

COVID-19: Monitoring and Assessment of Pandemic Governance

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ABOUT THIS REPORT

This monitoring and assessment report aims to provide citizens' oversight of the COVID-19 response. Data was collected through key informant interviews (KIIs) and observation checklists. KIIs were conducted with key government officials at district level, including Deputy Commissioner, District Disaster Management Authority representatives, District Health Officers, Executive District Officers, heads of doctors and paramedic associations, heads of local Civil Society Organisations, local journalists and beneficiaries of health institutions and direct observations of health facilities.

The November report is based on data collected from 34 project districts, from November 10 to December 10, 2020. This includes interviews from 30 district health/administration officials, 34 representatives of doctors' associations, 32 representatives of paramedics' associations, 96 attendants of COVID-19 patients, 59 journalists, 39 CSO representatives, and observation of 71 health facilities.

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List of Acronyms

AJK	Azad Jammu & Kashmir
BISP	Benazir Income Support Programme
CSO	Civil Society Organization
DC	Deputy Commissioner
DDMA	District Disaster Management Authority
DHO	District Health Officer
ECC	Economic Coordination Committee
EDO	Executive District Officer
FAFEN	Free and Fair Election Network
GAVI	Global Alliance for Vaccine Immunization
GB	Gilgit-Baltistan
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
PEMRA	Pakistan Electronic Media Regulatory Authority
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

With an addition of 35,863 new confirmed cases during the month of November, number of infections across the Pakistan rose from 333,093 on November 1, to 400,482 on November 31, 2020. The second wave is also considered more lethal as the number of deaths also increased by 3,715. Positioned in this context, this report is based on data collected through stakeholders' surveys and direct observation of enumerators deployed in 34 districts.

This second monthly COVID-19 response monitoring report has identified persisting health-governance challenges at both policy and implementation levels that, if not addressed, may spawn a significant health care crisis in the country.

Some of the key findings highlight that:

- As the second wave of the COVID-19 pandemic intensified, politicization around the pandemic increased to an extent where it threatens to derail on-going and future efforts to enhance public sensitization and mobilization for adherence to SOPs—the most consequential element in the control of the pandemic in the absence of vaccine in the country.
- With government bodies like NCC and NCOC issuing warnings about the rise in COVID-19 cases in the country, the opposition believes the government is using the pandemic for political expediency.
- Legislative oversight remained dormant in the month of November with only minimal activity in both houses of parliament. The few gathering which did take place in the parliament only highlighted the differences between the opposition and government.
- A clear and consistent communication strategy is lacking at both the regional and national level leading to a inconsistent compliance in public areas, offices and even health facilities.
- Capacity to handle the pandemic at the district level remains an issue that engenders significant variance in response by key stakeholders. Whereas government officials in 30 districts from where data was collected, reported sufficient healthcare infrastructure in place, 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 is not slowed down/checked.
- Capacity in terms of the numbers and skillset of healthcare providers is yet another area of concern; with as much as 59% of doctors and 34% of paramedic representatives reporting that their colleagues were not adequately trained/skilled to deal with COVID-19.
- Coordination mechanisms established to manage the COVID-19 response during the first phase of the infections early this year largely remained intact in 27 of the 32 observed districts with key stakeholders, including healthcare staff, elected leaders, and CSOs, represented on coordination platforms. The respondents' opinion about the effectiveness of coordination mechanisms in 27 districts reflected a variance, with the majority (74%) rating it between average to highly effective.

Curtailing the second wave of COVID-19 would require a much broader understanding and agreement among the political leadership at the national level. To that end, the process shall start at the parliamentary level with a special session assessing the situation and instituting a robust parliamentary oversight of all matters related to COVID-19 in general and deliberations and decision on choice(s) of vaccine in particular. A serious effort at developing a broader consensus with active parliamentary oversight will help bring political legitimacy, focus and transparency to several aspects of the government's COVID-19 response, including the choice and procurement of vaccine(s).

In the meantime, the urgency of adherence to SOPs gets reinforced only when contextualized in the global race to procure vaccine—a race that a poorer country like Pakistan does not have the resources to contest. With government showing reluctance in imposing a complete lock-down and an opposition that sees the government's move to enforce SOPs as political manoeuvring, Pakistan's fragile healthcare system is at risk of crisis. A more focused and integrated effort to reach a minimum understanding among the political stakeholders, followed by a thorough and well-coordinated awareness and sensitization campaign, may help the government in putting together a successful COVID-19 response.

SECTION I: STAKEHOLDERS' SURVEY AND OBSERVATION FINDINGS

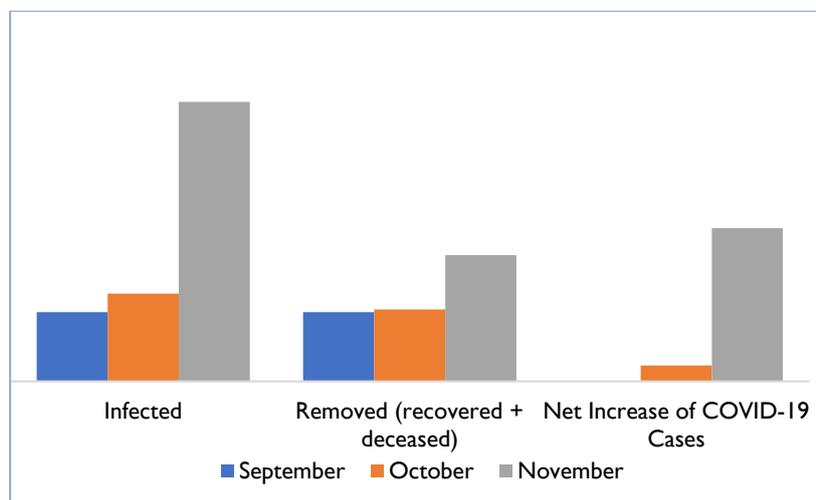
This section analyses the findings of stakeholders' survey and direct observation of enumerators deployed in 34 project districts.¹ The findings reflect the opinions and information collected on standardized methodologies that aim to understand the governance of COVID-19 response using a multi-pronged approach. Interviews were conducted with district administration and health service providers at the district level to understand the governance mechanisms in place by the district authorities. For a holistic review from practitioners' point of view, a comparative perspective on several key issues was sought from representatives of doctors' and paramedics' associations. Local civil society organisations (CSOs) and journalists were also consulted to enrich the findings as these stakeholders serve as watchdogs of society. An additional layer of institutional observation was also added to further strengthen the analysis and develop informed findings.

Data for this report was collected from November 10 to December 10, 2020 for the COVID-19 response efforts that took place in the month of November, 2020. These include interviews from 30 district health/administration officials, 34 representatives of doctors', 32 representatives of paramedics' associations, 96 attendants of COVID-19 patients, 59 journalists, 39 CSO representatives, and observation of 71 health facilities.²

I. CONTEXT: THE SECOND WAVE

The second wave of COVID-19 gained strength in November with a net increase of more than 35,000 cases. The number of deaths in November also spiked up with 1,256 deaths as compared to 324 in the previous month.

Figure 1: Comparative Reading of COVID-19 Cases³



With this exponential increase in the number of new cases, the burden on the healthcare system increased further as the findings indicate.

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

² For details of interviews and observations in the selected districts, please refer to Annexure-II.

³ Figure 1, source: <http://COVID.gov.pk/>

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, 2020: Schools and marriage halls opened
- October 2020: Significant increase in the number of infections reported. Government issued fresh guidelines & SOPs which included a compulsory wearing of face masks at public places
- November 2020: All offices of Senate were closed for three days, starting from November 3; From November 9, office hours were reduced and minimum staff was to attend office and visitor entry was banned

2. SCALE AND IMPACT OF THE PANDEMIC AT THE DISTRICT LEVEL

District Disaster Management Authorities (DDMAs), District Management Authorities (DMAs), Deputy Commissioners (DCs), and Executive District Officers (EDOs) of Health Department were consulted to assess the scale and impact of COVID-19 on the district level. In the 30 districts where interviews were conducted with the said officials, a total of 81,847 COVID-19 positive cases and 2,579 deaths were reported. These officials also informed that as many as 21, 677 COVID-19 patients were undergoing treatment in public healthcare facilities. This district level data gives a confirmation of the exponential increase in COVID-19 cases at the national level, as mentioned in the previous section.

COVID-19 continued to affect the lives of the front-line healthcare staff. Representatives of the doctors' and paramedics' associations interviewed confirmed that a significant number of doctors, as well as paramedics, contracted COVID-19. These stakeholders also reported casualties among their colleagues who had contracted the virus.

3. CAPACITY TO RESPOND AT THE DISTRICT LEVEL

3.1 Infrastructural Capacity: Varying Perspectives

A total of 30 interviews were conducted with DC/EDO health. Out of the total 35 districts, respondents from 2 districts refused to be interviewed (Tharparkar and Lahore) while no data was received from 3 others (Karachi East, Khairpur and Shikarpur). It was also observed there were refusals faced from the officials in the above-mentioned districts in the preceding month (i.e. October) as well.

The officials were requested to share the state of the pandemic and the availability of necessary supplies in the district. It was found that a total of 248 ventilators are available in the 34 districts. There are 53 private sector healthcare facilities and 13 welfare/NGO/INGO facilities providing COVID-19 treatment/patient care.

A total of 2,388 public facilities and 2,254 private facilities are providing COVID testing. Around 113 quarantine centres have been established in the districts with the capacity to accommodate 18,158 patients. In the public sector healthcare system, 776 isolation wards/facilities have been established with the capacity of 6,323 patients. A total of 3,062 doctors and paramedics have been assigned to those facilities.

A careful analysis of these facilities and the number of COVID-19 cases in these districts shows huge disparities in availability and allocation of these resources. There was less than one patient per bed at Quarantine/Isolation in 9 out of 34 districts (Abbottabad, Chakwal, Jacobabad, Mardan, Multan, Narowal, Quetta, Sialkot, and Tor Ghar), while at the same time there were more than 50 patients for one bed in 3 districts, namely Loralai, Sukkur and Swat. For instance, in Hafizabad, Hyderabad and Mianwali, the COVID-19 patients may avail one bed if they have to relocate to isolation/quarantine facility.

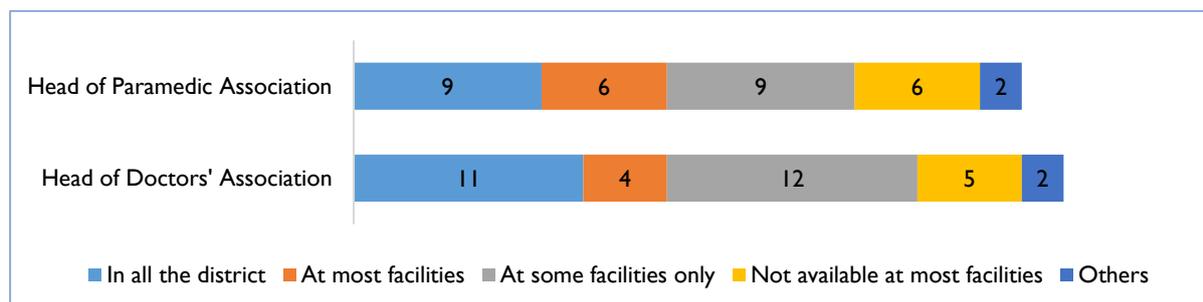
However, in Sukkur there are 60 patients for one available bed and the situation becomes even drearier with 83 patients for one bed in Loralai.⁴ Similarly, where there are more doctors than patients in Multan, there are as many as 225 patients per doctor/paramedic in Karachi West. This number increases to 291 patients per doctor/paramedic when one analyses the situation in Swat.

A total of 34 Interviews with the Head-Representative of Doctors Association (in 34 districts) and 32 interviews with Head-Representative of Paramedic Staff Association (in 32 districts) were conducted to gain their opinions. The doctors and paramedics representatives were asked to outline the gaps in provision of Personal Protective Equipment (PPE).

⁴ Please see Annex-III for Scale of Pandemic and Situation of Infrastructural Capacity

According to 27 (79%) doctors, PPE was generally available in the health facilities, with 5 (15%) reporting non-availability of PPE. While 24 (75%) Heads of Paramedics' Associations stated that PPE was available, and 6 (19%) reporting it to be unavailable.

Figure 2: Availability of PPEs



According to the representatives of DCO/EDO Health, the districts have PPE stocks that will last them for varying number of days. Of these, 6 (20%) of the districts have PPE stocks that will last for more than a month, in 13 districts (43%) stocks will last for up to a month, in 4 districts (13%) the stocks are available for two weeks. However, it is surprising that in 7 districts (23%), the PPE stock is available only for less than a week, which may result in an even higher infection rate among the healthcare staff.

Table 1: Availability of PPEs in Districts on Quartile basis

Categories of Number of Day worth of PPEs are Available	Number of Districts	Percent
More than Month	6	20%
Month	13	43%
Less than a Week	7	23%
Two Weeks	4	13%
Overall	30	100%

Triangulation of this data with the statements of doctors and paramedics shows a generally satisfying picture, with some variance present. For the six (6) districts in the first quartile, which reported availability of PPE for more than a month, doctors and paramedics in four (4) districts reported a general adequacy of PPEs in the health facilities. In only Karachi and Sialkot, the doctors and paramedics stated adequate availability of PPEs in the districts as stated by DCO/EDO representatives. The remaining districts present a gap in provisions as outlined by the doctors and paramedics and warrant a need for better management and distribution of the safety equipment by the administration and personnel in-charge so that each facility in the district has access to the safety equipment and resources are redistributed equitably among all. These statements also highlight that doctors get priority in allocation of PPEs as compared to paramedics, hence most of them have got adequate PPE while not all the paramedics in the upper quartile district have reported the same.

Table 2: Comparative Analysis of PPE Availability in Upper Quartile Districts

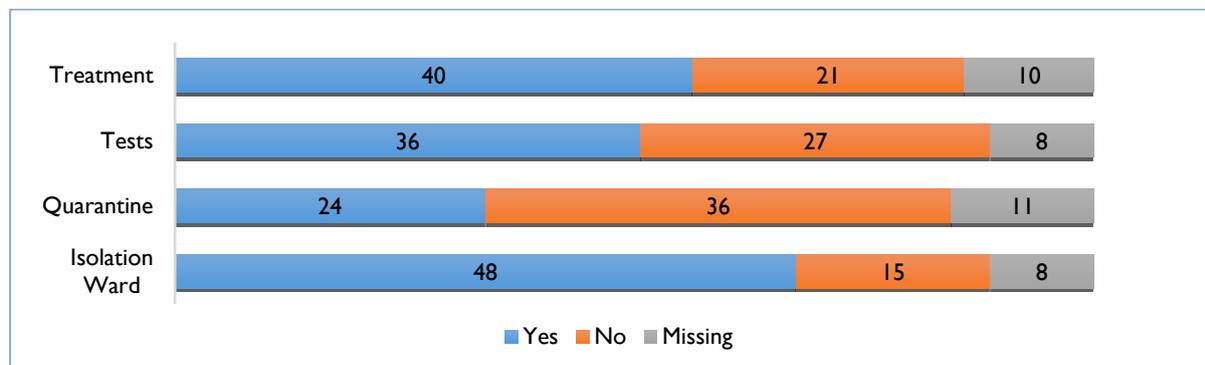
District	Claims of District Officials about availability of PPE (in days)	Statements of Healthcare Staff	
		Doctors	Paramedics
Hyderabad	90	PPEs are adequately available at some facilities only	PPEs are adequately available at most facilities
Khanewal	2,000	PPEs are adequately available at some facilities only	PPEs are adequately available at most facilities
Rahim Yar Khan	45	PPEs are adequately available at most facilities	PPEs are adequately available in the district
Peshawar	350	PPEs are adequately available at most facilities	PPEs are not available at most facilities
Sialkot	210	PPEs are adequately available in the district	PPEs are adequately available in the district
Karachi West	180	PPEs are adequately available in the district	PPEs are adequately available in the district

On the other hand, authorities of districts in lowest quartile, including Bannu, Chakwal, Islamabad, Jacobabad, Karachi central, Lorelai, and Mianwali, have reported PPE stocks that will last them for less than a week. Doctors

and paramedics in these cities also reported a lack of access to PPEs. These are all high population density cities and the recent surge in the cases merit a reconsideration of stocks disbursement among them by the administration as the need for PPE will only increase under such circumstances for the front-line workers.

In terms of other facilities, as per Health Institution Monitoring Observations, COVID-19 related services available for COVID-19 patients in 71 facilities of the 32 districts 48 (68%) had an isolation ward, 24 (34) had quarantine facilities, 36 (51%) had testing facilities while 40 (56%) provided treatment facilities. A total of 441 doctors were assigned to treat COVID-19 patients of which 316 (72%) were male and 125 (28%) were female.

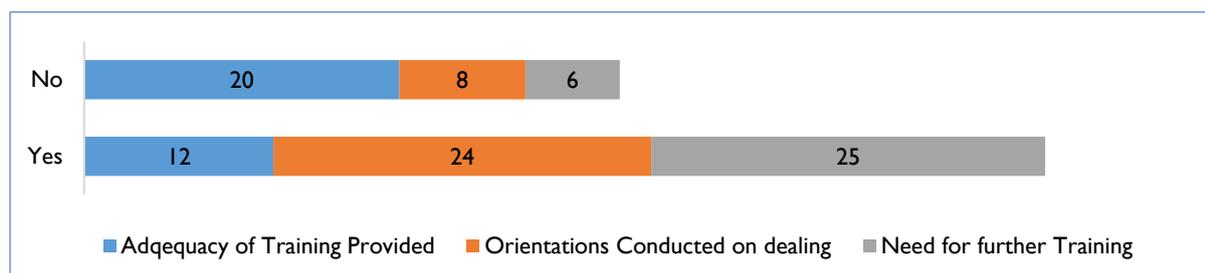
Figure 3: Available Facilities



3.2 Technical Skills/Expertise of Healthcare Providers

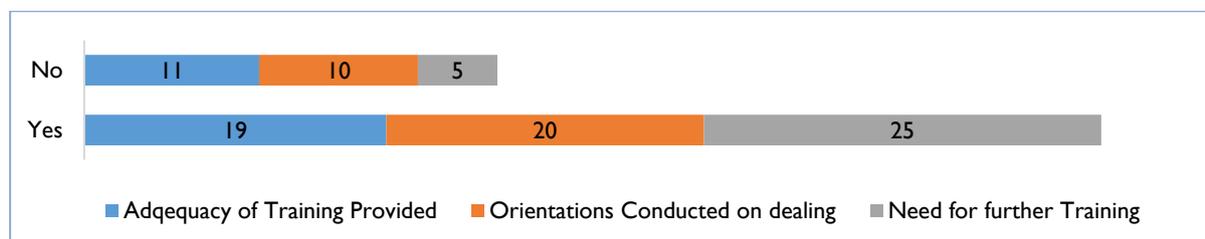
Only 12 (35%) of the representatives of the doctors' association reported adequate training was provided, while 20 out of 34 (59%) believed the training was inadequate to build capacity for handling the pandemic situation. It was confirmed by 24 (71%) respondents that orientations were conducted for doctors to prepare them for dealing with the pandemic safely. However, 25 (74%) admitted that further training was required to improve the capacity of the doctors.

Figure 4: Technical Readiness to deal with Pandemic- Head of Doctors' Association



Of the 32 representatives of the paramedic staff interviewed, 19 (59%) reported that they were adequately trained while 11 (34%) believed they were not. Similarly, 20 (63%) stated orientations were conducted for paramedics to assist them in dealing with the pandemic safely, while 78% of the paramedic representatives believed there was still need for further training provisions for the staff.

Figure 5: Technical Readiness to deal with Pandemic- Head of Paramedics' Association



3.3 Technical Knowledge of Media and CSOs

Eighteen (46%) local CSO representatives in 34 districts stated that they faced problems/hurdles in carrying out relief work. A similar trend was observed among the local journalists, where only 18 (31%) of the journalists reported that they were adequately trained/skilled to report COVID-19 pandemic related stories, However, majority of the local journalists, i.e., 41 (69%) believed that they needed more training and sensitization in reporting pandemic related content. When asked if they believed there is a need for training/orientations of

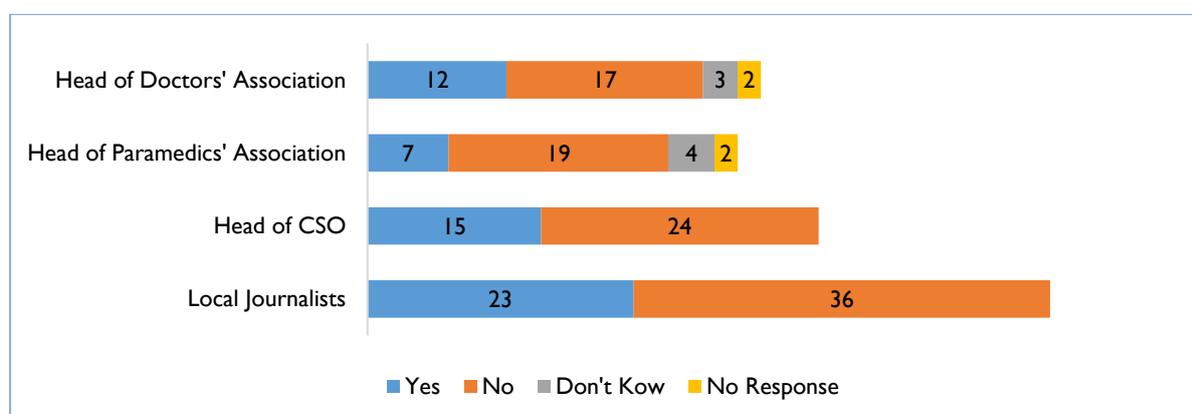
journalist in the district on effective reporting of health issues in general and pandemic related reporting in particular, 57 (97%) responded in affirmative.

3.4 Coordination Platforms and Mechanisms

Government has formed different coordination and oversight platforms as part of its COVID-19 response. Of the 30 respondents, 27 reported they had an active District Disaster Management Authority (DDMA) in their respective districts. Furthermore, in 26 of these districts, the respondents reported coordination mechanism/bodies were established with provincial health ministry, 24 informed of establishment of coordination with Provincial Disaster Management Authority (PDMA). Respondents in 21 districts highlighted the establishment of inclusive review and decision-making mechanisms/platforms in addition to DDMA, 25 reported coordination with public sector healthcare institutions established/represented in DDMA, 20 informed of Coordination/cooperation mechanisms with CSOs established/given membership/allowed participation/contribution in DDMA, 25 stated that an awareness and information dissemination mechanisms/communication strategy was adopted and implemented.

Gauging the stakeholder representation at coordination level, it was found that 12 (35%) of the representatives of doctors' association, 7 (22%) paramedic representatives, 15 (38%) CSO representatives, and 23 (39%) local journalists reported their association/community was represented in the COVID-19 response coordination committees/platform.

Figure 6: Stakeholder Representation at Coordination Level



CSO representatives were also inquired about the effectiveness of the coordination platforms in helping coordinate the COVID-19 response. Of this, 16 (41%) deemed them to be effective, 13 (33%) believed they were average, however, 5 (13%) stated they were ineffective with a further 3 (8%) terming them as completely ineffective and dysfunctional.

4. RELIEF PROGRAMS: EFFICACY AND ACCESS

The government officials were asked if their respective districts were covered in Ehsaas/BISP COVID-19 relief program to which 24 (75%) responded in affirmative, 1 (3%) stated their districts were not covered while 5 (16%) were unsure if their district was covered or not. It was notified by 34% of the officials that new beneficiaries were identified for these prevailing relief programs while 16% stated no new additions to the number of beneficiaries.

When asked about the mechanisms adopted to identify new beneficiaries of national-level schemes at the district levels, 7 (64%) reported that applications were opened on portal/website, 6 (55%) informed that a mobile application was launched for this purpose, another 6 (55%) stated they conducted a survey to identify new beneficiaries, while 8 (73%) informed that new beneficiaries were referred by elected representatives.

Upon being asked if there were any relief programs implemented in their districts with provincial assistance, 10 (31%) responded in affirmative while 9 (28%) informed that there were no provincial relief programs in their districts. It is surprising to note that 7 (22%) officials interviewed were not aware of the programs existence. Such findings point towards the increased need of awareness about relief packages at all levels of COVID response.

It was stated by 4 (13%) officials that new beneficiaries were identified for their provincial relief programs, 3 (9%) claimed no new beneficiaries had been added while 9 (28%) were not aware of any new additions to the program. When enquired about the mechanisms adopted for new application by the provincial relief programs, all the officials reported that the applications were opened through an online portal/website. In addition to this, 3 (75%)

informed that a mobile application was used, an equal number 3 (75%) used surveys to identify new beneficiaries and another 3 (75%) informed that new beneficiaries were referred by elected representatives.

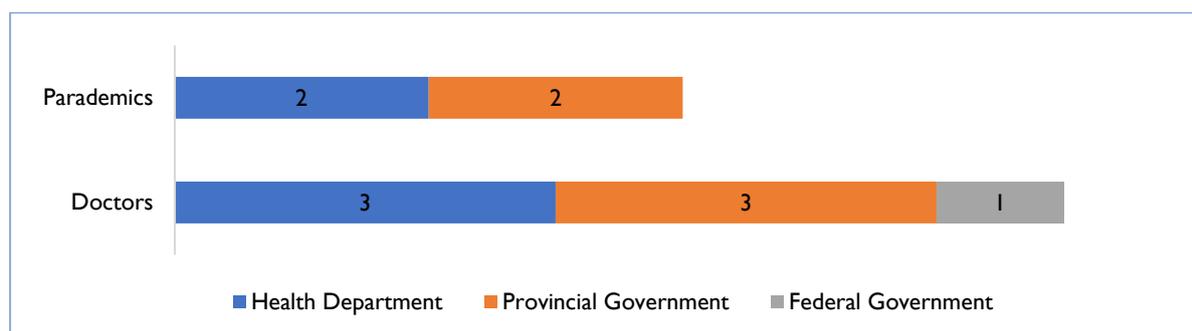
Only 3 (9%) responded in affirmative when asked if any district relief programs were being implemented, 14 (44%) stated no district relief programs were in place while 7 (22%) were unaware of their existence. It was stated by 3 (9%) that new beneficiaries had been identified for the district relief programs, 2 (6%) claimed no new beneficiaries were added, 5 (16%) were not aware if any new beneficiary had been added, while data for 22 (69%) was reported missing.

As both doctors and paramedics were also infected by the virus during duty, these stakeholders were asked to state if there had been any assistance/relief package. A total of 7 (29%) representatives of Doctors' Association informed doctors were being provided relief packages, however 17 (71%) stated that no relief packages were available for the doctors. Of the 29% who responded in affirmative, 3 (43%) stated assistance was provided by the health department, 1 (14%) stated it was provided by the federal government and 3 (43%) said provincial government provided assistance.

Only one respondent informed that assistance/aid provided was to the family of deceased doctors, while others claimed no assistance was extended to the families and no assistance came from provincial government or the health department. All respondents chose the 'others' category for the type of assistance being provided to them.

The representatives of the paramedics' association were asked to state if the paramedics in their districts had been receiving any assistance/relief package from the government for the paramedics who contracted COVID-19 infection. Only 4 (19%) stated that such relief was extended to the paramedics while 17 (81%) said no such packages were available for the paramedics. Of the 19% who answered in affirmative, 2 paramedics (50%) stated these packages were being provided by the health department while the remaining 2 (50%) stated the provincial government was providing them. No assistance provisions have been made to the families of the deceased paramedics (an observation that was reported in October's monthly report as well). At this point, it is important to reiterate that when it comes to the healthcare professionals, doctors are the first priority for whatsoever resources are available, with the paramedics being the second cadre.

Figure 7: Providers of Relief Package to the Frontline Healthcare Staff



Health Institution Beneficiary Feedback was gathered from 96 respondents in 28 districts. They were asked to state/notify if they themselves or any of their patients had applied for any relief/assistance programs, 7 (7%) stated they or their patients had applied, 79 (82%) stated they had not, while data for remaining 10 (10%) could not be ascertained. Among the seven who had submitted their applications, it was found that relief package had been delivered to 2 (29%), status of further 2 (29%) was pending while applications of 3 (43%) had been denied.

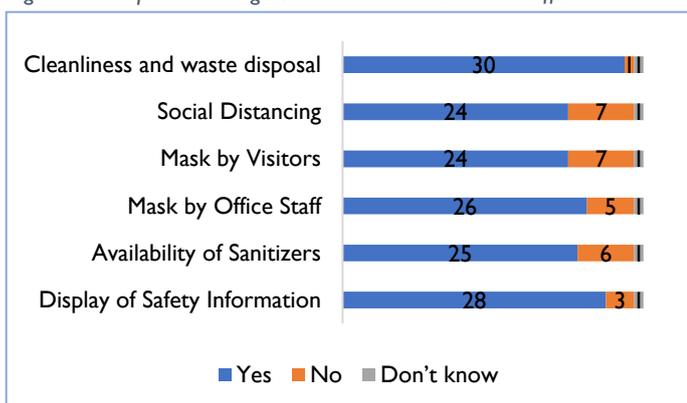
To further assess the situation, personnel were also asked if any welfare/non-governmental organization provided aid/assistance at any stage during the treatment of their patient, 74 (77%) stated no such assistance were provided while 6 (6%) informed welfare organizations provided aid. They were further asked to elaborate on the type of assistance provided by these organizations, 3 (43%) stated they provided financial aid, a further 3 (43%) stated they provided food/ration, and one respondent informed they were provided subsidized tests/treatments.

5. OBSERVATION OF PUBLIC ATTITUDE AND ADHERENCE TO COVID-19 SAFETY GUIDELINES

5.1 At Public Offices

In order to strengthen the data collection and analysis framework about governance of COVID-19 response, two additional strategies were used. 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. 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.

Figure 8: Compliance with guidelines at EDO/DC/DDMA Office



These responses of healthcare staff further reinforced these observations. As many as 17 (53%) of the paramedics, and 16 (47%) doctors' representatives interviewed reported that not all health facilities are compliant with SOPs related to maintaining social distancing and compulsory mask wearing. Similar proportions of both categories of medical staff reported that only some hospitals and other health facilities were compliant with the SOPs for disposal of medical waste and sanitization of the work area. These observations are consistent with the observations of last month, implying that although the COVID-19 cases have increased exponentially, adherence to SOPs has not changed much at least at the institutional level where these patients are given treatment. This means high risk of infection for the doctors and paramedics and a gap in the governance of response.

Similarly, at healthcare facilities visited by the enumerators for conducting interviews and data collection, the trend among these facilities reflected an overall compliance with general guidelines and SOPs. For instance, safety information was displayed at 28 (88%) of the facilities, at 26 (81%) of the offices the staff were wearing masks and hand sanitizer was available at 25 (78%) of the inspected facilities. However, consistent with the previous trend, social distancing was the weakest area which was not being observed at 7 (22%) facilities observed. These findings show an improvement in the public attitude and also signifies a challenge for COVID-19 response managers to create awareness among the de-sensitized public and ensure compliance with SOPs.

5.2 Public Attitude and COVID-19 Resurgence

Number of new COVID-19 infections reported by the district officials, in part reflects the general lack of compliance of SOPs by the public. General non-compliance with SOPs related to individual safety in their respective districts was reported by 33 (85%) of the CSO representatives and 30 (51%) of the journalists. Given the highly infectious nature of COVID-19, these consistent observations require immediate attention from authorities 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, 25 (64%) of the CSO representatives shared a negative observation. This observation is a slight increase as compared to the same trend in October, which could be attributed to the increase in scale of data collection this month (34 districts were covered this month as compared to 19 last month). In their observation, most people are oblivious to the safety guidelines and SOPs in their respective districts. Only 6 (15%) of the respondents shared compliance among the majority of people in their districts.

As per the numbers reported by the district authorities, Hafizabad had the least increase in COVID-19 cases in November 2020 (an increment of 150 cases). As heads of local CSO at Hafizabad expressed concerns over public not adhering to the SOPs, local journalists shared that majority of the facilities in Hafizabad were complying with the SOPs. Heads of Doctors' Association reported that all facilities are complying with the SOPs while paramedics differed and reported compliance in only some facilities in Hafizabad. It is very likely that the doctors interviewed were working at one of the few facilities where SOPs are being complied with.

One probable explanation of the low number of COVID cases could be accrued to the lack of testing being conducted in Hafizabad, while we do not have access to district level testing in the area- this may be deemed a potential, over-arching cause. It should also be noted that compliance with SOPs at the health facilities must not be taken equivalent to public attitude but can only serve as an indicator of public attitude.

While SOP compliance at facilities is the step in the right direction, due diligence needs to be followed and maintained by district level officials to ensure a better management. These public attitudes need to be addressed by more rigorous awareness campaigns and implementation of SOPs by the district administration at all levels to curtail the spread of disease.

SECTION II: COVID-19 RESPONSE: POLICY AND POLITICS

Pakistan saw a significant rise in the number of daily COVID-19 cases in the month of November 2020. Major steps taken by the government in Nov 2020 included closure of educational institutions, ban on public gatherings and issuance of fresh guidelines for marriage halls and hotels. On the other hand, the masses generally ignored the warnings by the government and the health experts. Both electronic and print media throughout the month kept on reporting continued violations of the SOPs by the people from all parts of the country. The media also highlighted the lack of government oversight of the implementation of the SOPs.

Despite repeated announcements by various government functionaries that strict action would be taken against the violators of the SOPs, the government failed to come out with a clear strategy regarding encouraging the people to follow the SOPs and a total confusion was found at the state level with regard to the action plan to control the spread of the pandemic. The only actions covered extensively by the media were registration of cases against opposition politicians who had rejected the government's ban on gatherings and vowed to hold public meetings. The opposition Pakistan Democratic Movement (PDM) which launched its anti-government campaign in October went ahead with its planned public meetings in Peshawar on Nov 22 and Multan on Nov 30 defying the government's ban.

Amid second spike of the pandemic, the people of Gilgit-Baltistan took part in the elections for its Legislative Assembly on Nov 15. Media gave extensive coverage to the GB polls and highlighted violations of the SOPs during the election campaign as well as on the polling day.

Besides the PDM, the ruling Pakistan Tehreek-i-Insaf (PTI) itself arranged a public meeting in Hafizabad on Nov 7 to counter the PDM's campaign and it was also addressed by Prime Minister Imran Khan. However, the PTI later announced cancellation of its remaining public meetings and also appealed to the opposition parties to postpone their events. The ruling party, however, continued to hold public meetings in Gilgit-Baltistan as part of the election campaign.

Media placed high importance on data and statistics regarding the COVID-19 cases and reported on daily basis the number of new cases and deaths. On Nov 22, *Dawn* reported that Islamabad had the highest utilisation rate for hospital beds reserved for COVID-19 patients. Quoting officials of the district administration, it reported that 362 beds, excluding ventilators, were reserved for patients in 12 hospitals and there were 240 patients admitted to these hospitals with the bed utilisation rate of 66.2%. Punjab has 10.1% utilisation rate as out of the 8,624 beds reserved in 242 hospitals for the infected people, 877 were occupied. Azad Kashmir has the third highest utilisation rate (8.4%) with 78 of the 918 beds in 17 hospitals occupied. In Gilgit-Baltistan, 158 beds have been allocated in 22 hospitals with 11 in use (6.9%). In Khyber Pakhtunkhwa, the rate was 6.2%. The province has reserved 5,440 beds in its 200 hospitals out of which 339 are in use. There are 11,366 beds allocated in 213 hospitals of Sindh with 553 occupied (4.8%). Baluchistan has a 2.1% utilisation rate with 24 of the 827 beds reserved in 57 hospitals in use. During the last 24 hours, 7,025 tests were conducted in the city out of which 458 people were found carrying the virus.

On Nov 19, the utilisation of ventilators allocated for COVID-19 patients in the capital increased to 61%, the second highest occupancy ratio in the country. The highest occupancy rate of ventilators - 74% - was in Multan followed by 19% in Lahore, 17% in Faisalabad, 14% in Rawalpindi, 10% in Karachi and three percent in Muzaffarabad.

The national media gave special attention to the happenings around the world with respect to the research and development of vaccines and its trials. Reports about the production of several very successful new vaccines were printed prominently by the newspapers, thus creating a hope among the masses that soon they would be able to lead a normal life like in the pre-COVID phase earlier this year. With the reports coming from different parts of the world about completion of the successful trials of the vaccines, the Pakistan government also took some steps in this regard and the Economic Coordination Committee of the Cabinet on Nov 20 approved a \$150 million supplementary grant to procure anti-COVID vaccine.

Following is a brief analysis of the national media coverage of the COVID-19 related news and activities during November 2020.

I. COVID-19 RESPONSE: LEGISLATIVE OVERSIGHT

The Parliament and its committees remained non-functional throughout the month and there was no parliamentary oversight and input at all over the government actions to deal with the pandemic. There was no session of the National Assembly or the Senate either. According to the tentative parliamentary calendar, the 28th regular session of the National Assembly was scheduled to start on Nov 23, but the government did not convene it due to the COVID-19 situation as well as the opposition's aggressive agitation campaign. It is important to point that the matter related to the national assembly and the senate are independently managed by the speaker and the chairman chamber respectively.

On Nov 9, the Senate Secretariat issued a "Circular" announcing postponement of all the meetings of the standing, functional, special and parliamentary committees till Nov 16 and later extended this postponement "until further orders." Surprisingly, the committees of the National Assembly continued to meet almost throughout the month exposing a lack of coordination between the two secretariats functioning under the same roof.

On Nov 23, National Assembly Speaker Asad Qaiser and Senate Chairman Sadiq Sanjrani met for the second time in one week to review the strategy to run the parliamentary affairs and possibilities of convening the sessions of the two houses and the meetings of the parliamentary committees amid second wave of COVID-19 in the country.

The Speaker convened the fifth meeting of the Parliamentary Committee on Coronavirus Disease on Nov 25 on a one-point agenda seeking discussion on the "matters relating to the session of the National Assembly due to COVID-19 and briefing on coronavirus disease", but it also remained ineffective due to the opposition's boycott. The opposition parties boycotted the meeting in line with its previous decision to stay away from all meetings to be presided over by the Speaker due to his alleged biased conduct. Senior Vice President of the PML-N and secretary general of the 11-party PDM Shahid Khaqan Abbasi in a statement said the Speaker had lost the trust of the opposition parties and, therefore, he had no right to convene any such meeting. The PDM leader said the government had no policy to deal with the COVID-19 situation. He said if the government had any policy, then it should bring it to the National Assembly.

Special Assistant to the Prime Minister on Health Dr Faisal Sultan told the opposition-less committee about the comparison between the previous and latest figures related to COVID-19. He warned that the situation was alarming and the disease would cast devastating effects, if the SOPs and decisions of the NCOC were not implemented. The Speaker while chairing the parliamentary committee said considering the present state of the pandemic, the opposition irrespective of political differences should have attended the meeting to give its input. According to a statement issued by the National Assembly Secretariat, the members of the parliamentary committee reached a consensus that all political leadership ought to give a unified message to the public to adopt precautions to curtail the spread of COVID-19.

2. GOVERNMENT STRATEGY AND IMPLEMENTATION

2.1 National Command and Operation Centre (NCOC)

As the primary focal policy platform, the NCOC's proceedings reflected an increasing sense of urgency through the month of November. National media also prominently reported and highlighted 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 synergise and articulate a unified national action against COVID-19 and to implement the decisions of the NCC headed by the prime minister.

The NCC, on Nov 3, ruled out the option of imposing a complete lockdown in the country and endorsed all the measures announced by the NCOC on Oct 28 which included strict implementation of the SOPs at public places and reduction in timings for markets and commercial activities. The NCC, which met under the Prime Minister, also decided to continue the smart lockdown policy and strictly implement the NCOC decisions. The NCOC appreciated SOPs compliance in mosques for the last many months, but noted a decline in compliance at present and appealed to all stakeholders to further follow the guidelines rather enhance amid second wave of the pandemic. To ensure compliance with the SOPs, on Nov 6, the NCOC announced Rs100 fine on violation of wearing mask, allowed only outdoor marriages with maximum limit of 1,000 persons and the policy of work from home for 50% of the staff of all public/private offices. The NCOC observed that since 16 major cities of the country were highly sensitive due to Covoid-19 positivity among the people, the "non-pharmaceutical

interventions” (NPIs) or new guidelines would remain in force till January 2021. The cities with high positivity and higher disease spread potential are: Karachi, Lahore, Islamabad, Rawalpindi, Multan, Hyderabad, Gilgit, Muzaffarabad, Mirpur, Peshawar, Quetta, Gujranwala, Gujrat, Faisalabad, Bahawalpur and Abbottabad.

In what appears as more reactive decision-making, the NCOC in its meeting on Nov 11 recommended banning all public gatherings, including political, cultural and religious ones, of more than 500 people. The NCOC reduced the number of participants of marriage functions by 50% and enhanced restrictions in high-risk areas due to a surge in COVID-19 cases amid second wave of the pandemic. The forum suggested only outdoor dining at restaurants till 10pm and immediate closure of takeaways, cinemas, theatres and shrines. It was told that the disease had increased threefold since the NCOC had recommended a ban on large public gatherings and outdoor activities on Oct 12 and Nov 3 to the NCC for a final decision. While further amending the guidelines on marriages, it was decided that only outdoor marriages with upper limit of 500 people will be allowed from Nov 20. The health experts had criticised the government’s decision to allow 1,000 guests at an outdoor wedding ceremony, warning that rise in number of COVID-19 cases was expected as 90% people of the country had started ignoring SOPs.

The measures taken to control the spread also reflected an evolving yet a more reactive pattern. The NCOC was informed on Nov 27 that more than 3,000 cases were recorded for the third consecutive day, with the highest rate of positive cases reported in Peshawar. On Nov 29, the NCOC had been informed that five major cities — Lahore, Rawalpindi, Islamabad, Peshawar and Karachi — contributed 70% of coronavirus cases and Mirpur (AJK), Hyderabad, Karachi, Rawalpindi and Peshawar were among the top cities with persistently rising positivity ratio.

Positivity Ratios

National Ratio: 8.53%
 Mirpur: 27.75%
 Muzaffarabad 23.44%
 Hyderabad: 18.21%
 AJK: 21.3%
 Sindh: 14.04%
 Balochistan: 11.95%
 Islamabad: 6.62%
 KP: 5.57%
 Punjab: 4.84%
 GB: 3.43%

The NCOC was informed that 45 of the 71 ventilators were occupied in Islamabad, 34 of the 112 ventilators were occupied in Peshawar, 63 of the 239 ventilators were occupied in Lahore and 61 of the 404 ventilators were occupied in Karachi. The average national positivity ratio -- counted through number of positive cases in 100 samples -- was 8.53%. The highest ratio was observed in Mirpur 27.75%, while the lowest ratio was reported in GB, i.e. 3.43%. About 71% of the patients who died were male, 76% were over the age of 50 years, 72% had chronic comorbidities and 91% remained hospitalised. However, according to the NCOC, the country’s mortality rate was 2.02%, compared to global average of 2.33%. However, beyond the mortality rate, the situation clearly required more serious measures. The measures largely came in the form of smart lockdowns. The NCOC in its meeting on Nov 30 was informed that there was a complete lockdown in Azad Jammu and Kashmir (AJK) till Dec 6 and 5,082 smart lockdowns were in place across the country — 1,459 in Punjab, 206 in Sindh, 182 in Khyber Pakhtunkhwa, 3,205 in Islamabad Capital Territory and 30 in Gilgit-Baltistan — due to which 2,058,746 people were under lockdowns.

Where there has been a general compliance with the decisions of NCOC at provincial level in terms of ban on public gatherings, some resistance was reported from Baluchistan⁵. As a more strategic measure, the decision to close-down schools and mass education institutions have remained a contested issue. In what seems as a reiteration of a reactive mode, decision to close down all the educational institutions was taken at an online conference of provincial education ministers, headed by Federal Minister for Education Shafqat Mahmood, at the NCOC meeting on Nov 23. Days ago, on Nov 16, Punjab Minister for Higher Education Raja Yassir Humayun Sarfraz had categorically stated that provincial government had no plans to close educational institutes from where only a few COVID-19 cases had been reported. Similar concerns were reported by the stakeholders in Sindh⁶ and Baluchistan⁷, indicating either the lack of unanimity among the federal and provincial decision

“The situation is the same; universities are again closed without a practical roadmap for online education. People living in villages and other far-flung areas, especially in Balochistan and Khyber Pakhtunkhwa provinces, are still deprived of internet access,” Waseem Hoth, president of Baloch Students Organisation told University World News.

⁵ <https://www.dawn.com/news/1589591/covid-19-sops-to-be-enforced-strictly-in-balochistan-says-shahwani>

⁶ <https://www.dawn.com/news/1592264/sindh-govts-stance-on-schools-closure-not-taken-into-account-says-saeed-ghani>

⁷ <https://www.universityworldnews.com/post.php?story=2020112714513696>

makers, or the absence of provincial representation in the NCOC. In either of the cases, such lack of coordination has far-reaching effects when it comes to implementation of such decisions in letter and spirit.

2.2 Public Outreach and Pandemic Awareness and Measures Communication

As observed in the district level monitoring, the national level public outreach and messaging could be better served by a more consistent and well thought-out communication strategy. While the most senior government officials lead the messaging on several occasions, the effort largely appeared reactive and inconsistent in intensity if not substance.

Addressing the nation on Nov 16 after presiding over a meeting of the NCC, Prime Minister Imran Khan announced imposition of restrictions on public gatherings and called upon citizens to observe SOPs. He also suspended PTI's public gatherings and asked other political parties to follow suit. The same day, the prime minister chaired a meeting of the policy committee overseeing the COVID Relief Fund to review fund utilisation details. The initiative was taken in March this year to raise funds for COVID-19 patients. An amount of Rs4.8 billion was accumulated in the fund of which Rs1.08bn was donated by international donors and Rs3.8bn contributed domestically. However, no details were shared about the spending of these funds and role of these funds in responding to the pandemic.

On Nov 26, while speaking to media persons at the Chief Minister Secretariat during his visit to Lahore, the Prime Minister said the government had decided not to shut down factories and businesses despite a spike in coronavirus infections and deaths in the country. "We don't want to lead people to death due to hunger, while saving them from coronavirus," he said. The Prime Minister reiterated this position while addressing the Country's Strategy Dialogue on Pakistan organised by the World Economic Forum. The Prime Minister told the meeting that with the high level of poverty and the lessons learnt from the first wave of COVID-19, the government could not afford the lockdown of businesses and factories.

Reflecting the difficult choice faced by the government, The Minister for Planning and Development Asad Umar on Nov 24 expressed his fear that the country might face the worst coronavirus situation after two weeks, if preventive measures were not strictly adhered to. The message followed a plea from the Pakistan Medical Association (PMA), a representative body of health professionals for taking the pandemic seriously. The PMA through a statement warned people against taking the virus lightly and urged them to adopt precautionary measures. The PMA said the second wave was more lethal as the infected people were developing severe symptoms with many losing their lives.

While the media covered the government announcements and the increasing threat of COVID-19 with increasing seriousness, the effort to sensitize and mobilize the public to adhere to the SOPs remains a significant challenge. Realizing the need for a more comprehensive effort, the government through Pakistan Electronic and Media Regulatory Authority (PEMRA) directed satellite TV channels and FM radios to spread optimism while pressing the need to follow SOPs at the same time. PEMRA directed the electronic media to telecast data given by health professionals along with efforts being made by the federal and provincial governments. However, there is a need for a more well thought out and consistent public awareness campaign by the government duly supported by relevant stakeholders to stave off a healthcare crisis in the country, especially considering the minimal chances of availability of COVID-19 vaccine in Pakistan to wider public before summer next year.

2.3 Vaccine

As the number of deaths surpassed 8,000 and availability of Chinese COVID-19 vaccine in the coming months, (which is being used for clinical trial in Pakistan), became improbable, the NCOC on Nov 30 finalised recommendations for procurement of the vaccine from alternative channels at the earliest.

Earlier, in addition to the \$100 million announced by the Prime Minister, the Economic Coordination Committee (ECC) of the Cabinet on Nov 20 approved, in principle a \$150 million supplementary grant to procure anti-COVID vaccine. Acting on the NCOC's decision, the Ministry of National Health Services (NHS) had sought a technical supplementary grant of \$150 million for of the funds reserved for COVID-19 relief measures. It was argued that funds would be needed to book requisite doses for about 10 million people in the first and second quarter of 2021. The ECC also directed the NHS ministry to draw a holistic proposal regarding the pricing and risk mitigation mechanism for procurement of the vaccine for provision on a wider scale in consultation with the stakeholders. The health ministry briefed the ECC that it would be the first phase of procurement and the quantity would suffice for the most vulnerable five percent of the population i.e. health workers and those above 65 years of age. It was also shared in the meeting that NHS ministry had approached Global Alliance for Vaccine Immunisation (GAVI) — a Geneva-based global public-private partnership on vaccines — to secure COVAX

facility free of cost or at subsidised rates for about 20% of the population for which Pakistan is eligible. However, the facility was likely to become available in the latter half of 2021.

However, the hurdles to availability of vaccine in Pakistan remains an area of serious concern. Vice Chancellor of the Health Services Academy and Chairman of the National Vaccine Committee Dr Asad Hafeez while talking to Daily Dawn on Nov 17 said no company had so far announced the cost of vaccine and not a single company had got the approval to sell the vaccine as the clinical trial data was limited. He said although international firms — Pfizer and BioNTech — had announced that the phase-III clinical trials of their vaccines had shown 90% efficacy in preventing the disease among those who had not contracted the virus, but they were in the process of compiling the data which might take another month.

Vice Chancellor of the University of Health Sciences Prof Dr Javed Akram said the government should ensure that the vaccine would be proven to be effective for Pakistani population as he was of the view that there was a possibility that a vaccine would be more effective for people of one region and less in other areas. He said they were conducting phase-III trial and over 3,000 volunteers had been vaccinated. He said the healthcare workers, senior citizens, diabetic and heart patients should get vaccine on priority.

The government on its part has expressed its urgency to procure vaccines at the earliest—at least for the population sections that are most vulnerable to the COVID-19 pandemic. Pakistan, given its limited financial resources had adopted a two-pronged approach to procure vaccine. Talking to reporters in Rawalpindi on Nov 14, Punjab Health Minister Dr Yasmeen Rashid said two vaccines were coming up. She said the cold trial of Pfizer's vaccine was difficult and was being discussed while the clinical trials of a Chinese vaccine were underway in Pakistan. "If the trials remain successful, Pakistan would be the first country where this vaccine would be used", she said. However, as the Chinese vaccine remain subject to tests and may not be available any time in the coming few months at least, the government seems to have started pushing to procure other fast tracked options through GAVI's COVAX program with the reinforcing diplomatic push at the global level aimed at provision of vaccine to poor countries.

The Ministry of NHS in a statement said the government was negotiating with leading vaccine manufacturers across the globe to procure it at the earliest. It said the government was in close contact with the COVAX, a global program for pooled procurement of eventual COVID-19 vaccines led by GAVI, through which it was expecting to negotiate for a significant quantity of vaccine for Pakistani people as early as possible. On the diplomatic front, at a G-77 ministerial meeting in New York on Nov 13, Pakistan's permanent representative to the UN Munir Akram urged the international community to ensure that the vaccine was made available to all and distributed across the globe without any discrimination or favour.

3. POLITICS AND POLITICIZATION OF COVID-19 RESPONSE: EDGE OF THE CRISIS

The actions and statements of the politicians both from the government and the opposition sides demonstrated the increasing politicization of the pandemic. The national media pointed out the discrepancy in the political circles and the increasingly dire situation of the second wave. Daily Dawn in its editorial on Nov 26 said the repeated COVID-19 warnings from the NCOC point to a dangerous future, yet many politicians, including those in government, and citizens are refusing to take the threat seriously. With new COVID-19 cases crossing 3,000 and deaths almost 60 in a 24-hour period, it appears that we are on track to a crippling new peak — one that may well surpass the hospitalisations, infections and deaths of the first wave which hit in the summer months.

The voices in media and from professional associations such as Pakistan Media Association, however, could not deter the opposition as well as the government from using COVID-19 for their political ends. A day before the PDM rally in Multan, Prime Minister Imran Khan called the opposition the 'main' problem in tackling the spread of COVID-19 cases. "Now, with the new spike, when we again need smart lockdown, they want *Jalsas* (public gatherings) not caring for the lives and safety of people," the prime minister said in a tweet.

On Nov 22, through a tweet, the Prime Minister said the government would be compelled to enforce complete lockdown if the opposition did not desist from holding public gatherings at a time when the country was reeling under the impact of COVID-19. He said the opposition's PDM would be responsible for the consequences, if it continued with public gatherings despite a surge in COVID-19 cases. On Nov 27, the prime minister had categorically said the government would not allow the opposition to hold its rallies in Multan and other cities. "Coronavirus is spreading dangerously, therefore the opposition should postpone PDM public meetings," he had said, adding that, "the government will strictly enforce standard operating procedures and not allow the opposition to hold rallies as the health guidelines did not permit large gatherings".

The 11-party opposition alliance, PDM, on Nov 17 rejected government's move to impose ban on public gatherings in the wake of COVID-19 and announced that its remaining public meetings would be held as already planned. PML-N Punjab president Rana Sanaullah alleged that the PTI government was conspiring to stop the PDM rallies on the pretext of COVID-19 and said the government was in panic and afraid of PDM rallies that was why it was staging "corona drama". Later, the PDM held its planned public meetings in Peshawar on Nov 22 and Multan on Nov 30 defying the government ban. The Punjab government tried to stop the PDM from holding its public meeting in Multan using force, but later the local administration had to lift the blockades due to a strong resistance put up by the opposition activists and arrests of the political workers, although venue of the rally was changed.

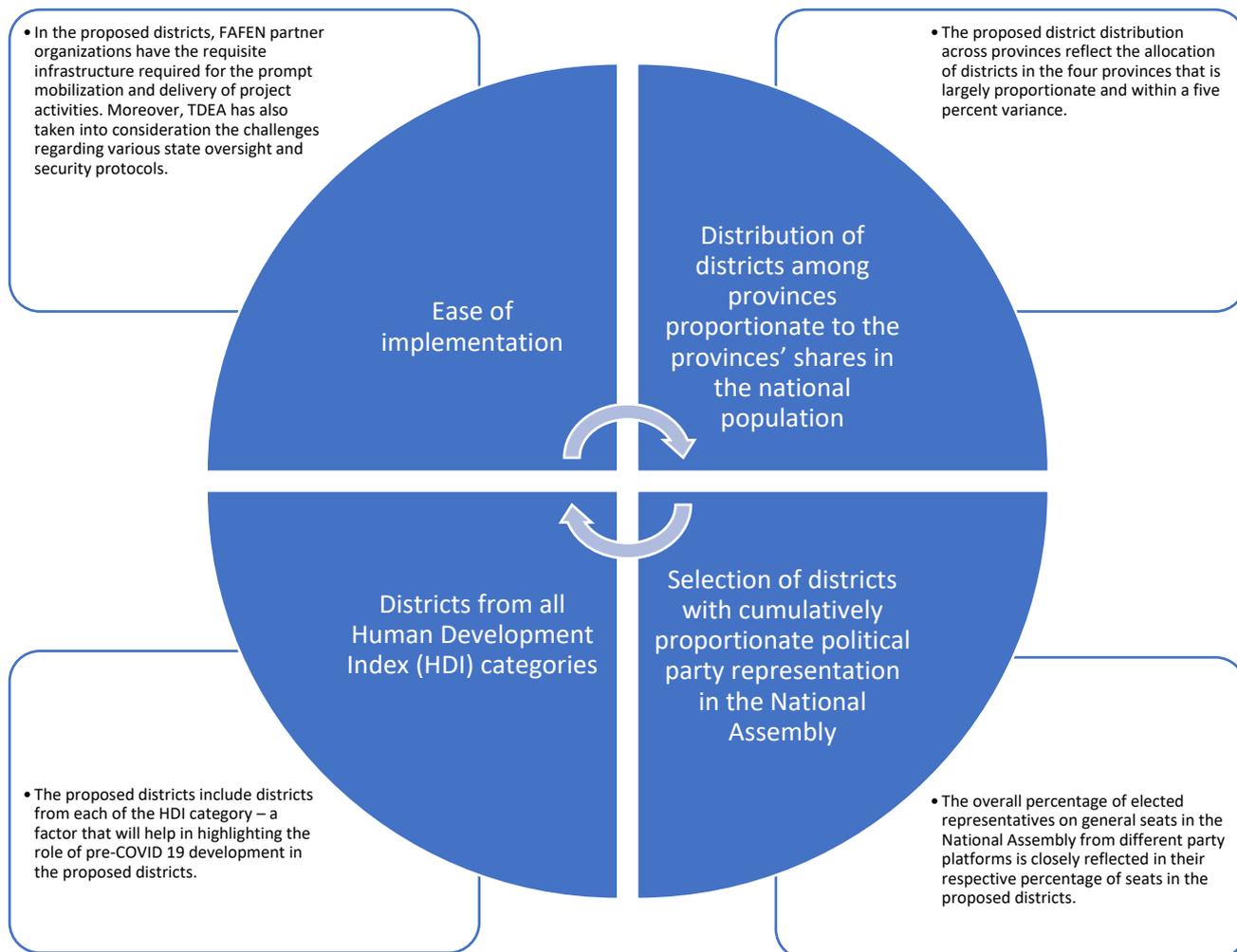
Various government officials condemned these moves by PDM. Federal Minister for Information and Broadcasting Shibli Faraz in a press conference on Nov 23 said mass gatherings were injustice with the people even if these were held by the ruling party. Punjab Health Minister Dr Yasmin Rashid said all the appeals made to the opposition parties to avoid public gatherings had fallen on deaf ears and now the government was all set to establish its writ to save people's lives when coronavirus was raging in major cities. Punjab Chief Minister Usman Buzdar asserted that law would take its course over any violation of the SOPs, and asked the opposition to display better sense and avoid public meetings that may multiply the virus cases in Punjab. Khyber Pakhtunkhwa Chief Minister Mahmood Khan accused the PDM leadership of disregarding public safety for political gain. Also, Punjab Governor Chaudhry Sarwar said the opposition should refrain from playing with the lives of the people by holding rallies. Addressing a news conference on Nov 25, Federal Minister for Information and Broadcasting Shibli Faraz announced that cases would be registered against organisers of political gatherings and the leaders attending these events.

However, in the same presser, the minister stated that the government had no intention to follow the same course with Tehreek-i-Labbaik Pakistan's (TLP) sit-in protestors in Faizabad Islamabad against publishing of blasphemous caricatures in France, and the mass funeral of their leader, Maulana Khadim Rizvi, stating it to be a sensitive issue. The apparent difference in the government's approach further fuelled the oppositions' proclamations regarding the misuse of COVID-19 by the government to control its protest movement.

Overall, a shift has been observed in weightage given to highlighting COVID and its implications at the start of the year- towards the end of the year. PM Khan in the past month has embarked on a series of public gatherings, drawing large crowds. His last month's jalsas of Swat, Hafizabad, and at the convention of Tiger Force - focused largely on debates other than COVID. A comparative reading of the government's public messaging during the first and the ongoing second wave of COVID-19 reveals the change in the government's pronouncements as well as the opposition parties' stance regarding the pandemic. Whilst most of the government's top officials remained consistently focused in their public messaging during the first phase and the opposition demanded more from the government, the situation has changed drastically in the on-going phase. The opposition's agitation campaign and the government's political counter-measures have created confusion among the public on the one hand and a comparative lack of seriousness regarding the pandemic on the other. The situation demands a course correction with at least a broader-level understanding among the political parties in the government as well as the opposition to help steer the government's response on the one hand and support and compliance with SOPs among the public on the other.

ANNEX I: DISTRICT SELECTION CRITERIA

Trust for Democratic Education and Accountability (TDEA) - Free and Fair Election Network (FAFEN) adopted four-fold criteria to select the 35 project districts – 15 in Punjab, 10 in Sindh, six in Khyber Pakhtunkhwa (KP), three in Baluchistan 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					3			12	21
2	Bahawalpur					3		2	8	18
3	Bannu					2		4	49	60
4	Chakwal					1			2	9
5	Faisalabad				2	8			No Data	15
6	Hafizabad				4	2				12
7	Hyderabad				3	5				14
8	Islamabad				4	8			5	22
9	Jacobabad					1				8
10	Karachi Central			No Data	No Data	1			12	17
11	Karachi East	No Data	No Data	No Data	No Data	1	No Data		29	31
12	Karachi West				4	No Data			3	12
13	Khairpur	No Data		No Data		1			No Data	5
14	Khanewal				2	1			7	15
15	Lahore	Refused				6			3	14
16	Lasbela				2	1			3	11
17	Lodhran				4	2		4		15
18	Loralai					No Data	2	4	No Data	10
19	Mandi Bahauddin					No Data			17	23
20	Mardan				4	3			No Data	12
21	Mianwali				5	1	2	2	2	15

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
22	Multan				2	2			6	15
23	Muzaffargarh				1	2		4	11	22
24	Narowal				3	8			3	19
25	Peshawar				3	9			17	34
26	Quetta				2	2		4	22	34
27	Rahim Yar Khan				4	7			22	38
28	Sanghar				2	1			No Data	8
29	Shikarpur	No Data			1	No Data				6
30	Sialkot				4	2			2	13
31	Sukkur				2	No Data			2	9
32	Swat				1	No Data		4	11	20
33	Tank				1	No Data		4	3	12
34	Tharparkar	Refused			No Data	6			No Data	10
35	Tor Ghar				2	7	4	2		19
Overall		32	34	32	71	96	39	59	257	618

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	1,899	63	32	0.4
2	Bahawalpur	3,668,106	2,056	69	59	1.4
3	Bannu	1,167,892	1,226	1,226	94	6.5
4	Chakwal	1,495,982	325	NA	41	0.7
5	Faisalabad	7,873,910	715	24	72	5.9
6	Hafizabad	1,156,957	574	38	6	1.1
7	Hyderabad	2,199,463	387	4	2	1.1
8	Islamabad	2,006,572	28,002	NA	NA	NA
9	Jacobabad	1,006,297	50	NA	4	0.2
10	Karachi Central	2,971,626	18,678	NA	NA	NA
11	Karachi East	2,907,467	No Data	NA	NA	NA
12	Karachi West	3,914,757	5,389	30	225	NA
13	Khairpur	2,404,334	No Data	NA	NA	NA
14	Khanewal	2,921,986	423	0	8	9.0
15	Lahore	11,126,285	0	NA	NA	NA
16	Lasbela	574,292	373	12	19	3.7
17	Lodhran	1,700,620	655	33	26	6.6
18	Loralai	397,400	250	NA	NA	83.3
19	Mandi Bahauddin	1,593,292	472	5	94	33.7
20	Mardan	2,373,061	30	2	3	0.0

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	322	NA	NA	1.1
22	Multan	4,745,109	70	2	0	0.5
23	Muzaffargarh	4,322,009	1,063	35	89	2.6
24	Narowal	1,709,757	186	6	4	0.2
25	Peshawar	4,269,079	1,303	4	87	29.0
26	Quetta	2,275,699	5,344	153	5	0.6
27	Rahim Yar Khan	4,814,006	1,312	29	44	29.2
28	Sanghar	2,057,057	1,585	53	75	4.7
29	Shikarpur	1,231,481	No Data	NA	NA	NA
30	Sialkot	3,893,672	2,526	12	87	0.8
31	Sukkur	1,487,903	3,241	108	46	60.0
32	Swat	2,309,570	3,196	107	291	61.5
33	Tank	391,885	140	9	1	1.4
34	Tharparkar	1,649,661	No Data	NA	NA	NA
35	Tor Ghar	171,395	55	2	14	0.4
Overall		91,667,588	81,847	24	27	3.3