COVID-19: MONITORING AND ASSESSMENT OF PANDEMIC GOVERNANCE

October 2020

TRUST FOR DEMOCRATIC EDUCATION & ACCOUNTABILITY - TDEA
tdea.pk fafen.org

CONTENTS

List of Acronyms

CSO	Civil Society Organization
DC	Deputy Commissioner
DDMA	District Disaster Management Authority
DHO	District Health Officer
EDO	Executive District Officer
FAFEN	Free and Fair Election Network
ICT	Islamabad Capital Territory
KP	Khyber Pakhtunkhwa
NCC	National Coordination Committee
NCOC	National Command and Operation Centre
NGO	Non-Governmental Organisation
NHS	National Health Services
NSC	National Security Committee
PDM	Pakistan Democratic Movement
PMA	Pakistan Medical Association
PPE	Personal Protective Equipment
SAPM	Special Assistant to the Prime Minister
SOPs	Standard Operating Procedures
TDEA	Trust for Democratic Education and Accountability
WHO	World Health Organization

EXECUTIVE SUMMARY

During October, 2020, Pakistan witnessed the onset of second wave of the Coronavirus Disease 2019 (COVID-19) as the infections grew in significant numbers across the country. With an addition of a prodigious 3,715 new confirmed cases during the month, the number of infections across the country rose from 313,431 to 333,970 between October 1 and October 31, 2020. The second wave is also considered more lethal as the number of deaths also increased by 324 (rising from 6,499 to 6,823 dead). Adjusting for the number of recoveries/deaths, the number of net infections rose from 12 in September to a substantially high 3,715 in October. Positioned in this context, this report is based on data collected through stakeholders' surveys and direct observation of enumerators deployed in 20 project districts.

The sense of urgency for a more serious and focused response by the Government is not only dictated by the rampant increase in infections but also by the state of critical factors such as limited infrastructural capacity at district level, need of capacity building of first-line responders, as well as stakeholders like members of civil society organisations (CSOs) and journalists. With all these findings, this first monthly COVID-19 response monitoring report has identified serious health-governance challenges at both policy and implementation level that, if not addressed, may jeopardise and reverse the gains made in the first phase of the fight against the pandemic.

Some of the key findings are:

- Coordination mechanisms established to manage the COVID-19 response during the first phase of the infections early this year, largely remained intact in 14 of the 16 observed districts with key stakeholders, including healthcare staff, elected leaders and CSOs, represented on coordination platforms. The research respondents' opinion about the effectiveness of coordination mechanisms in 16 districts reflected a variance, with majority (78%) rating it between average to highly effective.
- Inclusive approach is another area where most of the districts claim to have developed and implement safety Standard Operating Procedures (SOPs) in consultation with key stakeholders including schools, business and traders' associations. However, as per the opinions of key stakeholders, and observation of TDEA-FAFEN's enumerators, implementation and enforcement of SOPs remains an area of serious concern.
- Capacity to handle the pandemic at the district level also remains an issue that engenders significant variance in response by key stakeholders. Whereas government officials in all 16 districts claimed sufficient stock of Personal Protective Equipment (PPEs) in the district – most representatives of doctors' and paramedics' associations only partially endorsed the statement. Health facilities in the districts overall remain a significant concern as the testing, quarantine/isolation capacity and other provisions such as ventilators are feared to fall short if the rate of infections are not slowed down/checked.
- Capacity in terms of the numbers and skillset of healthcare providers is yet another area of concern; with the doctors in majority of districts (11 of 16) and paramedic representatives in a third of districts (5 of 14 districts) agreeing that their colleagues were not adequately trained/skilled to deal with COVID-19.
- While the challenge of capacity and coordination cannot be overlooked, political and policy dynamics of the COVID-19 response are becoming increasingly critical. During October,

legislative oversight remained marginal, while the politicization of COVID-19 response gathered momentum in the wake of oppositions' ongoing agitation against the government.

- Government on its part announced steps with the dual consideration of keeping the economic activity running, while issuing guidelines, implementing SOPs and protocols for offices, businesses and individuals to curb the spread of the infection.

As the usual challenge of limited resources mostly remain relevant, efforts to control the second wave of COVID-19 infections has to contend with additional challenges, namely, increased politicization and desensitization of the masses that has resulted in lack of adherence to the SOPs among the general public. The challenge for a better and effective policy formulation will be required to deal with these challenges to ensure an efficient and effective management and coordination system is in place to control the second wave of the COVID-19 pandemic.

SECTION I: STAKEHOLDERS' SURVEY AND OBSERVATION FINDINGS

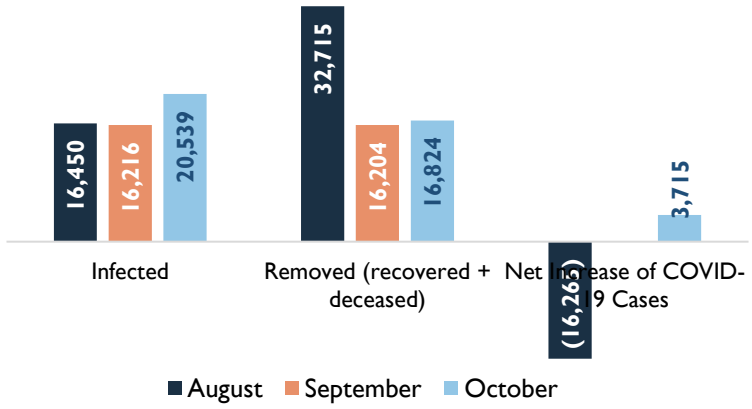
This section analyses the findings of stakeholders' survey and direct observation of enumerators deployed in 20 project districts[1]. The findings reflect the opinions and information collected on standardized methodologies that aim to understand COVID-19 response from the perspective of key stakeholders. Interviews were conducted with district administration and health service providers at the district level. For a holistic review of health governance, a comparative perspective on several key issues was sought from representatives of doctors' and paramedics' associations, local CSOs and journalists. An additional layer of institutional observation was also added to validate and triangulate the data.

This report is based on data collected from 142 respondents from October 25 to November 10, 2020 for the COVID-19 response efforts that took place in the month of October, 2020. These include interviews from 19 district health/administration officials, administration of 24 health facilities, 33 journalists, 18 CSO representatives, 17 attendants of COVID-19 patients and 31 representatives of doctors' and paramedics' associations[2].

1. CONTEXT: THE SECOND WAVE

Infections during October reflected a substantial upward momentum as compared to previous months with an addition of over 20,000 new cases across the country, as shown in Figure 1:

Figure 1: Comparative Reading of COVID-19 Cases



Source: http://covid.gov.pk/

[1] For details of the selection criteria for districts, please refer to Annexure-I.

[2] For details of interviews and observations and districts, please refer to Annexure-II.

CHRONOLOGY OF COVID-19 SPREAD AND RESPONSE

February 2020: First case of the virus reported in Pakistan

March 13, 2020: Meeting of the National Security Committee (NSC) held to discuss the crisis after the Covid-19 was declared a pandemic by the World Health Organisation (WHO).

March 16, 2020: General country-wide lockdown announced

August 7, 2020: Phase-wise ease of lockdown initiated starting with the construction industry

August 8-10, 2020: National Coordination Committee on Covid-19 lifted restrictions on tourism, restaurants and transport sector

September 15 & 26: Schools and marriage halls opened.

October 2020: Significant increase in number of infections reported

October 2020: Government issued fresh guidelines & SOPs to prevent the spread of the pandemic which included a compulsory wearing of face masks at public

It is clear that, in the month of August, more people (32,393) recovered compared to (16,450) newly infected. Similarly, the net increase in the number of infected persons had remained marginal in September, i.e., 12 However, the number of new infections in October rose up to as much as 3,715.

2. Scale and Impact of the Pandemic at the District Level

Information was gathered from the district DDMAs, Deputy DCs, and EDOs Health. In the 19 districts where interviews were conducted with the said officials, a total of 39,499 COVID-19 positive cases and 983 deaths were reported[3]. These officials also informed that as many as 2,129 COVID-19 patients were undergoing treatment in public healthcare facilities.

COVID-19 can be safely considered as a lethal pandemic for healthcare providers, particularly doctors and paramedic staff. Representatives of the doctors' and paramedics' associations interviewed confirmed that a significant number of doctors as well as paramedics contracted COVID-19. The representatives of doctors' associations in 14 of the 16 districts (88%) reported that 284 (209 males and 75 female) of their fellow doctors had tested positive. Similarly, as many as 505 paramedics (335 males and 170 female) were also reported to have tested positive.

The enumerators and observers were deployed to seek feedback from the attendants of patients in healthcare facilities that assisted in discerning the general trends, such as the causes and probable sources of infections, incidents of infections in the family, etc. Among 17 respondents, only three confirmed to have family members being infected by COIVD-19.

It was noted that a significant number of the respondents were reluctant in sharing information about COVID-19 infections in the family citing fear of government authorities getting involved, and the social stigma attached with the COVID-19 patients. The observation points towards a potentially greater number of cases than the actual reported number, as well as social stigma associated with being tested positive for COVID-19.

3. Capacity to Respond at the District Level

District level monitoring data was aimed to document the capacity of different key stakeholders to deal with COVID-19. Information about facilities at designated healthcare settings, technical skills of the healthcare providers, those reporting about the pandemic, and the level and scale of coordination among stakeholders are of particular significance to this report. The findings are as follows:

3.1 Infrastructural Capacity: Varying Perspectives

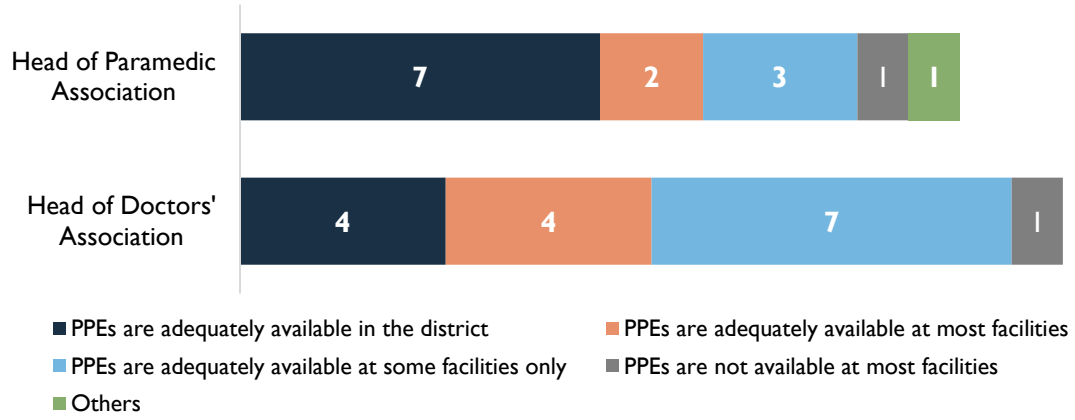
The district and health administration of 16 districts reported that 19 public and 25 private facilities are providing COVID-19 testing facilities in their districts. Moreover, there were 85 quarantine centres established in these districts with the capacity of housing 15,789 patients. In total, there were 265 ventilators available at the public health facilities, and as many as 2,070 doctors and paramedic staff were assigned to provide care to the patients. This means 149 patients per ventilator, 19 patients per healthcare staff and 1.2 patients for each bed in the isolation centre[4].

For a more comprehensive perspective about 16, doctors and 14 paramedic staff were asked about the provision of key services and equipment at healthcare facilities. Responses varied with respondents'

[3] For details on scale of COVID-19, please refer to Annexure-III.
[4] Same as above

professional backgrounds. As many as 50% of the doctors and 28% of the paramedics shared that PPEs were either not available, or available only at some facilities.

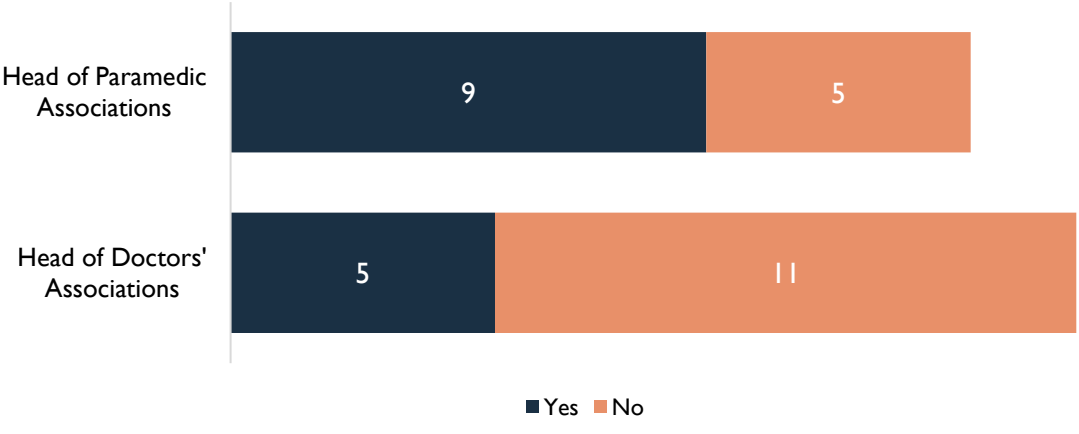
Figure 2: Availability of PPEs



3.2 Technical Skills/Expertise of Healthcare Providers

Representatives of doctors' associations reported mixed responses regarding the question of skills and capacity among their colleagues to handle a pandemic like COVID-19. Among the 16 doctors interviewed, 5 (31%) the respondents stated that doctors in their district/hospital in general were adequately trained/skilled, while 11 (69 %) believed they were not adequately trained to deal with COVID-19. Similarly, a larger number of paramedics interviewed reported that their fellow staff members were adequately trained and received orientation and training. Among the 14 paramedics interviewed, 9 (64%) believed that paramedics in the district/hospital in general were adequately trained/skilled to deal with pandemic, while 5(36 %) believed they were not trained.

Figure 3: Adequacy of Training Provided



Only 6 (38%) Heads of Doctors' Association confirmed that the hospitals where they worked, have arrangements with a teaching hospital/relevant institution for conducting need-based trainings/orientations, while 8 (50%) confirmed that their hospitals do not have attachment with any training facilities. As many as 11 respondents (69%) of the doctors interviewed expressed the need for conducting trainings for doctors to deal with the COVID-19 pandemic. As with doctors, a dominant majority of paramedics, 12 (86%) expressed the need for further training on dealing with the pandemic.

3.3 Technical Knowledge of Media and CSOs

Media and local CSOs play a critical role while responding to the epidemic and pandemics. Media as the primary information sharing conduit, and CSOs for their capacity to reach communities have proven to be helpful in containing the spread of diseases. As many as 82% of the journalists interviewed were of the opinion that they were not properly equipped and trained to cover COVID-19 and its associated challenges in media. All 33 journalist interviewed expressed the need for training/orientation of media persons to equip them to report more effectively and efficiently.

Local CSO representatives were asked if they had to face issues and difficulty in contributing to the pandemic relief. A majority 56% responded in the affirmative and emphasised the need for a more conducive environment for the CSOs to deliver and function.

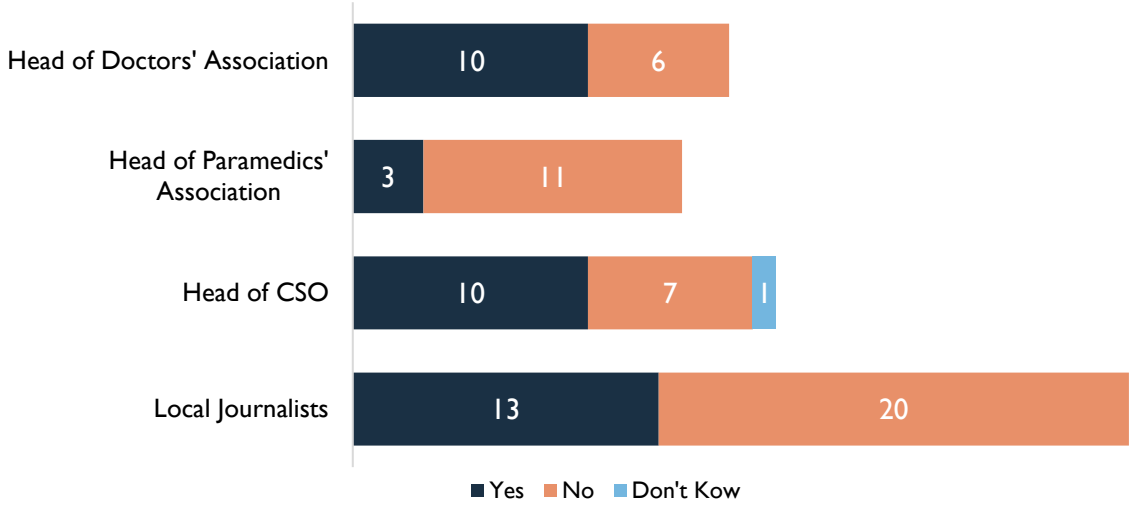
3.4 Coordination Platforms and Mechanisms

The coordination function during COVID-19 remained largely centred at the district level. Interviews were conducted with DCs, EDOs-Health and DDMAs. As many as 14 (73%) of the respondents reported that coordination mechanisms were activated in their districts in the aftermath of the pandemic. There are monthly meetings held at the DHO office, and district administration and various CSOs attend meetings to discuss the current situation of the pandemic at the district level and share progress of the response. Furthermore, DHOs and District Governments regularly update and share the data with citizens using print and electronic mediums periodically.

'We have regular coordination with CSO mechanism at District Sukkur among them Rotary Club, HANDS, WHO, UNICEF, GSF and District Support Group (An alliance of local NGOs) in Sukkur regularly cooperated and supported for COVID response.' (District level health official).

The respondents from the health and district administration claimed to have devised an inclusive approach, and have engaged stakeholders like health professionals, local CSOs, media persons, elected representatives, and former Local Government (LG) representatives to reach out to communities. Data collected from representatives of doctors, local journalists and CSOs confirmed this trend, while paramedics were under-represented at the coordination level.

Figure 4: Stakeholder Representation at Coordination Level



CSO representatives were also asked about the efficacy of the coordination platforms in helping coordinate the COVID-19 response. It was encouraging to find out that only 17% of the respondents rated the efficacy of the coordination effort under average, 33% rated it as average at best, while 44% reported it as mostly and highly effective.

4. Relief Programs: Efficacy and Access

District management and health officials were asked to state if their districts were covered under the Ehsaas/Benazir Income Support Program (BISP) relief programs. As many as 74 % reported that their districts were covered, while 11% stated their districts were not covered under these relief programs. As many as 16% were not certain if their districts were covered under these programs. Of the 19 officials, as many as 14 did not know the number of citizens who had been provided relief under the program. For the districts where data was shared, the number of beneficiaries ranged from as low as 450 individuals in Mardan, to as high as 125,000 individuals in Lahore.

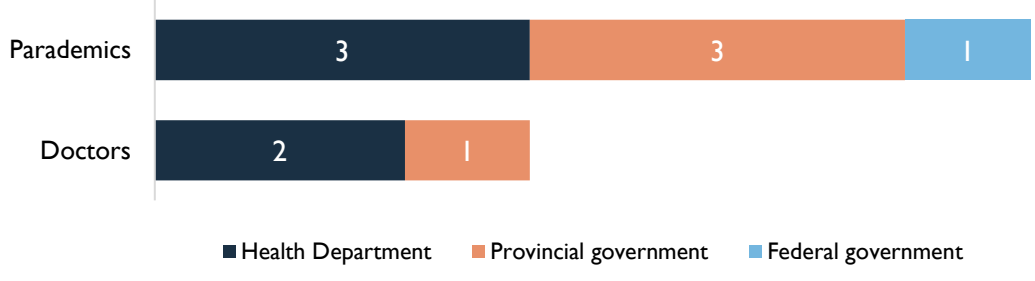
On October10, Sindh Government decided to retract the allowances given to health practitioners, raising a question mark on the commitment of provincial governments in supporting policy measures and recommendations at national level.

When asked about provincial relief programs, 26% responded in the affirmative, while 21% of the respondents informed that district specific relief program was implemented in their districts. Upon being asked to identify the number of recipients of the provincial relief program in their districts, most could not identify a specific number.

The survey also checked the scope and efficacy of the relief programs from some of the potentially qualifying beneficiaries. From amongst the attendants of patients undergoing treatment for COVID-19 at healthcare facilities visited by the enumerators, 81% of the respondents had not received any unsolicited aid/assistance from any source. When asked if the patients would require financial support to continue the treatment, 44% (7 out of 16) answered in the affirmative. Two of the patients had already applied for government relief programs at the time of the interview, while case/application approval of one of the patients was still pending, the case of the second patient had been declined/rejected.

The question of relief package was also inquired from doctor and paramedic staff interviewed. Only 31% of the doctors, and 36% of the paramedic staff respondents confirmed about assistance/relief package by the government for staff who had contracted COVID-19 where the providers of the relief package varied across the two categories.

Figure 5: Providers of Relief Package to the Frontline Healthcare Staff

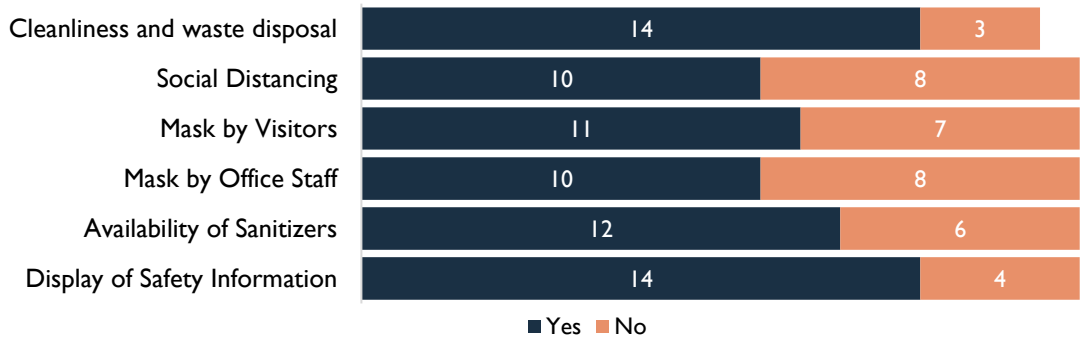


While there have been efforts to expand the relief package and program to include more people affected by COVID-19, the effort to streamline the process needs to be made accessible and easier. For instance, when asked about the process of addition of new beneficiaries to the government relief programs, district management and health officials in 8 districts confirmed four different ways for identification of new beneficiaries. These routes included, online application, mobile app, in-person survey and lastly referrals and identification by elected representatives. While multiple routes are indeed needed in the given circumstances, enhanced transparency measures are also required—a matter reinforced by the lack of information about the beneficiaries of the relief programs even among the district management officials.

5. Observation of Public Attitude and Adherence to COVID-19 Safety Guidelines

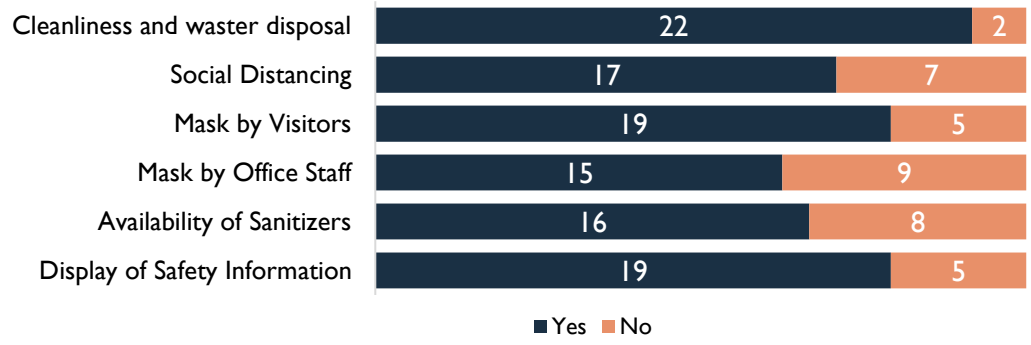
Public sensitivity and seriousness regarding safety guidelines are critical for preventing the spread of a highly contagious infections such as COVID-19. In the districts where interviews were conducted with key stakeholders, information on public attitude and adherence to guidelines were recorded using two sources. First, CSO representatives were asked about adherence to guidelines among the general public. Second, the enumerators were asked to document their own observation regarding adherence to SOPs at the health and public offices they visited for conducting interviews/gathering data.

Figure 6: Compliance with guidelines at EDO/DC/DDMA Office



As many as 50% of the paramedics, and 63% of the doctors interviewed reported that not all health facilities are compliant with SOPs related to maintaining social distancing and compulsory mask wearing. Similarly, almost half of the doctors and paramedics interviewed shared that only some hospitals and other health facilities were compliant with the SOPs for disposal of medical waste and sanitization of the work area, which highlights the threat of increased risk of infection, and opportunity to offer support to the health institutions.

Figure 7: Compliance with Guidelines at Health Facilities



These responses of healthcare staff are further reinforced as 83% of the CSO representatives and 75% of the journalists shared that only some facilities are complaint with the SOPs related to individual safety. Given the highly infectious nature of COVID-19, these observations paint a disappointing picture of the health facilities in the districts monitored when it comes to implementation of SOPs. When asked about the state of adherence to the COVID-19 among the general public, 61% of the CSO representatives shared a negative observation. In their observation, most people are oblivious to the safety guidelines and SOPs in their respective districts. Only 3 (17%) of the respondents shared compliance among the majority of people in their districts.

To get an independent assessment on record, enumerators conducting the interviews also observed compliance with safety guidelines at the office of the district's deputy commissioner and the health facilities. The observation revealed adherence to some of the key guidelines in most of the offices. However, there remains a clear gap in adherence to guidelines regarding wearing of mask and social distancing among both the office staff members and the visitors.

Similarly, at healthcare facilities visited by the enumerators for conducting interviews and data collection, the trend among these facilities reflected a significant lapse in ensuring SOPs and safety guidelines. While the bulk of the 24 facilities observed had proper cleanliness and waste disposal in place, availability of sanitizers and adherence to wearing masks remained two critical areas where compliance lagged. These signifies a challenge for COVID-19 response managers to create awareness among the de-sensitized public and ensure compliance with SOPs.

SECTION II:
COVID-19 RESPONSE: POLICY AND POLITICS

Following the gradual ease of restrictions, public places started getting crowded with a large number of people, disregarding the SOPs. As a result, in October 2020, reports about resurgence of the diseases started pouring in from different parts of the country amid warnings by the government, doctors and other health experts that second spike of COVID-19 is expected in the country.

Both the print and the electronic media placed high importance on the updated data about the disease, including the number of tests, positivity ratio and deaths. Almost all the national newspapers published provincial data on daily basis at a specified and designated place, mostly on their front pages.

Besides data, the media also constantly reported government actions to deal with the situation which included imposition of smart lockdowns, warnings and temporary closure of educational institutions and other premises either after detection of the virus-affected persons, or for not following SOPs. The media also prominently reported the decisions taken at the meetings of the National Coordination Committee (NCC) on COVID-19 and the National Command and Operation Centre (NCOC). The NCOC has been functioning in the country as a nerve centre to synergize and articulate a unified national action against COVID-19 and to implement the decisions of the NCC.

Following is a brief analysis of the media coverage of the COVID-19 related news during October 2020 organized under various themes.

1. COVID-19 RESPONSE: LEGISLATIVE OVERSIGHT

Nearly 100 meetings of various committees and sub-committees of the two legislative houses took place during October, but COVID-19 could secure space on the agenda of only 2 standing committees of the Senate and the proceedings stayed confined to the briefings on the COVID-19 situation only in the federal capital. The officials of the Ministry of Interior briefed the members of the Senate Standing Committee on Interior on October 9 on "the preparations/preventive measures with reference to the potential spread of COVID-19 (Phase-II)."

During the Question Hour session on October 26, the National Assembly was informed through a written reply that an amount of Rs4.84 billion was lying unutilised in the account created for receiving donations and funds from the public and overseas Pakistanis for the fight against COVID-19. However, no member raised any supplementary question and it remained unnoticed by the lawmakers even if there has been general demand of resources to combat the pandemic at both provincial and district level.

The Senate Standing Committee on National Health Services (NHS) summoned on October 21 who informed the committee that the gatherings were the main cause of the spread of COVID-19, which was spreading with a rate of 2.4%. The committee also discussed titled 'Outbreak of Coronavirus and Precautionary Measures in Pakistan', a matter of public importance raised by PTI Senator Zeeshan Khanzada, which was referred to the committee for consideration. The committee was also informed about the current situation of COVID-19 in the federal capital and it was shared by the deputy commissioner Islamabad that people were generally following SOPs.

2. Government Strategy and Implementation

2.1 National Command and Operation Centre (NCOC)

According to the data shared by the NCOC on COVID-19, as many as 753 patients were admitted in hospitals in the first four days of October. The data, which showed that the number of critical cases was much lower than expected, marked the beginning of sprout of activity by NCOC. On October 9, NCOC proposed restrictions on large-scale public gatherings, which, if unavoidable, can only take place in compliance with SOPs.

"Strict punitive actions on SOPs' violations will be initiated," read a statement from NCOC on October 21. The Centre warned that if people continued to flout health guidelines, it would have no choice but to order closure of services again. Declaring the transport sector, markets, marriage halls, restaurants and public gatherings as high-risk areas, encouraging provinces to take actions where necessary.

The NCOC in its October 23 meeting expressed alarm as the average positivity rate of COVID-19 cases rose 40 per cent over the last four days. During the morning session, health officials presented data on the pandemic and said the increasing danger of a second wave of coronavirus was evident after a jump was seen in hospital admissions and a spike in the number of daily deaths. On October 27, during a media briefing, SAPM on Health Dr Faisal Sultan said the number of COVID-19 cases was increasing every day. According to him, a few weeks ago, 400 to 500 cases per day were being reported but now it had increased to 700 to 750 cases. Moreover, according to him, the mortality rate had also increased.

"Communication of all viral diseases increases during winter season. In developing countries, like Pakistan, the situation worsens because people cannot afford heaters and warm clothes. Since many people stay in one room, the chances of the virus spreading increases compared to during summer." Dr. Javed Akram, Vice Chancellor of the University of Health Sciences, October 11, 2020.

On October 24, Daily Dawn, Islamabad reported its highest single day rise in COVID-19 cases in the last two months with 186 people testing positive, while two people died of the disease in Rawalpindi.

On October 28, the NCOC announced schedule for commercial and social activities in 11 cities which were most vulnerable to the deadly coronavirus. Wearing of mask is mandatory at public places and a fine of Rs6, 000 to Rs35, 000 and punishment of six-month imprisonment will be slapped on the violators. A notification in this regard will be published in the Gazette of Pakistan, but it will come into effect after Eid Milad-un-Nabi which fell on October 30. The number of active cases surpassed 11,000 number by the end of October.

Highlighting government's strategy, SAPM on Health Dr Faisal Sultan on October 27 said focus would be on those areas which had been badly hit by the virus. He said the government was deliberating on the restrictions and district administrations had been advised to impose fines on buses, wedding halls, restaurants and other crowded areas. He said a mechanism was being devised to get complaints from the masses regarding violation of SOPs. On October 16, the government of Pakistan imposed a fine of Rs100,000 on Qatar Airways for violating the SOPs for prevention of COVID-19 on its flight.

2.2 Public Outreach and Pandemic Awareness and Measures Communication

October 2020 is the month when the number of COVID-19 infections spiked in Pakistan -- only two weeks after opening of all trades, businesses, government offices and educational institutions. A

number of government officials, including the prime minister, kept in issuing warnings about the possible second spike of the disease. These government functionaries mostly used the social media forum, mostly Twitter, to express their fear and apprise the nation about the COVID-19 situation and related developments in the country.

The month of October began with a direct warning by Prime Minister Imran Khan through a tweet on October 4 where he said that "There is a fear that the onset of winter could result in the 2nd wave. I urge everyone to wear face masks in public to avoid a spike. All offices & educational institutions must ensure that masks are worn," and it ended with a formal announcement by Special Assistant to the Prime Minister (SAPM) on Health Dr Faisal Sultan that the second wave of the deadly virus had finally started in the country. Again on October 19, PM Khan expressed his concerns about the spike of coronavirus in October. President Dr Arif Alvi , SAPM on Health Dr Faisal Sultan and Federal Minister for Human Rights Shireen Mazari also released statements on the spread of COVID-19 and urged masses to take precautionary measures.

Besides warnings from the key government officials on October 4, health experts from Pakistan Medical Association (PMA) expressed the fear that laxity on the part of the people could trigger a surge in the coronavirus cases. Though, the PMA declared the situation under control, it said Pakistan was still at risk of a second wave of COVID-19.

3. Politics and Politicization of COVID-19 Response

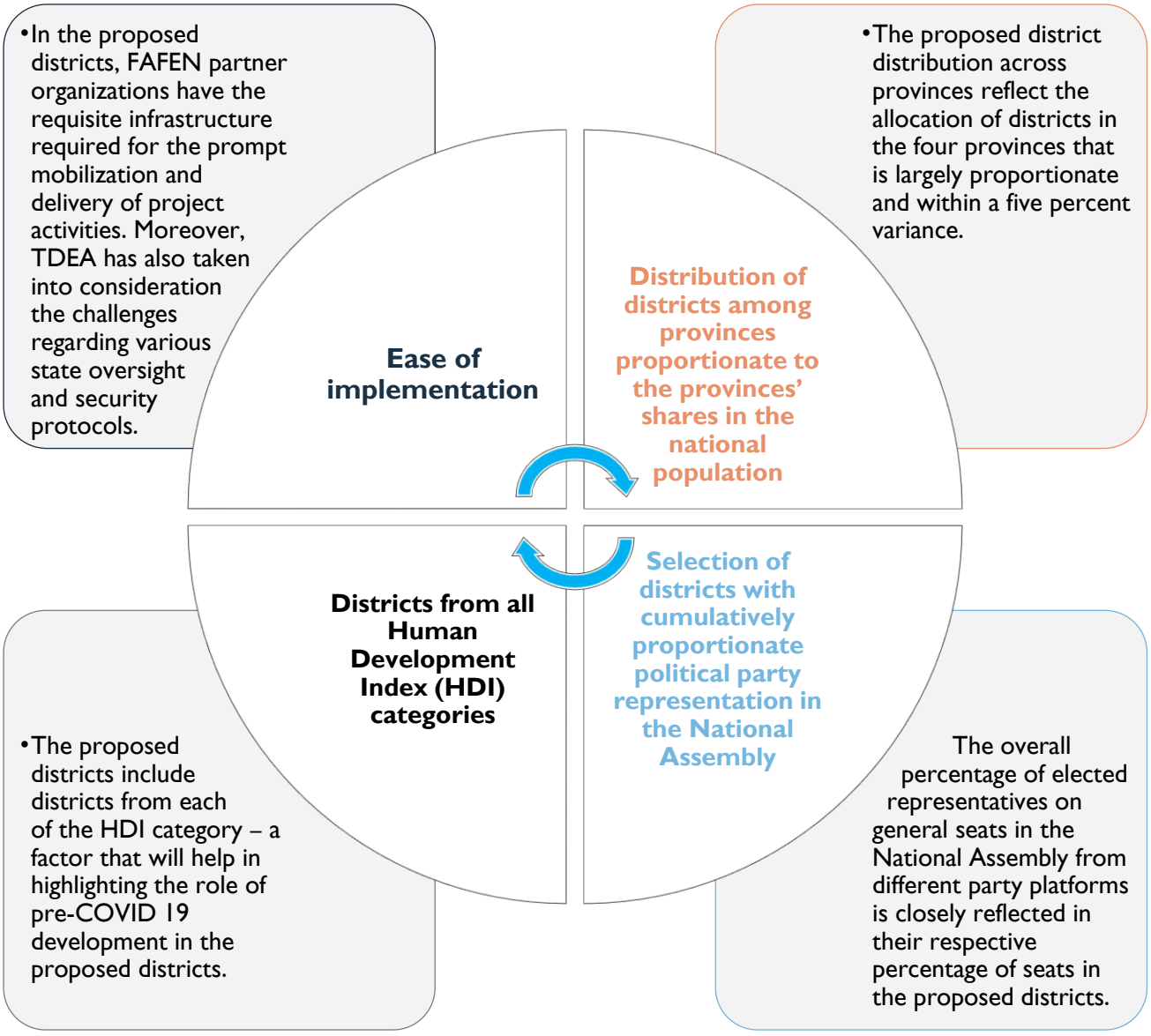
With rising cases of COVID-19, the nation also witnessed rise in political temperatures in the country with the launching of the anti-government campaign by the 11 opposition parties from the platform of the Pakistan Democratic Movement (PDM). A number of political leaders, mostly belonging to the ruling party, in their statements assailed the opposition parties for continuing to hold their rallies despite rising number of COVID cases in the country. Besides this, the government ministers and other ruling party members also praised the prime minister and his team for, what they called, effectively controlling the spread of the disease and assisting those affected by it by adopting the policy of smart lockdown. The opposition leaders on the other hand ignored the warnings and requests by the ministers to postpone their agitation plan, alleging that the government intended to impose a ban on their public meetings on the pretext of COVID-19.

Federal Minister for Science and Technology Fawad Chaudhry through his official social media account on Twitter on October 10 asked the opposition parties to be "responsible" and postpone their rallies and processions for three months amid fears of a second COVID-19 wave in the country. On October 11, Federal Minister for Planning and Development Asad Umar suggested to the opposition to use television for its protests rather than public meetings as they could lead to the spread of the virus. Similarly, Adviser to the Balochistan Chief Minister on Minorities Affairs Dhanesh Kumar on October 19 accused the opposition parties of trying to spread coronavirus in the country by not following the SOPs during their anti-government rallies.

This tug of political war between the government and opposition may have negative impact on Pakistan's war against COVID-19 in coming days. The government was able to contain the spread of first wave of the pandemic with complete support of all the opposition parties. However, as the pandemic has become politicized now, this may mean lack of trust in government and its policies to flatten the curve.

ANNEX I:
DISTRICT SELECTION CRITERIA

Trust for Democratic Education and Accountability (TDEA) adopted four-fold criteria to select the 35 project districts – 15 in Punjab, 10 in Sindh, six in Khyber Pakhtunkhwa (KP), three in Balochistan and one in Islamabad Capital Territory (ICT). The selected districts represent the political and demographic diversities in the country.



ANNEX II:
STAKEHOLDER INTERVIEWS/OBSERVATIONS OF FACILITIES AT DISTRICT LEVEL

Sr. No.	District	Interview with DC -- EDO Health -- Head of DDMA	Interview with Head-Representative of Doctors Association	Interview with Head-Representative of Paramedic Staff Association	Health Institution Monitoring Form	Health Institution Beneficiary Feedback	Interview with Head of CSO -- Welfare organization	Interview with Local Journalist	Political Leaders' Media Statement Monitoring	Overall
1	Abbottabad								1	1
2	Bahawalpur	1						1		2
3	Bannu	1	1	1	1	2	1	4		11
4	Chakwal	1	2	1	1	1	1	1		8
5	Faisalabad	No Data								
6	Hafizabad	1	1	1	1	1	1	1		7
7	Hyderabad	No Data								
8	Islamabad	No Data								
9	Jacobabad	1	1		1		1	1		5
10	Karachi Central	No Data								
11	Karachi East	No Data								
12	Karachi West	No Data								
13	Khairpur	No Data								
14	Khanewal	1	1	1	1		1	1		6
15	Lahore	1		1	4	2	1	1	6	16
16	Lasbela	No Data								
17	Lodhran	No Data								

Sr. No.	District	Interview with DC -- EDO Health -- Head of DDMA	Interview with Head-Representative of Doctors Association	Interview with Head-Representative of Paramedic Staff Association	Health Institution Monitoring Form	Health Institution Beneficiary Feedback	Interview with Head of CSO -- Welfare organization	Interview with Local Journalist	Political Leaders' Media Statement Monitoring	Overall
18	Loralai	No Data								
19	Mandi Bahauddin	1	1	1	4	2	1	1		11
20	Mardan	1	1	1	1		1	1		6
21	Mianwali					1	1	1		3
22	Multan	No Data								
23	Muzaffargarh	1	1		1	2	1	4		10
24	Narowal	1	1	1	1		1	1		6
25	Peshawar	1			1	1		1		4
26	Quetta	1	1	1	2	2	1	2		10
27	Rahimyar Khan	1	1	1	1	1	1	1	3	10
28	Sanghar	No Data								
29	Shikarpur	No Data								
30	Sialkot	1	1	1	1	1	1	1		7
31	Sukkur	1	1	1			1	1		5
32	Swat	No Data								
33	Tank	1	1	1	1	1	1	4		10
34	Tharparkar	1		1			1	1		4
35	Tor Ghar	1	1	1	2		1	4		10
Overall		19	16	15	24	17	18	33	10	152

ANNEX III:
SCALE OF THE PANDEMIC AND SITUATION OF INFRASTRUCTURAL CAPACITY

Sr. No.	District	Population	COVID-19 Cases	Patients per Ventilator	Patients per Doctors/Paramedics	Patients per Bed at Quarantine/Isolation
1	Abbottabad	1,332,912	Data Not Available	NA	NA	NA
2	Bahawalpur	3,668,106	2,056	206	59	1.4
3	Bannu	1,167,892	1,226	175	94	8.2
4	Chakwal	1,495,982	298	60	NA	1.2
5	Faisalabad	7,873,910	Data Not Available	NA	NA	NA
6	Hafizabad	1,156,957	560	112	6	1.1
7	Hyderabad	2,199,463	Data Not Available	NA	NA	NA
8	Islamabad	2,006,572	Data Not Available	NA	NA	NA
9	Jacobabad	1,006,297	971	486	81	4.6
10	Karachi Central	2,971,626	Data Not Available	NA	NA	NA
11	Karachi East	2,907,467	Data Not Available	NA	NA	NA
12	Karachi West	3,914,757	Data Not Available	NA	NA	NA
13	Khairpur	2,404,334	Data Not Available	NA	NA	NA
14	Khanewal	2,921,986	313	313	7	1.2
15	Lahore	11,126,285	Refused	NA	NA	NA
16	Lasbela	574,292	Data Not Available	NA	NA	NA
17	Lodhran	1,700,620	Data Not Available	NA	NA	NA
18	Loralai	397,400	Data Not Available	NA	NA	NA
19	Mandi Bahauddin	1,593,292	437	146	109	3.4
20	Mardan	2,373,061	50	5	0	0.2

Sr. No.	District	Population	COVID-19 Cases	Patients per Ventilator	Patients per Doctors/Paramedics	Patients per Bed at Quarantine/Isolation
21	Mianwali	1,546,094	Data Not Available	NA	NA	NA
22	Multan	4,745,109	Data Not Available	NA	NA	NA
23	Muzaffargarh	4,322,009	753	75	68	1.9
24	Narowal	1,709,757	176	44	4	0.2
25	Peshawar	4,269,079	14,543	970	970	58.2
26	Quetta	2,275,699	11,298	138	10	1.2
27	Rahim Yar Khan	4,814,006	1,236	18	4	0.9
28	Sanghar	2,057,057	Data Not Available	NA	NA	NA
29	Shikarpur	1,231,481	Data Not Available	NA	NA	NA
30	Sialkot	3,893,672	2,362	62	169	1.5
31	Sukkur	1,487,903	3,088	772	44	1.4
32	Swat	2,309,570	Data Not Available	NA	NA	NA
33	Tank	391,885	101	51	1	1.0
34	Tharparkar	1,649,661	Refused	NA	NA	NA
35	Tor Ghar	171,395	31	NA	8	0.2
Overall		91,667,588	39,499	149	19	2.1