan reached 100000 cases of COVID 19 |

| | |
|--------------------|--|
| June 14, 2020 | Highest number of COVID case 6825 reported in one day |
| June 20, 2020 | Pakistan opened up its borders with Afghanistan, China and Iran after COVID 19 |
| June 20, 2020 | The highest number of deaths in one day was 153 |
| June 28, 2020 | Pakistan reached 200,000 cases of COVID 19 |
| July 10, 2020 | Death toll reached up to 5000 due to COVID 19 |
| July 12, 2020 | Regional Assembly elections in Gilgit Baltistan State postponed |
| August 10, 2020 | Market shopping malls, hotels, parks and other public places opened up in Pakistan |
| August 10, 2020 | Number of cases reported 539 as on the day when lockdown lifted |
| September 11, 2020 | Pakistan reached 300,000 cases of COVID 19 |
| September 15, 2020 | Lock down on educational institutions lifted |
| September 15, 2020 | Number of COVID cases 404 as of the educational lock down was lifted |
| September 23, 2020 | Gilgit Baltistan Assembly elections re-announced to be held on November 15, 2020 |
| October 10, 2020 | Total number of cases reach up to 318932 |
| October 10, 2020 | Total number of recovered cases 303458 |
| October 10, 2020 | Total number of death 6570 |
| October 10, 2020 | Micro lockdown was imposed in Karachi areas until October 15, 2020 |
| October 10, 2020 | Micro lockdown imposed in some parts of Islamabad |

Miscellaneous References:

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