



CITIZENS—COVID 19—GOVERNMENT



Pakistan's Response



Human Rights
Commission of
Pakistan

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First printing July 2020.

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Foreword

This fact-finding study was conducted by the Human Rights Commission of Pakistan (HRCP) to present an evaluation of the government response to the COVID-19 pandemic from a human rights lens. The HRCP team and the experts working with us have analysed the relevant information and identified key political, structural, social, and economic factors affecting this response. Equally significant are the voices of a cross-section of citizens collected through a nationwide survey. We believe it is essential for decision makers to understand the lapses in their policy and overall implementation in light of the experience of common citizens. But we do not stop at a critique of the response. Based on the critique, we have developed a set of recommendations to be considered by the government and other stakeholders in order to bring people and their inalienable fundamental rights to the centre of any response now, and in the future.

On behalf of HRCP's Council Members and staff, I would like to acknowledge the invaluable contribution to this effort made by Safiya Aftab and Jamal Janjua, who designed the study and analysed the data. I am equally grateful to Dr Samia Altaf, Badar Alam and Atta Ali Malik for their key input to understanding and evaluating public health issues, political decision making, and economic management in the wake of the COVID-19 pandemic. For the meticulous collection of data and structured interviews—while observing all health, safety, and social distancing protocols—I would also like to acknowledge the work of the team comprising Sajid Marwat, Rania Tamkeen Zaidi, Hammal Baloch, Shazia Lango, Muhammad Arif Taj, Kishwar Malik, Syed Farrukh Raza, Syeda Qamar Ali Naqvi, Shama John, Israruddin, Abdul Ghafoor Jamali, Qazi Khizar, and Pushpa Kumari. Needless to say, hundreds of respondents from 70 districts across Balochistan, Khyber Pakhtunkhwa, Punjab, Sindh, Islamabad Capital Territory, Gilgit-Baltistan, and Azad Jammu and Kashmir deserve our gratitude for generously sharing their experiences.

Finally, I offer my gratitude to all HRCP staff members involved in this effort, particularly the director Farah Zia, Khushal Khan, Fakhruddin Razi, Maheen Pracha, Fatima Faisal Khan, and Maheen Rasheed. Their commitment to meeting deadlines while conceptualising, coordinating, reviewing, and editing this study has allowed us to make this comprehensive fact-finding report available in the stipulated time.

Harris Khalique
Secretary-General

Acronyms and Abbreviations

AJK	Azad Jammu and Kashmir
BISP	Benazir Income Support Programme
BOP	balance of payments
CNIC	computerised national identity card
GB	Gilgit-Baltistan
HEC	Higher Education Commission
HRCP	Human Rights Commission of Pakistan
ICT	Islamabad Capital Territory
KP	Khyber Pakhtunkhwa
NCC	National Coordination Committee
NCOC	National Command and Operation Centre
NDMA	National Disaster Management Authority
NGO	non-government organisation
PLWD	person living with disability
PPE	personal protective equipment
PPP	Pakistan People's Party
PTI	Pakistan Tehreek-e-Insaf
SAPM	Special Assistant to the Prime Minister
SME	small or medium enterprise
SOP	standard operating procedure
YOY	year-on-year

1. Introduction

The novel coronavirus—with ‘COVID-19’ now a household word—has wreaked havoc across the world, and Pakistan is no exception. While the government’s response has been both heavily criticised and stoutly defended by different groups, it has not been analysed comprehensively, particularly from a rights perspective. The premise of the Human Rights Commission of Pakistan (HRCP) is that human rights must be at the centre of all efforts related to pandemic prevention, preparation, containment and treatment. This study attempts to fill the gap by assessing policy actions taken in response to COVID-19 within the framework of sociopolitical and economic rights.

1.1 Methodology and key results

A unique aspect of this study was a primary data-based survey. A quantitative survey of targeted respondents across 70 districts countrywide was conducted to gauge how a cross-section of citizens perceived the official response to the pandemic, and how they thought it had affected different vulnerable groups. For the purposes of this study, HRCP identified eight categories of people as vulnerable: labour, women, religious minorities, persons living with disabilities (PLWDs), transgender persons, children, students, and healthcare workers.

Interestingly, when asked if they thought the steps taken by the federal government had been effective in tackling COVID-19, only 25 percent of all respondents felt that the government had handled the situation effectively. The provincial governments’ response was also taken into account. Around 94 percent of respondents were of the view that wage labour had been the most affected by the pandemic. Similarly, a very high percentage of respondents mentioned that the crisis would have a significant negative impact on students as well as healthcare workers.

The respondent group was sensitive to both material impacts as well as more amorphous ones, such as the potential increase in domestic violence. More than half were concerned that religious minorities would be discriminated against in the distribution of relief items or even in access to healthcare.

1.2 Putting inclusive governance first

Of the three policy areas prioritised by HRCP, political decision-making comes first, followed by the economic impact and response, and public health issues.

Pakistan’s response to the COVID-19 pandemic was initially marked by self-contradictory statements; attempts to defuse panic, and then to ramp up concern; and even discussions over semantics. The government found itself caught in a paradox—whether to prioritise the economy and livelihoods, or public health. In a situation where governments dithered, the pandemic further eroded people’s trust in, and respect for, political institutions and the governing elite. Many observers felt that the structural imbalances of Pakistan’s polity, manifested in the primacy of unelected institutions, became crystallised in a crisis of this proportion.

Political attempts to manage the crisis began with setting up the high-level National Coordination Committee (NCC) on 13 March 2020 at a meeting of the National Security Committee. Soon after, the National Command and Operation Centre (NCOC) was established in late March as the NCC’s implementation arm. Both were set up without parliamentary or even Cabinet approval,

and this was visible in the composition of the NCC.¹ The National Disaster Management Authority (NDMA)—mandated under the National Disaster Management Act 2010 to serve as the apex policymaking body coordinating *all* stakeholders’ efforts under the supervisions of the Prime Minister—was also superseded.

The discontentment of the current political dispensation with provincial autonomy—envisaged in the 18th Amendment to the Constitution—became all too visible in the verbal sparring between the centre and the Sindh government, the only province where the opposition is in power in the form of the Pakistan People’s Party (PPP). Political decisions and their implementation, whether in making assessments or in the form of cash grants and food aid, were affected by the absence of local governments in three provinces. In a situation where lives and livelihoods appeared to be at stake, the Supreme Court of Pakistan intervened in the ‘public interest’, completely overlooking the dangers to public health. And finally, traders and big business lobbied with the government and influenced its decisions, thereby obtaining concessions as opposed to marginalized and vulnerable sections such as industrial and farm labour, daily-wage workers, and students.

The effects of COVID-19 on an already contracting economy have been devastating. When the fiscal year closed on 30 June 2020, Pakistan had recorded negative growth of 0.4 percent. Both the industries and services sectors posted negative growth. The informal sector in Pakistan accounts for 72 percent of non-agricultural employment. This amounts to about 27.3 million people who are now at the greatest risk of losing their livelihoods because of COVID-19.

The response by the government can be divided into two stages: one, the instant response that came at the onset of the pandemic in March, and two, the proposed policy response as reflected in the budget for the fiscal year 2020/21, which was presented in June 2020. The first relief package was announced on 25 March and was the single largest poverty relief package ever granted in Pakistan, with a value of PKR 1.25 trillion. However, social protection measures comprised about 40 percent of the value of the package. The remaining 60 percent was aimed at producers, and comprised tax refunds and breaks, loan deferment, the facilitation of wheat procurement, and an energy fund. The federal budget did not seem to take COVID-19 conditions into account to any appreciable degree. The government budgeted its expenditure under the Benazir Income Support Programme (BISP) at PKR 200 billion, compared to the revised expenditure of PKR 234 billion in the fiscal year 2019/20. PKR 70 billion was allocated for the COVID-19 response, but what this amount would be spent on was not specified. The provinces showed substantial increases in health sector allocations for the current fiscal year—the range was from an increase of 8 percent in Punjab to 31 percent in Balochistan over the previous year’s budget allocation.

With regard to public health, the lockdown instituted in March did not yield the expected results—it did not halt the spread of infection. Mitigation, as a result of lockdowns, is not possible without parallel measures such as testing, tracing contacts, and isolating infected cases. On the other hand, the lockdown created deeper vulnerabilities among already disadvantaged people when families were left unsupported, without food and their daily earnings. Crowded together in small homes, it was inevitable that the sick would infect the healthy.

While COVID-19 has had devastating impacts on the economy, which tend to dominate the headlines, it has also had an important impact on less well-documented areas. These include impacts on women’s health and employment, and the incidence of domestic abuse. It has also exacerbated the poor conditions prevalent in Pakistani prisons, and led to further inequalities in

¹ <https://nation.com.pk/14-Mar-2020/high-level-ncc-constitutes-to-help-curb-coronavirus>

higher education, as students from remote areas are at a disadvantage in the current regime of online learning.

Moreover, COVID-19 has led to manifestations of prejudices against minorities. It began with a wave of resentment against Shia Muslims, when they were being identified as a vehicle for the transmission of the virus from Iran. But it has also emerged in discrimination in the distribution of rations, for example. For the most part, such discrimination is not mandated by any organisation, and certainly not by the state—yet, it has occurred.

There is much that can still be done to mitigate the effects of the pandemic, in terms of political decision-making, economic policy, as well as measures for public health. Without the much-needed changes in political institutions and governance, the ‘right’ economic policy and public health measures will not be possible. Given that the virus seems to be here to stay, a comprehensive plan is sorely needed.

1.3 Organisation of the study

The study is organised as follows. Chapter 2 begins by looking at the results of a quantitative survey carried out as part of HRCP’s assessment. Chapters 3 to 5 analyse three key areas that have affected Pakistan: political decision-making in the wake of the institutional structure put in place to counter the pandemic, the economic fallout, and public health response. Chapter 6 then looks at other major areas of concern, including the impact of the crisis on minorities, women, prisoners, and students. Finally, Chapter 7 provides a set of recommendations for the federal and provincial governments, aimed at improving the way they will continue to tackle the ongoing crisis—and indeed, how they will tackle such crises in the future. The study provides several case studies that illustrate how the pandemic has affected individuals’ lives, and how, in some cases, certain policies may have disrupted people’s access to livelihoods, social protection schemes, and social services.

2. People’s Perception: A Quantitative Survey

HRCP conducted a quantitative survey to gauge people’s perception of the government’s response to COVID-19, and how vulnerable communities would be affected by the pandemic. A questionnaire was disseminated among 415 citizens across Pakistan, and their responses collated and analysed by the HRCP team in Islamabad. These responses, collected from across 70 districts, encompassing all four provinces—Balochistan, Khyber Pakhtunkhwa (KP), Punjab, and Sindh—Azad Jammu and Kashmir (AJK), Gilgit-Baltistan (GB), and Islamabad Capital Territory (ICT), are given below.

2.1 Demographic distribution of respondents

Of the total (415) respondents, 61 percent were male and 35 percent were female.² There were also nine respondents who had marked ‘other’ in the gender column. Around 46 percent of the respondents were between 30 and 45 years old, followed by 30 percent who were between 19 and 29 years of age. There were very few respondents below the age of 18 or above 60 years (Table 2.1).

Table 2.1: Age Distribution of Respondents

<i>Age (Years)</i>	<i>Percentage</i>
Under 18	1.7
19 to 29	29.4
30 to 45	46.5
46 to 60	17.8
Above 60	3.1

Of the total, about 43 percent of the respondents held a Master’s degree or above, followed by 34 percent who had completed their undergraduate studies. On the other hand, only 2.4 percent reported having fewer than five years’ education (Table 2.2).

Table 2.2: Respondents’ Level of Education

<i>Level of Education</i>	<i>Percentage</i>
No education (fewer than 5 years)	2.4
Primary (fifth grade)	2.9
Secondary (eighth grade)	2.2
Matric/‘O’ level	6.5
Intermediate/‘A’ level	8.0
Undergraduate	34.2
Postgraduate and above	42.9

The highest percentage of respondents, 18 percent, were working in civil society organisations or for non-government organisations (NGOs), and the same percentage of respondents reported that they were students. Just over 12 percent were government employees, while about 6 percent were journalists. Employees in the private sector and teachers were also represented in the sample, as were lawyers and healthcare professionals (Table 2.3).

² Percentages have been rounded off throughout this section.

Table 2.3: Profession of Respondents

<i>Profession</i>	<i>Percentage</i>
Civil society activist/NGO worker	17.6
Student	17.6
Self-employed	14.7
Government employee	12.5
Privately employed	9.2
Teacher/academic	7.5
Journalist	6.3
Lawyer	4.5
Healthcare professional	3.1
Other (retired, home-based worker, unemployed, home-maker)	2.9
Labourer	1.2

2.2 Policy reform

Respondents were asked various questions with regard to the federal and provincial governments' response to COVID-19, and how they (the respondents) viewed the steps taken by the latter to tackle the crisis. When asked if they felt that the steps taken by the federal government had been effective in tackling COVID-19, 25 percent of respondents were of the view that the government had handled the situation effectively, as opposed to a very large proportion, 75 percent, who felt otherwise.

The 25 percent who said they were satisfied with the federal government's response were also asked why they felt the response had been effective. It is interesting to note that, in 58 percent of these cases, respondents felt that the government's decision not to impose an extended lockdown was what had made the policy effective (Table 2.4).

Table 2.4: What Made the Federal Government's Response Effective?

<i>What Made the Response Effective?</i>	<i>Percentage</i>
The government did not impose a complete lockdown.	48.2
The lockdown did not continue for long, which was good for the economy.	58.2
The SOPs issued from time to time have been adequate.	38.2
The enforcement of SOPs has been effective.	31.8
The government has spoken with one voice and issued clear messages.	20.9
Other	2.7

Similarly, when the 75 percent who were not satisfied with the government's response were asked why, 62 percent of them reported that, although the government had developed standard operating procedures (SOPs), these were not being enforced. Approximately 54 percent felt that the lockdown had not been stringent enough to stem the spread of the disease (Table 2.5).

Respondents were also asked if they felt whether the provincial governments' response had been effective in tackling the COVID-19 situation. Overall, only 37 percent of respondents were satisfied with the provincial or area governments' policies. However, when these responses were analysed by region, it was interesting to note that the level of satisfaction with the government's

response varied significantly. The highest percentage of respondents who reported being satisfied with their government’s response was in GB, AJK and ICT (Table 2.6).

Table 2.5: What Made the Federal Government’s Response Ineffective?

<i>What Made the Response Ineffective?</i>	<i>Percentage</i>
The lockdown, even when in place, was not stringent enough.	53.7
The lockdown did not continue long enough.	45.7
The SOPs issued since the beginning (March 2020 to date) are not adequate.	34.6
The SOPs are not being enforced.	61.6
The government has not spoken with one voice.	44.1
Other	8.9

Table 2.6: Satisfaction with Provincial/ Area Government’s Response

<i>Province/Area</i>	<i>Yes (Percentage)</i>	<i>No (Percentage)</i>
ICT	66.7	33.3
GB	80.0	20.0
AJK	72.7	18.2
Sindh	55.8	43.3
Punjab	42.3	57.7
Balochistan	14.1	85.9
KP	29.2	70.8

Those who reported being satisfied with their government’s response were also asked which elements of the response they thought were best. In 47 percent of all cases, it was reported that shorter lockdowns had been an effective policy measure. Similarly, in 42 percent of all cases, it was reported that not imposing a complete lockdown had made that particular government’s policy effective (Table 2.7).

Table 2.7: What Made the Provincial/ Area Government’s Response Effective?

<i>What Made the Response Effective?</i>	<i>Percentage</i>
The government did not impose a complete lockdown.	42.3
The lockdown did not continue for long, which was good for the economy.	47.2
The SOPs issued from time to time have been adequate.	35.6
The enforcement of SOPs has been effective.	35.6
The government has spoken with one voice and issued clear messages.	30.1
Other	4.9

On analysing the data for those who said they were satisfied with their provincial/area government in AJK, ICT, GB or Sindh (all areas where the majority of respondents had expressed satisfaction with their government’s handling of COVID-19), the results revealed that, in Islamabad, in half the cases documented, respondents felt the government had spoken with one voice and issued a clear message. This was also true for respondents from Sindh where 43 percent were of the opinion that the provincial government had spoken in unison and with clarity, rendering their response effective (Table 2.8).

Table 2.8: Reasons for Satisfaction with Governments' Handling of COVID-19

What Made the Response Effective?	Percentage			
	ICT	GB	AJK	Sindh
The government did not impose a complete lockdown.	25	50	12.5	25.8
The lockdown did not continue for long, which was good for the economy.	0	50	37.5	40.3
The SOPs issued from time to time have been adequate.	12.5	30	37.5	30.6
The enforcement of SOPs has been effective.	25	30	25	25.8
The government has spoken with one voice and issued clear messages.	50	50	25	43.5
Others	50	0	0	3.2

Those who were dissatisfied with their provincial/area government were also asked why they had expressed reservations. In 57 percent of all cases, respondents reported that not implementing a stringent lockdown was one reason for their dissatisfaction. Furthermore, respondents felt that not implementing SOPs and their government's decision to opt out of a longer lockdown (55 percent and 53.4 percent of cases, respectively) were major factors in why they thought the response had been ineffective (Table 2.9).

Table 2.9: What Made the Provincial/ Area Government's Response Ineffective?

What Made the Response Ineffective?	Percentage
The lockdown, even when in place, was not stringent enough.	57.3
The lockdown did not continue long enough.	53.4
The SOPs issued since the beginning (March 2020 to date) are not adequate.	42.3
The SOPs are not being enforced.	55.1
The government has not spoken with one voice.	31.2
Other (specify)	6.0

2.3 Governments' social protection responses

Respondents' perception of the government's social protection response was gauged in the next section of the questionnaire. Respondents were asked about the federal government's social protection Ehsaas programme and whether they saw it as an effective tool in providing some form of protection to the most vulnerable segments of society. Around 40 percent felt the initiative was effective, while the majority (60 percent) termed the government's response ineffective. Those who thought the government's social protection response was effective, were asked which elements of the Ehsaas programme they felt were best. For around 69 percent, the best factor was the programme's extensive coverage (Table 2.10).

Table 2.10: Positive Aspects of the Social Protection Programme

Positive Elements of the Social Protection Programme	Percentage
It has extensive coverage and will reach a sizable proportion of the poor	69.1
It is properly targeted	35.8
The distribution of funds is transparent	47.9
Beneficiaries are able to access funds through a simple process	35.8
The amount given is adequate	26.1
Other (specify)	4.8

Those who were of the view that the social protection programme was ineffective, were asked to identify its negative aspects. A large percentage of respondents, around 62 percent, had reservations about the coverage of the programme. Similarly, in 57 percent of all cases, respondents felt that the amount being provided was inadequate (Table 2.11).

Table 2.11: Negative Aspects of the Social Protection Programme

<i>Negative Elements of the Social Protection Programme</i>	<i>Percentage</i>
Coverage is poor: it will not reach large numbers of the poor	62.3
It is poorly targeted	45.6
The process for obtaining funds is complicated	52.8
The amount given is too small	57.1
Other	7.5

Respondents were also asked about social protection initiatives taken by their provincial/area government, and which elements they felt made these initiatives effective or otherwise. Respondents were first asked if they were aware of any social protection initiatives being run by their provincial/area government. Only around 22 percent were aware that their provincial/area government was running any social protection programme in response to COVID-19. Those who were aware of any such programme were asked to highlight its best elements. In 51 percent of all cases, respondents felt that the programmes were well targeted (Table 2.12).

Table 2.12: Elements you like about the Social Protection Programmes

<i>What Do You Like About the Social Protection Programme?</i>	<i>Percentage</i>
It has extensive coverage and will reach a sizable proportion of the poor	40.7
It is properly targeted	51.6
It is transparent	28.6
Other	15.4

2.4 Impact on vulnerable groups

Respondents were also asked how they felt vulnerable groups had been affected by the pandemic. Around 94 percent were of the view that wage labour had been worst hit by the COVID-19 crisis. Similarly, a very high percentage of respondents said that it would have a significant negative impact on students and on healthcare workers (Table 2.13).

Table 2.13: Impact of COVID-19 on Vulnerable Groups

<i>Group</i>	<i>No Effect (Percentage)</i>	<i>Negative Effect (Percentage)</i>	<i>Don't Know (Percentage)</i>
Labourers	1.2	94.0	2.9
Women	14.7	74.0	7.5
Religious minorities	11.8	65.5	18.6
PLWDs	8.4	75.2	13.0
Transgender persons	6.7	73.7	19.2
Children	10.8	79.8	5.5
Students	4.1	93.3	2.5
Healthcare workers	3.9	88.4	4.1
Pensioners/60 years and above	3.6	79.5	7.0

Respondents were asked further what impact they foresaw on the vulnerable groups mentioned above and how the spread of the disease would affect them. In 94 percent of cases, loss of livelihood was seen as the biggest problem faced by labourers, followed by temporary pay cuts, and hazardous working conditions (Table 2.14).

Table 2.14: Negative Effect on Labour

<i>Negative Effects</i>	<i>Percentage</i>
Loss of livelihood/employment	94.0
Temporary pay cut	48.9
Cuts or freezing of benefits	32.0
Hazardous working conditions (no protective equipment)	47.1
Other	3.0

Respondents also felt that women would be burdened further with caregiving responsibilities (74 percent of cases). In around 70 percent of cases, respondents were of the view that women would become increasingly vulnerable to domestic violence (Table 2.15).

Table 2.15: Negative Effect on Women

<i>Negative Effects</i>	<i>Percentage</i>
Increase in domestic violence	69.3
Loss of livelihood (which was done from home)	51.4
Increase in caregiving responsibilities	74.0
Reduced access to community health workers and health facilities	39.4
Other	3.1

Respondents in 54 percent of cases felt that religious minorities would have problems accessing healthcare, and in 50 percent of cases, respondents felt that the latter could face discrimination during aid distribution by the government (Table 2.16).

Table 2.16: Negative Effect on Religious Minorities

<i>Negative Effects</i>	<i>Percentage</i>
Discrimination in access to relief packages given by NGOs	42.7
Discrimination in access to health facilities	53.5
Discrimination during distribution of aid by the government	50.3
Others	6.3

Most respondents foresaw problems for PLWDs in terms of access to health facilities. They also pointed out that there could be problems in accessing the government's aid packages for persons not registered as 'disabled' in NADRA records (Table 2.17).

Table 2.17: Negative Effect on PLWDs

<i>Negative Effects</i>	<i>Percentage</i>
Issues of access to health facilities, medication and rehabilitation centres	81.2
Issues of access to government relief packages because PLWDs may not have CNICs	44.1
Issues of access to government relief packages because PLWDs are not registered as 'disabled' on their CNICs	36.8
Other	2.9

A majority of respondents (61 percent) felt that transgender persons might face discrimination when trying to access government relief packages. Similarly, in 51 percent of all cases, respondents were of the view that this could lead to increased violence against the transgender community (Table 2.18).

Table 2.18: Negative Effect on Transgender Persons

<i>Negative Effects</i>	<i>Percentage</i>
Discrimination in access to government relief packages	60.8
Discrimination in access to NGO relief packages	31.7
Discrimination in access to health facilities	48.0
Increase in gender-based violence	51.3
Other	6.5

One of the biggest concerns put forth by respondents was the lack of facilities to conduct online classes across the country (82 percent of cases). In 47 percent of cases, respondents felt that the crisis could also lead to an increase in violence against children (Table 2.19).

Table 2.19: Negative Effect on Children

<i>Negative Effects</i>	<i>Percentage</i>
Forced into labour	35.9
No facilities for online education	82.2
Increase in violence	46.8
Other	6.6

In 76 percent of cases, respondents were of the view that there were not enough computers available to provide online education across the country. Around 60 percent of respondents also felt that students' education would suffer for lack of access to both the Internet and computers (Table 2.20).

Table 2.20: Negative Effect on Students

<i>Negative Effects</i>	<i>Percentage</i>
No facilities for online education: no computer	76.2
Have computer but no reliable Internet connection	59.5
Have neither (no computer and no Internet access)	60.3
Other	6.8

For healthcare workers, respondents felt that the biggest concern emerging from the COVID-19 crisis was the lack of personal protective equipment (PPE), which put them at risk of being infected. The lack of additional pay and allowance, and the threat of violence perpetrated by patients' attendants was also raised by respondents (Table 2.21).

For pensioners and those above 60 years of age, 69 percent of respondents reported limited access to medical facilities as a major negative impact (Table 2.22).

Table 2.21: Negative Effect on Healthcare Workers

<i>Negative Effects</i>	<i>Percentage</i>
No access to PPE	72.8
No overtime pay	51.9
Longer hours	47.6
Facing threats from, or misbehaviour by, patients and their families	49.9
Other	4.5

Table 2.22: Negative Effect on Pensioners and Senior Citizens

<i>Negative Effects</i>	<i>Percentage</i>
Social isolation due to limited interaction with other people	78.0
Limited access to medical facilities due to COVID-19	68.9
Loss of livelihood	28.9
Other	5.0

The survey reflects an acknowledgement of the fact that citizens do not have recourse to any substantial relief in times of crisis, and must therefore ensure that their means of livelihood are not disturbed to the extent possible. The group interviewed also had a good grasp of the possible negative effects of the crisis on a range of vulnerable groups. They were sensitive to both material impacts as well as more amorphous ones, such as the potential increase in domestic violence. More than half were concerned that religious minorities would be discriminated against in the distribution of relief items or even in access to healthcare.

The following sections discuss whether these fears have proven unfounded or otherwise.

3. Political Decision-Making and its Discontents

The government's response to COVID-19 has been characterised by lack of consistency, and an inability or unwillingness to acknowledge the potential seriousness of the situation. Mixed messaging has remained a key feature. The health emergency has been conflated consistently with its economic impacts. While the government's concern for the economy is understandable, in a humane society, the primary concern of the authorities should have been the preservation of life—the fundamental right to life. This was a time to rethink priorities and to effect a diversion of resources such that people would be assured of healthcare and social protection amid the worst health crisis the country has faced. Instead, there is a sense that citizens are on their own and must even endanger their lives to meet their basic needs. Indeed, the pandemic may well have had the effect of further eroding the people's trust in, and respect for, political institutions and the governing elite (see Box 3.1).

Box 3.1: Grim Beginnings: The Symbolism of Taftan

Taftan is a powerful symbol of how the state in Pakistan functions. Two days before the country's first confirmed cases of COVID-19 were detected on 26 February 2020, the federal government had ordered that all Pakistanis returning from Iran were to be stopped at the international border near this remote town in southwestern Balochistan. Within a couple of days after this order was issued, a rudimentary quarantine camp sprung up in Taftan. It consisted of around 800 tents and was spread over a sandy plain bordered by barren hillocks. Thousands of Pakistani religious pilgrims returning from Iran would pass through the camp over the next few weeks, complaining bitterly that it lacked such necessities as water and sanitation—let alone facial masks, social distancing protocols, and testing and treatment facilities.

The decision to force pilgrims to stay at the camp in Taftan posed a classic conundrum. The federal government has jurisdiction over customs officials, the border police and law enforcement agencies in the town. However, there is no federal medical facility available here because healthcare is a provincial subject under Pakistan's Constitution.

Taftan is 629 km from the provincial capital, Quetta, and the resource-strapped authorities in Balochistan simply did not have enough resources to test and treat the hundreds of pilgrims who were coming in from Iran every day. Soon after headlines emerged concerning the squalid conditions of the quarantine camp, the army moved in. The Inter-Services Public Relations office would announce later that it had sent a mobile hospital—complete with doctors, nurses, a laboratory, and medicine—to the border town. Pakistan's response to the spread of the virus has been characterised by the same features over time: nominally present federal authorities, poorly resourced provincial governments, and a well-equipped and resourceful military.

It is important to understand why this happened as it did. There is considerable weight in the argument that the structural imbalances in Pakistan's polity, evident in the primacy of unelected institutions, became more pronounced with the onset of COVID-19.³ As mentioned in Chapter 1, the National Coordination Committee (NCC) was established without even Cabinet approval at a meeting of the National Security Committee on 13 March 2020.⁴ Besides announcing the closure of all educational institutions, banning all public events/gatherings such as the Pakistan Super League and Pakistan Day Parade, and stopping all international flights except those flying to and from Islamabad, Karachi and Lahore, the same meeting also decided that the NDMA, a civilian organisation headed by a serving lieutenant general, would 'be the lead operational agency' in the campaign against the virus. It would 'coordinate its efforts with the provincial and district

³ https://pmo.gov.pk/news_details.php?news_id=1066

⁴ https://pmo.gov.pk/press_release_details.php?pr_id=3344

authorities for necessary implementation of the preventive and curative actions.’ But by the end of March, a National Command and Operation Centre (NCOC) was put in place, again without any parliamentary or Cabinet approval. Its main task was to ‘synergize and articulate [a] unified national effort against COVID-19, and to implement the decisions of [the] National Coordination Committee on COVID-19.’⁵

Arguably, the composition of the NCOC—with unelected people in key positions—leaves something to be desired. Headed by the federal minister for planning and development, Asad Umar, its members include the interior minister Brig. (Retd) Ijaz Ahmed Shah, Special Assistant to the Prime Minister (SAPM) Dr Moeed Yusuf, the Prime Minister’s advisors Dr Zafar Mirza and Abdul Razak Dawood, and four other federal ministers. One of these belongs to KP (Omar Ayub Khan) but three are from Punjab (Hammad Azhar, Khusro Bakhtiar and Syed Fakhar Imam). That Balochistan has absolutely no representation and that Sindh and KP have only one representative each, makes the NCOC’s composition sorely disproportionate. Moreover, while the technocratic experience of many members of the NCOC may be proving useful, the fact remains that Parliament or even the NDMA appear to have little voice in its deliberations.

3.1 Federal government versus Sindh government

The discussion above points to a political fault-line that the virus has widened: the divide between the federal government and the provincial authorities in Sindh. Over the last four months, the two sides have failed to agree on almost every issue related to handling the COVID-19 crisis.

Incidentally, this is not how it all began. Initially, Sindh led where others followed. It set up two large quarantine facilities—one in Karachi and the other in Sukkur—to isolate Pakistanis returning to the province from abroad, particularly Iran, until they were either cleared or cured of the virus infection. By 23 March, Sindh had also enforced a lockdown on educational institutions, government offices, commercial and industrial activities, and public and private gatherings as a means to stop the virus from spreading.

By the next day, similar restrictions were in place all across Pakistan. Only lone individuals were allowed to travel in private vehicles; no media personnel or newspaper hawkers were allowed to move freely, except those authorized by their employers; all activities in the public and private sectors were halted. Only telecommunication companies, banks, defence-related manufacturing industries, food manufacturing industries and distributors, grocery shops, petrol pumps, automobile workshops, and welfare organizations providing humanitarian services were allowed to continue operating—and those too, with limited staff and only between 9 AM and 5 PM.

A day later, the federal government also shut down the outpatient departments of hospitals in ICT to curb the spread of the virus.⁶

But the first sign that the federal government was not really in favour of a strict lockdown did not take long to appear. On 29 March, the federal authorities allowed goods transportation through highways across Pakistan and also increased the number of freight trains to avert a shortage of food and other essential supplies.⁷ By 27 April, the federal government was talking about a ‘smart’

⁵ <https://ncoc.gov.pk/#section2>

⁶ <https://nation.com.pk/25-Mar-2020/covid-19-pakistani-hospitals-suspend-outpatient-clinics>

⁷ <https://tribune.com.pk/story/2187077/centre-decides-open-roads-across-country>

lockdown that was to be enforced 9 May onwards, only in those areas where the number of virus infections was relatively high.⁸

Less than a week later, Prime Minister Imran Khan came out strongly against the lockdown on the grounds that it could render millions of Pakistanis jobless. He said that the lockdown had been enforced at the behest of a tiny elite that could afford to cocoon itself at home, having hoarded all the required provisions.⁹ But the poor and the hungry would become poorer and hungrier, he said, were the government to impose an all-encompassing lockdown indefinitely.

After his address, many aspects of the lockdown were formally eased, such as the restrictions on shops and public and private offices. Others were allowed to become ineffective, such as the ban on private transport and travel. By the end of May, there was no lockdown left in any part of the country—except in name and except in some highly infected areas.

At the same time, everybody who was anybody in the federal government or in the ruling Pakistan Tehreek-e-Insaf (PTI) embarked on a public relations campaign to discredit Sindh's provincial government. This confrontation became even more apparent after the Sindh government decided to impose a strict ban on religious gatherings, including on Friday prayers and *taravib* [additional ritual prayers] during the month of Ramzan. The federal government, on the other hand, parleyed with religious leaders¹⁰ and allowed them to go ahead with such gatherings if they could guarantee that medically necessary precautions—such as social distancing and the wearing of masks—were strictly followed.¹¹

As soon as Ramzan ended, both the number of corona infections and related deaths spiked rapidly across Pakistan, including in Sindh.

By 31 March 2020, the federal government had approved a decision to rename the long-running BISP as 'Ehsaas Kafaalat' and announced that it would provide financial aid to millions of families that might otherwise have suffered loss of livelihood due to the lockdown (the Sindh government had already announced in the second half of March that it was devising a food aid programme to help those communities and settlements that had to be sealed off to avoid contagion). These measures were part of a PKR 1.2 trillion relief package that Prime Minister Khan had announced a week earlier and which included many sops and concessions to the commercial and industrial sectors as well.¹²

In the absence of any reliable data on informal labour, the federal government proceeded to distribute relief money only to those already registered under the BISP. Most significantly, it abandoned the old way of distributing aid money through local shopkeepers and set up large camps in every part of the country where recipients ended up gathering in large crowds. Disregarding the social distancing protocols necessitated by the virus, they waited in long queues, often under trying conditions, to collect their money.¹³

The Sindh government continues to allege that the federal government never gave it access to the data it needed to implement its own food and aid distribution schemes. In the absence of that

⁸ <https://acenews.pk/federal-govt-decided-to-implement-smart-lockdown-fom-today/>

⁹ <https://www.thenews.com.pk/print/652173-decision-to-lockdown-forced-by-elite-imran>

¹⁰ <https://www.dawn.com/news/1550117>

¹¹ <https://www.dawn.com/news/1550799>

¹² <https://www.geo.tv/latest/280078-federal-cabinet-meets-to-approve-coronavirus-relief-package>

¹³ <https://www.dawn.com/news/1548221>

data, the provincial authorities have relied on PPP workers and elected representatives at the union council level to get their plan going but, in the absence of a digital and verifiable database, the process has been often marred by corruption, nepotism, and the gross misallocation of precious financial resources.

3.2 Absence of local government

This brings us to the most glaring omission in Pakistan’s handling of the COVID-19 crisis: local governments. While the tenures of local governments in Punjab, KP, and Balochistan expired not long after the current administration took charge in August 2018, no efforts have been made to hold local elections in these parts of the country. Even where local governments are still in place—as is the case in Sindh and ICT—these have been rendered so ineffective as to be non-existent. In neither Sindh nor ICT have the local governments been given any meaningful role or responsibility in handling the crisis.

This, on the one hand, led the United Nations Development Programme to point out that Pakistan’s response to the virus had been found wanting because the government’s administrative and political structures lacked direct contact with the people at the local level.¹⁴ On the other hand, it allowed Prime Minister Khan to set up a ‘Tiger Force’ (see Box 3.2). Consisting of PTI loyalists, the cadre was set up on 27 March, but has so far been seen in action very rarely, if at all, although some of its events have made headlines for the wrong reasons: disarray and internal discord.

Box 3.2: The Conundrum of the Tiger Force

The Tiger Force was set up amid much fanfare on 27 March 2020 to aid the government in COVID-19-related relief efforts. Recruitment of volunteers began on 31 March. On 17 May, the SAPM for Youth Affairs, Usman Dar, addressed an orientation session for the Force in Sialkot and announced that a million young people had been recruited into its ranks.¹⁵ Yet another month passed before the SAPM announced, on 11 June, that the Tiger Force was to be made operational from that day (that is, two and a half months after recruitment began). Another month down the line, and in spite of the recent news that an app had been launched to coordinate its activities,¹⁶ there is little evidence that the Tiger Force has made any appreciable dent in relief coordination efforts. While the Sindh government decided not to use its services, there were no such constraints in other regions. Had local governments been functional and effective, there would have been no need to launch what was essentially a gimmick—and one that has no credibility among common people.

3.3 From Parliament to the Supreme Court

Back at the broader national level, the opposition thought it could have made itself heard by having the government convene a session of the National Assembly. It also sought a meeting of the Council of Common Interests—designed by the Constitution as a forum for the resolution of any disputes between the constituents of Pakistan’s federal system.

The government would have none of it. Apart from relegating the National Assembly in particular and the whole of Parliament in general to the level of a debating club and an avenue for slanging matches, it continued to use the NCOC and other non-elected forums as its main vehicles for making and implementing policies.

¹⁴ <https://www.arabnews.pk/node/1693646/press-review>

¹⁵ <https://nation.com.pk/18-May-2020/one-million-youth-now-part-of-tiger-force>

¹⁶ <https://nation.com.pk/07-Jul-2020/usman-dar-launches-mobile-app-for-corona-relief-tiger-force>

In fact, this practice of giving non-representative institutions more preference has been going on for some time—even before the pandemic hit Pakistan. It has already resulted in hollowing out such constitutional bodies as the Economic Coordination Committee of the federal Cabinet and the Planning Commission. Most of the former’s functions have now been assumed by the National Security Committee, dominated by military commanders and unelected technocrats.

If there had been any authority still left in the federal government’s civilian-dominated institutions, it was whittled away by the Supreme Court of Pakistan. The honourable court, in the run-up to Eid in May, termed the coronavirus not as deadly as was made out. It castigated the federal and provincial authorities for spending large amounts of money on COVID-19 patients while those afflicted with other maladies were not getting the treatment they needed. It ordered every government representative to step back and let businesses run as usual so that people ‘could buy new Eid clothes.’¹⁷

The order was passed after the judges, using their jurisdiction to enforce human rights, took suo moto notice of the COVID-19 situation in Pakistan. This was perhaps the most bizarre application of this jurisdiction. Of course, the Constitution guarantees freedom to do business, but the highest court in the land found it convenient to overlook the danger that the unfettered exercise of this freedom could pose to public health.

3.4 The plight of the marginalised

What every organ of the state has conveniently forgotten in this hullabaloo of institutional one-upmanship are the voices of the poor and the marginalised. On the contrary, traders and businesspersons successfully lobbied the authorities to reopen shops and industrial units even as the number of infections spiralled. Similarly, religious leaders and groups have been able to project their views through the media and other public and private forums so aggressively that the government has had to cave in to their demands, allowing them to hold public events that then became super-spreaders of the virus.

These contrasting examples are indicative of the relative strengths—and weaknesses—of various groups and communities in society. Business and industry certainly enjoy a privileged position in the polity: they have received a relief package that consists of a steep drop in interest rates, easy loans with which to pay employees’ salaries, deferred payment of previous loans, and several other concessions, including ones on the payment of utility bills. Religious leaders, too, have been proven equally, if not more, powerful.

In contrast, industrial workers, peasants, daily-wage labourers, and students in rural and remote areas—and many others like them—have received little attention. No serious debate, for instance, has taken place in the media or in Parliament over the sacking of thousands of industrial workers in many sectors of the economy in recent months.

The contrast between those who have successfully managed to train the spotlight on themselves by virtue of their privileged positions, and those who are condemned to live eternally in the shadows has never been greater.

¹⁷ <https://www.dawn.com/news/1558005>

4. Economic Impact and Response

While analysing the economic impact of COVID-19, it is important to understand the broader context. Pandemics typically cause a unique dual supply and demand shock to the economy. Due to disruptions caused by closures and travel restrictions, supplies are disrupted; and because of cuts to spending, many people lose livelihoods and live with reduced incomes, causing a slump in demand. This dual shock is not unique to COVID-19, but has been in evidence during every pandemic in history. It is in this context that the COVID-19 economic impact or mitigation should be analysed.

4.1 State of the economy

Pakistan's economy was already in dire straits before the outbreak of COVID-19. The country had entered into an Extended Fund Facility arrangement with the International Monetary Fund in July 2019, and had been implementing contractionary stabilisation policies to reduce the twin deficits (current account and fiscal). Over the period July 2019 to March 2020, the fiscal deficit had been reduced to 4 percent of GDP, while the current account deficit had fallen by 71 percent to 1.5 percent of GDP.¹⁸ The effects of COVID-19 on this already-contracting economy have been devastating. When the fiscal year closed on 30 June 2020, Pakistan had recorded negative growth of 0.4 percent,¹⁹ which was the first contraction of the economy since 1951. Both the industries and services sectors posted negative growth. The budget documents show that the tax revenue shortfall for the year amounted to almost PKR 1.6 trillion.²⁰

Similarly, COVID-19 poses serious challenges for Pakistan's balance of payments (BOP). Pakistan's exports decreased by 54 percent year-on-year (YOY) in April and by 33 percent YOY in May 2020. Imports fell by 32 percent YOY in April and by 43 percent in May 2020.²¹ Given that the pandemic has disrupted the world economy as a whole, export volumes may not recover for some time.

What makes the BOP situation even worse for Pakistan is the economic slump globally, affecting remittances. As per the Jadwa Investment Report, 1.2 million foreign workers are likely to leave Saudi Arabia in 2020.²² Pakistanis comprise around 17 percent of expats in Saudi Arabia, and this means that around 200,000 Pakistanis will be returning home. Similarly, as of April, COVID-19 had rendered 10,000 Pakistanis jobless in the United Arab Emirates, and this number is likely to rise.²³ As these workers return, this will put serious pressure on the country's BOP in the mid-to-long term. The World Bank projects a decline in remittances of 22 percent for South Asian countries in 2020.²⁴ In addition, the influx of an estimated 300,000–500,000 workers from other Gulf countries will also put a strain on the worsening unemployment situation in the country.

¹⁸ Ministry of Finance, Economic Advisors Wing. 2020. *Pakistan Economic Survey*. Overview of the Economy, p. ii. Current account deficit figure, p. 1.

¹⁹ *Ibid.*, 14.

²⁰ Ministry of Finance. 2020. *Budget in Brief*, table 4.

²¹ Ministry of Finance, Economic Advisors Wing. 2020. *Pakistan Economic Survey*, chap. 8.

²² <https://saudigazette.com.sa/article/594272>

²³ <https://www.thenews.com.pk/print/641575-coronavirus-renders-10-000-pakistanis-jobless-in-uae-official>

²⁴ <https://www.worldbank.org/en/news/press-release/2020/04/22/world-bank-predicts-sharpest-decline-of-remittances-in-recent-history>

The informal sector in Pakistan accounts for 72 percent of non-agricultural employment.²⁵ This amounts to about 27.3 million people.²⁶ These people are at the highest risk of losing their livelihoods because of COVID-19. A recent study shows that, if restrictions are limited, 1.4 million jobs could be lost, but if a strict lockdown is ever imposed, 18.5 million people or 30 percent of the workforce could lose their jobs. As per another recent study from the Small and Medium Enterprise Development Authority, 92 percent of small and medium enterprises (SMEs) reported supply chain disruptions, while 23 percent reported a total loss in their export orders. About 89 percent of the businesses surveyed were facing financing and liquidity issues, while 60 percent reported loss of sales.²⁷ Since it will take some time before demand returns to pre-COVID levels, the economic impact will likely linger, and any recovery will be gradual.

4.2 The government response

From the onset, there were two opinions on the response towards COVID-19. The federal government felt that less risky areas of the economy should be allowed to operate, as a sizable population depends on daily or weekly wages in Pakistan. On the other hand, there were proponents of imposing a complete lockdown and maintaining it till the disease incidence curve showed a downward trend. Some argued that the government had turned the entire COVID-19 policy response into a health-versus-the-economy debate. This was seen as a fundamental mistake in the government's response to the pandemic. Not only did it put public health and lives at risk, but it also hampered economic revival. It was argued that policymakers had failed to realise that no normal economic activity could resume during the pandemic. In fact, if infections and the death toll increased, this would further delay economic recovery. It was also felt that dealing with the pandemic should have been the foremost priority of the government—not only to protect lives, but also to ensure an earlier and smoother economic recovery post-COVID.

The government's response to COVID-19 can be divided into two stages: (i) the instant response that came with the onset of the pandemic in March, and (ii) the proposed policy response as reflected in the budget for the fiscal year 2020/21, which was presented in June 2020.

Initial response: A multi-sectoral relief package

The first relief package was announced on 25 March, a month after the first COVID-19 case was confirmed. The government announced this as the single largest poverty relief package ever granted in Pakistan, with a value of PKR 1.25 trillion.²⁸ A breakdown of the package is given in Table 4.1.

As the table shows, the items that qualified mainly as 'social protection' were PKR 200 billion in food packages to be distributed to daily-wage labourers and PKR 144 billion to be given as unconditional cash transfers to vulnerable families identified through the BISP registry and through district authorities.²⁹ Payments to households were to take the form of a one-time cash payment of PKR 12,000, which was supposed to cover three months of basic groceries, calculated

²⁵ Pakistan Bureau of Statistics. 2019. *Labour Force Survey 2017–18*, p. vii.

²⁶ *Ibid.*, 5.

²⁷ https://smeda.org/phocadownload/Research_Publications/SMEDApercent20Surveypercent20Reportpercent20percent20COVID-19percent20Impactpercent20onpercent20SMEspercent20reduce.pdf.

²⁸ <https://nation.com.pk/30-Mar-2020/ecc-will-today-approve-rs1-2-trillion-economic-relief-package-to-combat-covid-19>

²⁹ The registry dates from 2011 and was based on an asset evaluation census of households. Of the 12 million households who were considered eligible for these funds, 8.5 million were drawn from the BISP registry, while 3.5 million were identified by the district administration as households in need of assistance.

as PKR 4,000 per month for an average family. Similarly, the food subsidy through the Utility Stores Corporation, shelter homes, and relief on electricity bills would directly benefit the poor. These measures comprised about 40 percent of the value of the package. The remaining 60 percent was aimed at producers, and comprised tax refunds and breaks, deferment of loans, facilitation of wheat procurement, and an energy fund. As of 12 July 2020, PKR 152.9 billion had been disbursed to 12.6 million vulnerable families under the Ehsaas emergency cash programme.³⁰ However, only PKR 75 billion of the PKR 200 billion promised for daily-wage workers had been distributed.³¹

Table 4.1: Breakdown of Prime Minister’s Relief Package

<i>Head of Expenditure</i>	<i>Allocation (PKR bn)</i>
Disbursement for daily-wage workers and labourers	200
Tax refunds for exporters	100
Loan deferment/concessional loans for agriculture and SMEs	100
Relief for vulnerable families (12 million families)	144
Shelter homes programme (Panagah)	6
Utility Stores Corporation (food subsidies)	50
Wheat procurement	280
Reduction in petrol prices	70
Relief on electricity bills (on consumption of up to 300 units) and gas bills	36
Tax breaks on health and food supplies	15
Residual/energy fund	100
Allocation for NDMA	25
Total	1,126

Source: Press statement, Ministry of Finance; Aftab, Safiya. (2020). Social Protection and COVID 19. Islamabad: Jinnah Institute.

Budgetary provisions

The federal budget did not seem to take COVID-19 conditions into account to any appreciable degree. The Federal Board of Revenue collected barely PKR 4 trillion in taxes in the outgoing fiscal year, but the target for the coming fiscal year was set at PKR 4.9 trillion.³² With the pandemic set to persist for much of this year, and with growth projected at –0.2 percent by the World Bank for the current fiscal year,³³ the tax collection target is unrealistic.

In terms of COVID-19 relief, the government budgeted BISP expenditure at PKR 200 billion, compared to the revised expenditure of PKR 234 billion in the fiscal year 2019/20.³⁴ PKR 70 billion was allocated for the COVID-19 response, but what this amount would be spent on was not specified. Health expenditure doubled in the federal budget to PKR 25 billion, but since health is not a major responsibility of the federal government, this data does not really provide an accurate picture of how the sector is being dealt with. For that, one must peruse the provincial budgets.

³⁰ https://www.pass.gov.pk/ecs/uct_all.html.

³¹ Ministry of Finance. 2020. *Budget in Brief*, p. 26.

³² *Ibid.*, table 3.

³³ World Bank. 2020, June. *Global Economic Prospects*. Data for South Asia.

³⁴ Ministry of Finance. 2020. *Budget in Brief*, p. 25.

In Punjab, the government's revised budget for healthcare for the fiscal year that ended on 30 June 2020 was 6 percent higher than the amount originally budgeted.³⁵ The budget estimate for the ongoing fiscal year (which began on 1 July) is again 2 percent higher than this revised amount. Altogether, the health budget had to be raised by PKR 12 billion, or an 8 percent increase over the budgeted amount for the previous year. The bulk of the budget (80 percent) will go towards hospital services. A further PKR 68.3 billion was designated in the budget as COVID-related expenditure, but this included tax relief measures and expenditure on the existing healthcare workforce. Nevertheless, the government also made a block allocation of PKR 13 billion for healthcare, and budgeted PKR 10 billion for new recruitment in the health sector. Special COVID-19 measures outside the health sector include the PKR 10 billion Chief Minister's Insaaf Imdad Programme 2020 for targeted monetary relief to the unemployed, and funds for disaster relief and other mitigation measures.

In Sindh, the current expenditure allocated for health was increased by 16 percent in the ongoing fiscal year, compared to budget estimates for the previous fiscal year.³⁶ The government has also established a PKR 3 billion emergency fund in the province to deal with contingencies related to the virus. Most notably, the budget allocation for labour and social welfare was increased by more than 1,300 percent (or from PKR 1.8 billion to PKR 27.1 billion), with PKR 20 billion allocated for the Sindh People's Support Programme. The programme includes a PKR 5 billion scheme for soft loans to SMEs; PKR 2 billion for small farmers under a poverty alleviation scheme; and a further PKR 3 billion Small Business Support Fund for urban firms.³⁷ The budget also included other measures, such as subsidies on seed for farmers and support for technology-based start-ups.

KP also increased its health budget by record amounts—an increase of 51 percent (not taking into account the newly merged western districts) over the previous year's budget allocation.³⁸ The province also put in a block allocation of PKR 15 billion for the COVID-19 pandemic as part of current expenditure.³⁹ In Balochistan, the budget allocation for the health sector went up by almost 31 percent.⁴⁰ In addition, a COVID-19 relief fund (the Chief Minister's COVID Emergency Fund) of PKR 1 billion was also budgeted for.

4.3 Mismanagement in relief

The government chose to distribute transfers under the Ehsaas Emergency Cash programme through disbursement centres rather than using a contact-less system through ATM cards or mobile bank accounts. The official reason for this was to ensure quick disbursement. While cash disbursement centres were instructed to ensure adherence to social distancing guidelines, in practice this was often not done. Even the pictures on the Ehsaas programme's official website show that, in many cases, people were crowded together in buildings, waiting their turn.⁴¹ In addition, some unscrupulous elements took advantage of the need for quick disbursement and started charging for services to access the cash, while telling beneficiaries that they represented disbursement centres and that the government was charging for cash disbursement. One such case was reported by an HRCP member in the district of Dera Ismail Khan.

³⁵ Government of Punjab, Finance Department. 2020. *White Paper*, p. 20.

³⁶ Government of Sindh, Finance Department. 2020. *Salient Features of Budget 2020–21*, p. 6.

³⁷ *Ibid.*, 17.

³⁸ Government of KP, Finance Department. 2020. *White Paper*, table 20.

³⁹ *Ibid.*, 102.

⁴⁰ Government of Balochistan, Finance Department. 2020. *White Paper*, p. 40.

⁴¹ <https://www.pass.gov.pk/Detailf90ce1f7-083a-4d85-b3e8-60f75ba0d788>

The government's social protection policy makes absolutely no distinction on the basis of ethnicity or religious belief. Nevertheless, there have been numerous reported incidents of people being refused help on religious grounds. The most widely reported instances related to the Saylani Welfare Trust, although the charity denied that it was implementing any such policy. There is little doubt though, that workers on the ground were violating the charity's guidelines in some cases.⁴² In fact, the emergency has led to instances of personal prejudice finding an outlet. While there are no easy solutions, the state's role in fanning the flames of such sentiments needs to be acknowledged. There is a need to own the mistakes of the past, and commit to forging a new path where no form of discrimination is tolerated.

⁴² For an account of the Saylani issue, see <https://thediplomat.com/2020/04/covid-19-fans-religious-discrimination-in-pakistan/>

5. Public Health Policy

This section traces the response of the health authorities to COVID-19 and assesses the implications of the government's actions.

5.1 COVID-19: The facts

As is all too apparent, COVID-19 is highly infectious. Its R_0 , the rate of infectivity, is about 2–3.⁴³ Men appear more likely to get infected than women. Those over 60 or who suffer from obesity or co-morbidities are worse affected. Children under 16 years are mostly spared the manifestation of disease, although it is possible for them to become infected. About 80 percent of those infected suffer a mild attack, about 15 percent require hospitalisation, and about 3–5 percent need critical care, with breathing assistance.

The infection fatality rate is about 0.5–1 percent. A large percentage of deaths, 50–80 percent, are among the elderly, obese, and those with co-morbidities. In such cases, death tends to occur within 20–25 days of having been infected. Deaths among younger people are generally related to co-morbidities. Poor people in Pakistan, even if young, carry a high burden of chronic disease, such as hepatitis and tuberculosis, putting them at greater risk. People who recover from COVID-19, or have asymptomatic infections, most likely produce protective antibodies.

5.2 Incidence of disease

The number of reported infections does not reflect a true picture of the volume and spread of infection—this number is merely a function of the number of tests performed. The actual number of infections among the population is thought to be many times higher, and is continuing to increase because a large number of cases are asymptomatic. Pakistan's system of testing is limited and its contact tracing inadequate. If we extrapolate the figures from India, where most conditions match those of Pakistan—poor infrastructure, an inadequate health system, and a poor and uneducated population—the estimates would indicate that about 50,000 new infections are added every day. This is most likely happening in Pakistan as well. Evidence of this phenomenon is that, out of 25 members of the Pakistan cricket team, 10 have tested positive.⁴⁴ That is an infection rate of almost 40 percent.

From the data released by Pakistan's National Institute of Health in Islamabad, the virus increased exponentially every two to three weeks till May. Since then, after larger seeding due to pre-Eid-ul-Fitr shopping and movement during the Eid holidays, it began to double every 13 days. It also important to keep in mind that these numbers are the reported numbers only. The actual number would have continued to increase during this time and would be many times higher. Given the R_0 of 2–3, natural herd immunity will be achieved once 50–66 percent of the population—or about 130 million people—have been infected. Most of these infections will be asymptomatic and benign. Still, 19.5 million persons will need hospitalisation and 6.5 million will need critical care over however long the virus takes to reach herd immunity levels. Even the best medical care system cannot cope with such a situation.

⁴³ R_0 , the infection fatality rate, and the number of days it takes for an infected person to die, are a composite obtained from the opinions of different epidemiologists studying COVID-19 around the world. Stanford University, Oxford University and Johns Hopkins University present daily webinars to share information. See also: <http://www.ox.ac.uk/news-and-events/coronavirus-research>

⁴⁴ <https://www.dawn.com/news/1564717>

The number of deaths reported per day are hospital deaths—mostly in large cities. Since Pakistan has no system of death reporting in general or surveillance for deaths, rural deaths are likely not counted in this data. Therefore, the reported number is probably far lower than actual deaths per day. It is also unclear if these reported deaths are because of COVID-19 or due to co-morbidity. What we know for certain is that more than 50 percent of these deaths are among people over 60 years of age or those with co-morbidities. Nevertheless, it does seem that there are excess deaths in the country. The evidence for this can be obtained by monitoring graveyards. Although most graveyards do not keep this data or are not willing to share it, the Karachi Metropolitan Corporation graveyard has reported an increase in the number of bodies brought for burial this year—twice the number of bodies in May 2020 compared to May 2019.⁴⁵ The Metropolitan Corporation of Lahore has also reported excess deaths: 1,744 in June 2019 versus 3,594 in June 2020.

The process of excess deaths, COVID and non-COVID ones, will continue until adequate arrangements are made to protect the vulnerable and care for them properly when they fall sick—with timely hospitalisation available close by. Those dying from COVID-19 infections will also include frontline doctors and nurses, or those with underlying diseases made worse by concomitant COVID-19 infection. Others, deprived of routine and necessary medical care, and those with heart disease or cancer or in other emergencies will also die in excess because of neglect and the unavailability of medical services.⁴⁶

In a small, quick survey of general practitioners in Peshawar, doctors who had had to shut down their practices admitted that, on average, each doctor had lost about four to six of their regular patients out of a total of about 150–200 during the lockdown period.⁴⁷ These patients had died of strokes and heart attacks because they could not keep up their regular health check visits and obtain medicines for underlying conditions such as high blood pressure and/or diabetes. There is also increased morbidity. At one practice, in two months, about three to five women had to deliver babies at home in emergency with unskilled attendants. These women now have delivery-related complications that will require surgical repairs over the next two to four years. In addition, babies born at home with neonatal jaundice could not get to hospital for treatment.⁴⁸

All these deaths have unmasked the chronic deficiencies and vulnerabilities of the healthcare system, and those of the general population.

5.3 What should determine the government's response and what can still be done

The World Health Organization and US-based Center for Disease Control lay out general guidelines for containment, mitigation, testing, and treatment in every epidemic, as they did for COVID-19. How these guidelines are to be translated into activities, and are implemented, managed, supported, and financed in each country is the responsibility of their national governments. There are examples of how different governments tried to protect their populations and what they prioritised. By now, we also know how successful each was in its efforts, and the reasons for their success and failure.

In Pakistan, the federal government's response was late, inadequate, fragmented, poorly managed, and confused. Lack of proper public communication and contradictory messages contributed to

⁴⁵ <https://tribune.com.pk/story/2242181/1-citys-death-rate-shoots>

⁴⁶ <https://www.bbc.com/urdu/pakistan-53295535>

⁴⁷ Personal communication with Dr Rizwana Hashmat, private practitioner in Peshawar.

⁴⁸ <https://www.dawn.com/news/1547293>

the confusion and loss of credibility of public service announcements. Unfortunately, this situation continues.

The governments have also had to contend with doctors' concerns, many of whom were being infected in the absence of PPE. In many cities, young doctors protested against the government's indifference. Another major problem was the unavailability of medicines or their availability at exorbitant prices. In many private hospitals, life-saving injections were being sold to seriously ill patients at ten times the price. The federal minister for railways, Sheikh Rasheed Ahmed, who tested positive, confirmed this observation at a press conference after being discharged from hospital.⁴⁹

The lockdown instituted in March did not yield the expected results—it did not mitigate the spread of infection. This is unsurprising: mitigation via lockdown is not possible without parallel measures such as testing, tracing contacts, and isolating infected cases. Yet, at one point, some senior doctors had to urge the government to impose a lockdown. On the other hand, the lockdown created further vulnerabilities among already disadvantaged people. Many families were left unsupported, without food or daily earnings. Crowded together in small places, they were apt to infect one another.

Lockdown is one of the strategies that is useful only along a particular timeline during the life of the infection, and is useful only if it can be implemented well. This means providing support such as food rations and money to people at their doorstep for the duration of the lockdown. Lockdowns are also to give the authorities time to prepare their service delivery systems, to test and isolate those infected. It seems it is not possible for the Pakistani government to implement a proper lockdown, and the timeline for this has moved on. Obsessing about a lockdown at this stage is, at best, distracting. This does not mean, however, that people should not take protective measures. Large congregations, religious gatherings, prayer meetings, funerals, weddings, birthday parties and so on should not be allowed. Local communities should be monitored and may be closed off—with support—if there are a large number of infections in a defined area.

Based on the available data, experts have asked whether lockdowns and other constraining measures imposed by the government have helped to prevent the spread of the virus. If the present situation continues, infection spreading the way it is and deaths occurring the way they are, and without thoughtful, consistent, and appropriate interventions, we are headed for a crisis.

Given the constraints and challenges, there is still much the government can do even now. It should adopt a collaborative approach, employing district-level authorities. Plans should be based on actual, local data, and efforts need to be made in this regard, given all our deficiencies. The data should be used to focus on organising hospital-based services. Other than that, the behaviour of the virus and lived realities of Pakistan's population should determine the government's response.

The number of reported infections is not a useful or reliable indicator for response planning purposes, and since adequate, reliable testing and tracking is not possible for the government, it is best not to rely on general mass testing or its results as an indicator either.

⁴⁹ <https://www.dawn.com/news/1567496>

Box 5.1: Deploying a preventive health/harm reduction strategy

The response to COVID-19 should be an overarching comprehensive strategy built around preventive health principles focused on harm reduction. The main pillar of this strategy should be to bring about, on one hand, behavioural change in the population to increase their participation in their own protection and compliance with government programmes. On the other, it should make critical-care medical services affordable and functional. This fundamental part of the COVID-19 response—harm reduction—has been badly designed and poorly implemented in governments' response plans. The results are before us.

Other critical components of a preventive health/harm reduction strategy are to:

- Identify and protect those at risk, including people over 60 years of age, those with co-morbidities, frontline workers, supply chain workers, and institutions such as critical-care hospitals.
- Make adequate PPE available to *all* frontline workers, including janitorial staff, even at the district level.
- Decrease the burden on critical-care hospitals by mobilising the district hospitals. Currently, these are lying unused and non-functional—a waste of critical resources in this time.
- Initiate local research on COVID-19 to prevent, diagnose, and treat the disease, to understand how it spreads under local conditions and how people need to be educated to help the authorities.

The overall strategy and prevention plans should be prepared collectively and collaboratively between the federal, provincial, and district governments, with clear roles for, and accountability of, different departments. The implementation of planned activities should be decentralised. Without the involvement and participation of local government, it is not possible to implement public health activities.

Specific tasks that can be completed by the government in the **short term** include:

- Filling vacant positions in the provincial health services systems.
- Recruiting final-year medical students and nurses by incentivizing them and training them to manage patients who are less sick, freeing up experienced doctors for critically ill people.
- Arranging to use district and tehsil hospitals for quarantine and isolation.
- Setting up a transparent information system that gives coordinated data on the government's activities.
- Sharing planning documents regarding coronavirus-related activities for review by civil society stakeholders.

In the **long term**, the government needs to recruit technically sound staff—including epidemiologists, virologists, health education experts, and public health programme design and monitoring experts—to help reorganise the health services system. Recruitment should be carried out in a transparent manner. Finally, epidemic control education should be made part of the medical and nursing curricula.

6. Other Key Areas of Concern

While COVID-19 has had devastating impacts on the economy, which tend to dominate the headlines, it has also affected less well-documented areas. Three of these are highlighted below.

6.1 COVID-19 and religious minorities

As mentioned earlier, the first confirmed case of COVID-19 in Pakistan was that of a young man returning from pilgrimage to Iran. This was followed by a slew of cases stemming from the quarantine camp in Taftan—again, among pilgrims returning from Iran. Thus, the first wave of confirmed cases in Pakistan was concentrated disproportionately among pilgrims from Iran, who were almost all Shia Muslims. Many of those who travel to Iran overland through Balochistan are members of the Hazara community, which has been the target of a concerted hate campaign by multiple groups for some time. The detection of cases in the Shia community led to an outpouring of hate speech and discrimination against them. Social media sites such as Twitter were inundated with messages targeting the Shia community in general, and Hazaras in particular.⁵⁰ Even federal ministers and advisors were not immune. In fact, the SAPM who was responsible for managing the Taftan situation—himself Shia—was vilified on social media. While his decisions concerning the quarantine issue may be questioned, the fact that he was targeted on the basis of his sect, was clearly an instance of faith-based discrimination.

The discrimination was not restricted to the public. Government institutions in Balochistan responded to the crisis by instructing Hazara employees not to come to work, regardless of whether they had been exposed to the virus. A documented example is that of the Water and Sanitation Authority in Quetta, which instructed its Hazara employees to restrict themselves to their areas of residence.⁵¹ This was after the inspector general of police issued a similar directive. In their defence, the government officials asserted that, in the absence of testing facilities in the initial weeks of the outbreak, they had decided to err on the side of caution to halt the spread of COVID-19. Nevertheless, their method of handling the issue was insensitive, particularly as it related to a community that has already faced appalling discrimination.

While the initial virus-related biases were directed at the Shia community, the crisis has led to a series of incidents against other minorities. Like every crisis, it has brought out the worst in many sections of society. There have been numerous reported incidents of discrimination effected in the distribution of rations and relief. It is important to point out that the government's relief efforts do not allow for such discrimination at all. Nevertheless, at the grassroots level, those responsible for distribution were sometimes unable to overcome their inherent prejudices. This remains part of a deeper malaise.

6.2 COVID-19 and women

Women from marginalised communities and in vulnerable employment have been particularly affected by the COVID-19 pandemic. They have also been adversely affected by the disruption in health services. More importantly, they are at greater risk of facing domestic violence during lockdowns. These issues are discussed in more detail below.

⁵⁰ <https://www.ids.ac.uk/opinions/pakistans-hazara-shia-minority-blamed-for-spread-of-covid-19/>

⁵¹ <https://nayadaur.tv/2020/03/quettas-water-sanitation-authority-issues-order-to-confine-hazara-employees-to-their-areas/>

Women's employment

The female labour force participation rate in Pakistan is already rather low at 22.8 percent,⁵² compared to over 40 percent for most other countries in South Asia. The same dataset shows that, for women workers, the informal economy accounts for 70 percent of all employment.⁵³ Further, close to 71 percent of women work in jobs classified as 'vulnerable', that is, their work can be badly affected in adverse economic conditions and they are vulnerable to layoffs and loss of business.⁵⁴

Women are more liable to be hired on unfavourable terms in the informal sector, not least because a number of them are home-based workers engaged in piecemeal work. A recent World Bank analysis shows that women-owned enterprises were 8 percent more likely to lose their entire revenue during the current crisis.⁵⁵ According to the Faisalabad Women's Chamber of Commerce, 4.2 million women across the country are likely to lose jobs.⁵⁶ While COVID-19 has devastated the economy in general, women are likely to find it more difficult to re-enter the job market. Informal enterprises, which have contended with precarious operating conditions and suffered losses, may well take a long time to revive once the crisis is over. Many of them may not recover at all. If this happens, women may be the hardest hit.

Domestic violence and harassment

Women tend to bear the brunt of the frustration and anger of their male household members, and this intensifies in times of crisis. COVID-19 has confined families to their homes, and for many women, there is no getting away from potential abusers. While government agencies have not reported on such instances, information from NGOs indicates that domestic violence is indeed a feature of the lockdown (see Box 6.1).⁵⁷

Box 6.1: Domestic Abuse During COVID-19

HRCP's Complaints Cell says it has received twice as many complaints of domestic violence in the post-COVID days and months. Women are on the receiving end of abuse at the hands of husbands, fathers and other family members. On 8 June 2020, HRCP received a complaint from Rehman, a resident of Rawalpindi. His sister, Maria, who was eight months' pregnant, was habitually abused by her husband, but on this occasion, she had been assaulted to the extent that she miscarried.

Despite her producing a medico-legal certificate, the police refused to register her first information report. HRCP wrote to the inspector general of police in Punjab and to the Punjab Commission on the Status of Women on Maria's behalf. The Commission then contacted the complainant as well as the Naseerabad police station and asked Maria to go there to register her case once again. The police asked her to obtain another medico-legal certificate, but this process had taken so long that that her medical examination did not yield any signs of torture—the police refused to register a case against her husband. Not only had Maria suffered more intense abuse during lockdown, but the police were also less focused on cases such as hers, and she suffered as a result of their indifference as well as her husband's frustration.

Note: All names changed to protect complainants' anonymity.

⁵² Pakistan Bureau of Statistics. 2018. 'Pakistan Employment Trends.' Derived from *Labour Force Survey 2017–18*, table 1.

⁵³ Ibid.

⁵⁴ Ibid., table 5.

⁵⁵ <https://blogs.worldbank.org/endpovertyinsouthasia/women-and-girls-must-be-center-pakistans-covid-19-recovery>

⁵⁶ <https://nation.com.pk/09-May-2020/women-owned-smes-facing-90pc-production-sale-loss-fwcci>

⁵⁷ <https://www.dw.com/en/pakistani-women-trapped-between-coronavirus-and-domestic-violence/a-54107216>

Organisations such as Rozan, which offers psycho-social support to women, and Dastak, a women's shelter, report that calls to helplines reporting domestic violence have almost doubled.⁵⁸ Instances of sexual abuse are also surmised to have increased over this period.

Women's health

Women are also more likely to suffer when access to basic health services is disrupted. For example, community health workers, particularly lady health workers, who normally go door to door to supply essential medicines and hygiene products, have curtailed their visits in many districts due to health concerns. An estimated 5 million babies are due in Pakistan during this outbreak.⁵⁹ UNICEF has issued an appeal to all governments to ensure that expectant mothers continue to receive antenatal care over this period—at home if necessary. So far, the authorities have not managed to make provisions for such care, given that the health services are still overwhelmed.

6.3 COVID-19 and prisons

Prisons are potential disease hot-spots in Pakistan, given their overcrowded state and generally indifferent healthcare provided to the prison population. According to the United Nations Office on Drugs and Crime, Pakistan's prisons operate at 134 percent of capacity.⁶⁰ What is of more concern is that, of 193 medical officers' posts in Pakistan's prisons, 108 remain vacant.⁶¹ Communicable diseases, including tuberculosis and HIV/AIDS, are already surmised to be rampant in the country's prisons.

In March 2020, the provincial governments of Sindh and Punjab announced that they would effect early release for prisoners nearing the end of their terms, in addition to starting a testing regime.⁶² They also indicated that the cases of under-trial prisoners would be reviewed, and those on trial for less heinous crimes may be released. Given that 62 percent of the prison population consists of under-trial prisoners,⁶³ this would have made a considerable difference to overcrowding. However, on 30 March, the Supreme Court intervened and suspended all orders granting bail on the grounds that the law did not allow for the en bloc release of prisoners due to possible health-related issues.⁶⁴

The first case of COVID-19 confirmed in a prison in Pakistan was on 20 March, when an inmate in Lahore's Camp Jail tested positive.⁶⁵ By 20 June, the chief of prisons in Sindh was saying that a quarter of all inmates in Karachi Central Jail had tested positive.⁶⁶ According to Justice Project Pakistan, a Lahore-based NGO, 1,814 Pakistani prisoners had tested positive as of 10 July, and at least three had died.⁶⁷ Given a total prison population of 77,275, this amounts to an infection rate

⁵⁸ Ibid.

⁵⁹ <https://www.unicef.org/pakistan/press-releases/millions-pregnant-mothers-and-babies-born-during-covid-19-pandemic-threatened>

⁶⁰ United Nations Office on Drugs and Crime. 2020. Prisons and Pandemic (advocacy brief prepared for Government of Balochistan), p. 5.

⁶¹ Ibid.

⁶² <https://www.dawn.com/news/1544810>

⁶³ Data from <https://www.jpp.org.pk/covid19-prisoners/>

⁶⁴ See court order at https://www.supremecourt.gov.pk/downloads_judgements/crl.p._299_2020_07042020.pdf

⁶⁵ <https://www.amnesty.org/en/latest/news/2020/05/pakistan-authorities-must-be-transparent-about-covid-19-cases-in-prisons/>

⁶⁶ <https://www.arabnews.pk/node/1692696/pakistan>

⁶⁷ <https://www.jpp.org.pk/covid19-prisoners/>

of 2.3 percent. There is a strong possibility that these figures do not reflect the correct rate of infection, given that testing is only effected in prisons when unmistakable symptoms are apparent.

Illness is not the only way in which the pandemic is affecting prisoners in Pakistan. Jails in the country typically do not supply inmates with commodities essential for daily life, such as soap, female sanitary products, medication for chronic conditions, or warm clothes. About 1.6 percent of Pakistan's prison population consists of women,⁶⁸ and many of them have children living in prison with them. According to estimates from Justice Project Pakistan, there are 90 children living in jails in Punjab and 50 in KP.⁶⁹ These women and children depend almost entirely on families and welfare or charity organisations for educational materials and health supplies for their children. With prison visits at a halt, conditions for such prisoners and their children have worsened significantly.

6.4 Access to online education

COVID-19 has posed a tremendous challenge to the education system, particularly in countries such as Pakistan where the system is chronically under-resourced. Educational institutions across Pakistan closed in March 2020, with most declaring early spring and, later, summer vacations. By May, a pattern was emerging wherein well-equipped private institutions were beginning to reopen with online classes. But low-cost private schools and government schools were left scrambling, with no alternative method of instruction in sight. Pakistan had about 44 million Internet subscribers (or 22 percent of the population) in 2018, but many of these were institutional subscriptions.⁷⁰ According to the Pakistan Telecommunications Authority, Pakistan had about 81 million broadband subscribers in May 2020, but 79 million of these had mobile-based subscriptions.⁷¹ In terms of individual Internet penetration, it is estimated that about 16 percent of Pakistanis had access to the Internet in 2017.⁷² As such, online education is an option for a very limited clientele.

The government responded to the COVID-19 education crisis by launching a television channel, Teleschool. The channel broadcasts an hour of instruction per grade every day for schoolchildren. In a country where less than half of households own a television set,⁷³ the channel's coverage falls short, but given the constraints and the urgency of providing some form of instruction to children sitting at home, this was a significant step forward. Nevertheless, most low-cost private schools and government schools in Pakistan have weathered COVID-19 by staying shut, often promoting children to the next class on the basis of past results and waiting for the government to announce a reopening.

While schools have been largely in-operational for an extended period, the same is not true of universities. Initially all universities were closed up to 31 May. But the Higher Education Commission (HEC) had, by April, begun to contact the vice-chancellors of all universities to gauge their ability to switch to online classes as soon as possible. The HEC asked the vice-chancellors

⁶⁸ Ibid.

⁶⁹ Ibid.

⁷⁰ <https://www.internetworldstats.com/asia/pk.htm>

⁷¹ <https://www.pta.gov.pk/en/telecom-indicators/1#broadband-subscribers>

⁷² <https://www.statista.com/statistics/765487/internet-penetration-rate-pakistan/>

⁷³ According to the Pakistan Development Statistics, there were about 17 million TV sets in use in Pakistan in 2018 (Pakistan Bureau of Statistics, 2018, p. 490, table 20.28). Assuming a population of 220 million in 2020, and an average household size of six, there are about 35 million households in Pakistan currently. Even if we assume one TV set per household (discounting the fact that high-income households typically have more than one TV), our rough calculation would show that just half of all households have a TV.

to proceed with online classes when they had readied an online teaching system, asked faculty to prepare courses accordingly, ensured that reading materials were available electronically, and ensured that all students would be able to access the systems.⁷⁴ The HEC has been talking to telcos about providing Internet access at subsidised rates to students, and has also suggested that student facilitation committees be set up at each university to facilitate students experiencing connectivity problems.

While the HEC's intentions may be positive, and their contention that online education is the way to go probably correct, it is also true that the student body in Pakistan is, for the most part, in no position to benefit from this mode of instruction. As the data on connectivity in Pakistan shows, the digital divide is very much in evidence. Even electricity provision is patchy and unreliable in most small towns and villages. Without the provision of reliable electricity and digital infrastructure, many students cannot participate in online classes.

As online classes began in most universities on 1 June, student unrest began to gather pace. Students had been asked to leave hostels in cities, and return home. Many students returned to small towns and villages where digital facilities were limited or non-existent. On 23 June, the Student Action Committee—a group formed initially to agitate for the restoration of student unions—announced that protests against online classes would be held in 23 cities. In some cities, the protests took an ugly turn. In Quetta, the police arrested women students as well as men on 24 July as they staged a demonstration, under the aegis of the Baloch Students Alliance, to demand Internet access for students (see Box 6.2).

Box 6.2: Students Protest in Quetta

Muzammil Khan, a Quetta-based student associated with the Student Action Committee recounted how the agitation against online classes had begun. When the federal government announced that university classes would begin on 1 June and would consist of online lectures, he explained, the Committee's office bearers wrote a series of emails to the HEC and university administrations in their respective cities saying that many students would not be able to benefit from online lectures because of connectivity issues relating to electricity outages as well as problematic Internet services. The first few student demonstrations—in Waziristan, Gilgit, and parts of Balochistan—took place spontaneously, with students saying that they were happy to shift to online education as long as their participation was facilitated. They even had suggestions for how this could be done. For example, they recommended that government schools in each union council be supplied with Internet services, while university students could be asked to use the premises for the duration of their daily lectures. Another suggestion was that hostels in large cities should not be closed down entirely, and students from remote areas should be allowed to remain resident so that they could continue to access facilities. However, none of these suggestions met with favour from the authorities, and the demonstrations continued.

The demonstration held in Quetta in end-June included a number of women students. This demonstration particularly attracted the attention of law enforcement agencies, which proceeded to forcibly break it up and manhandle students. Students were arrested, and 55 students, male and female, were packed into police vans and taken into custody, in violation of the government's own SOPs. The manner in which women students were treated was also unprecedented—they were pushed, pulled and beaten by women police officers, and their veils ripped off. In an area where relatively few women leave home for higher education, such treatment only reinforces prejudices against women participating in public life.

The students were finally released late at night after negotiations. However, the issues remain.

⁷⁴ See the statement of the HEC chairman at <https://www.hec.gov.pk/english/HECAnnouncements/Pages/Why-Online-Education.aspx>

A university professor at Islamabad’s premier university, who was interviewed for this study, said that he was concerned when he found that many of his students were following his lectures on cell-phones rather than laptops or tablets. Most of them, he said, cannot see the presentation slides he puts onscreen. As a professor of natural sciences, he was also apprehensive about how students were following complex mathematical computations, which typically require the professor to work through equations (see also Box 6.3). In the newly merged districts of western KP, university students have had to face Internet ‘blackouts’ and been unable to continue their degrees during the lockdown. Hundreds of students took to the streets in April in South Waziristan to protest against this state of affairs.

Box 6.3: Online Classes in Ghizar

Gulfam, a young woman from a village in district Ghizar in GB, is enrolled in her second BSc semester in the physics programme at Quaid-e-Azam University in Islamabad. Since March 2020, she has been in her village, and since June 1, has been taking university classes online. Gulfam does not have a laptop of her own nor does anyone in her house have a computer. She has been following lectures on her cell-phone, but has faced many problems with connectivity. Her father, who is keen for her to continue her education, bought her a mobile broadband device to facilitate access to the Internet at least through her cell-phone. However, the device does not work very well at her house. When she wants to use it, she has to take it outside, sit in a secluded area at a height, and try to catch a signal. Since she does not have a computer, she writes her assignments by hand, scans them with her phone, and tries to upload them to the designated website. This process is also very cumbersome—it can sometimes take hours for her work to be uploaded. She is struggling with remote classes and thinks that, unless she can go back to university soon, her studies will suffer. She knows many others in similar situations; some have even preferred to drop the semester altogether rather than continue in this way.

The problems are not confined to remote areas or to students who do not have Internet access. In Lahore, students of the University of the Punjab protested on receiving emailed presentations from teachers rather than online classes. A private business school that caters mainly to the upper-middle class (judging from its fee structure) faced protests when a dean brushed off a student’s concerns about issues with the examination software.⁷⁵

⁷⁵ <https://nayadaur.tv/2020/05/video-lahore-school-of-economics-dean-insults-students-for-demanding-cancellation-of-online-classes/>

7. Recommendations

This is a defining time for government at all levels. Their performance will be judged in relation to how they have handled this crisis. The recommendations below are intended to assist both the federal and provincial governments in retaining a transparent, people-centric approach to one of the worst health crises the world has seen in over a century. Nor are these recommendations relevant to the ongoing health crisis alone. COVID-19 has exacerbated existing structural discrimination and inequalities, and laid bare misplaced socioeconomic priorities. This cannot be allowed to continue.

- Foremost, 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 front.
- A crisis of this magnitude demands **good working relations** between the government and opposition. For the federal government to hector an opposition-led provincial government is counter-productive at a time like this.
- The importance of **local governments** has been emphasised time and again. Therefore, an election schedule for local governments in Punjab, KP and Balochistan must be announced at the earliest.
- The human rights of the **vulnerable and marginalised** must be at the centre of all efforts related to pandemic prevention, preparation, containment, and treatment.
- The study's perception survey showed that only 25 percent of respondents felt that the government had handled the pandemic effectively. This **perception** needs to change.
- Around 94 percent of respondents were of the view that wage labour had been the most affected. Any policy prescription must, therefore, prioritise **the needs of wage labour**, and especially informal labour.
- **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**, especially in terms of their access to healthcare and aid distribution, and being subjected to social stigma.
- Other categories in need of particular attention are **PLWDs, transgender persons, and the elderly**, who may face additional problems such as the unavailability of CNICs (compromising their access to aid), further social isolation, and threats.
- **Children** must be brought to the centre of the debate and critical decisions made, especially concerning children engaged in **hazardous labour**—a situation exacerbated by COVID-19. Ensuring the physical and psychological wellbeing of all children needs a comprehensive plan.
- The problems identified in alternative **online education** must be rectified at the earliest, at the school, college, and university levels.
- Serious attention must be paid to the state of Pakistan's **prisons**, which are especially susceptible to infectious diseases, beginning by addressing the problem of overcrowding and managing the under-trial prison population better.
- One hopes the government has rethought its stance of treating this as a **lives-versus-livelihoods** issue. Saving lives is foremost for the revival of economic activity. The delay in controlling the pandemic will further delay opening up the Pakistani economy to global buyers and recruiters.
- Any revival of economic activity will have to be done by generating demand. The path to this is through **social protection**—transferring cash to low-income households so that they can

resume normal spending. For this, the Ehsaas programme overall and BISP in particular will have to be extended; the government should consider paying out PKR 12,000–15,000 a month per household for an extended period—perhaps another four to six months.

- In order to **make resources available for employment generation and social protection**, the government must realise the urgent need to cut back on redundant government divisions and departments and non-combat defence expenditure.
- Since the fundamental aim is to **generate employment**, the government should avoid downsizing.
- The government will need to introduce **financing schemes** that ensure easy, collateral-free loans for **small businesses** in liaison with the State Bank of Pakistan for SMEs to help them weather the COVID storm. It should assume that some of these loans may not be repaid because of permanent shifts in economy.
- Learning from the world, Pakistan, too, should restructure its economy with more industrial focus. The government should assess new opportunities arising in medical equipment, medical sciences, and food security, and help SMEs build capacity to meet the surging global demand.
- In terms of **public health**, an overarching comprehensive strategy should be built around preventive healthcare principles focused on harm reduction, which will involve bringing about behavioural change among the population.
- The **psychological health** of all citizens is of utmost importance, and must not be ignored.
- **Adequate PPE** should be made available to all frontline workers, including janitorial staff, even at the district level.
- In the **short term**, the government must fill vacant positions in the **provincial health services** systems; recruit final-year medical students and nurses by incentivizing them and training them to manage relatively less ill patients, thereby freeing up experienced doctors for critically ill people; and arrange to use district and tehsil hospitals for quarantine and isolation.
- In the **long term**, the government needs to recruit technically sound staff—including epidemiologists, virologists, health education experts, and public health programme design and monitoring experts—to help **reorganize the health services system**.

Disclaimer: This publication was produced with the financial support of the European Union. Its contents are the sole responsibility of the Human Rights Commission of Pakistan and do not necessarily reflect the views of the European Union

