



COVID-19 Response & Relief: MONITORING & ASSESSMENT OF PANDEMIC GOVERNANCE

Dec 2021–Jan 2022

Free and Fair Election Network

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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 at provincial and district levels. KIIs were conducted with key government officials at the district level, including Members of Provincial Assemblies, Executive District Officers Health, Vaccination Centers, heads of doctors and paramedic associations, local journalists, and beneficiaries of health institutions and vaccination centres. Data for observations comes from the observation of health institutions monitoring public offices, and public spaces. At the provincial level, representatives from Health Ministry or COVID-19 Task Force were interviewed.

The current report is based on data collected from 69 project districts. This includes interviews from 46 local MPAs, 38 district health/administration officials, 111 health institution heads, 121 vaccination centre focal persons, 64 representatives of doctors' associations, 150 health institution beneficiaries/attendants of COVID-19 patients, 210 vaccination centre beneficiaries, 64 local journalists, and observation of 64 public spaces. There were no interviews conducted with representatives of the provincial Health Ministry or COVID-19 Task Force.

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LIST OF ACRONYMS

AEFI	Adverse Event Following Immunization
COVID	Corona Virus Disease
DHO	District Health Officer
DHQ	District Head Quarters
EDO	Executive District Officer
FAFEN	Free and Fair Election Network
IPC	Infection Prevention and Control
MPA	Members of the Provincial Assembly
NCOC	National Command and Operations Centre
NDMA	National Disaster Management Authority
PPE	Personal Protective Equipment
PWD	Persons with Disability
SME	Small and Medium Sized Enterprises
SOP	Standard Operating Procedure

EXECUTIVE SUMMARY

With the number of positive cases growing over twelve times during the past three weeks (from 348 cases on December 28, 2021, to 4,340 on January 16, 2022), Pakistan is on the upward trajectory of the fifth COVID-19 wave. Since the report of its first Omicron case on December 12, 2021, the country has witnessed a daily spike in positive cases. The national trends are in-line with the global uptick in the number of new cases since the identification of the Omicron strain in South Africa in November 2021. The variant has surged around the world over the past few weeks, faster than any previously known form of the coronavirus. Worryingly, while known to be less severe, the variant is more transmissible- even circumventing the immunity of those already vaccinated as compared to the previous 'Delta' variant. The Omicron variant is driving record daily cases of coronavirus from the United States to Australia, adding pressure on health services. Looking at the global trend, Free and Fair Election Network's (FAFEN) observation and assessment of the COVID-19 response in Pakistan reflects several areas for immediate, significant, and persistent attention of all stakeholders.

For the current cycle, some of the key findings of the observation and assessment of 69 districts (see Annex III), the challenges to Pakistan's COVID-19 response are as follows:

- During the last quarter of previous year (October-December 2021), there has been a steady decline in the number of new confirmed cases i.e., from 25,815 in October to 6,414 in December, however, the numbers spiked in January 2022, to 31,960. Similar positive trends were recorded in the test positivity rate during the same period, whereas, the death rate continued to decline. However, since the spread of the Omicron variant, the numbers, especially the number of new confirmed cases, need a closer examination. While the numbers are largely encouraging, the situation may be more serious given the low testing rate in the country. When compared, Pakistan stands below Sri Lanka, India, and the Maldives and just above Afghanistan with 99,900 tests conducted per one million population. The total number of public and private testing facilities within the covered districts (with a population of over 58 million) are 337 and 94 respectively.
- Despite a slow start, Pakistan's vaccination drive has gained some momentum and the average number of doses administered in a day has reached up to one million. The government has also launched a booster jab drive which by January 2022 was expanded to all citizens aged 18 and above along with the health care providers and immunocompromised people of all ages. As of January 16, 2022, Pakistan has administered 166.8 million doses in total, out of which 101.4 million have received their first dose and 76.6 million have received two doses of the vaccine. So far, only 58 percent of the total and 64 percent of the eligible population have been vaccinated—a situation that demands significant attention and mutually reinforcing steps by the government, including among others, improving access and incentives, especially for the marginalized and vulnerable communities and groups.
- The pandemic management capacity as ascertained by the private and public testing facilities across Pakistan reflects an under-equipped health care system that will struggle to cope with the hospitalization trends as observed around the world. In total, in the 69 districts observed, there are 94 quarantine facilities with a total capacity of 6,430 patients and 266 isolation wards set up in public health facilities with a total capacity of 2,902 patients. As many as 1,204 doctors have been assigned to these observed facilities. In the public sector health facilities, the number of ventilators available was reported at 170 while in private sector health facilities the number of ventilators was at 228.
- The data also indicates the uneven distribution of resources amongst these districts. The number of patients per ventilator and patients per bed was observed to be the highest in Shangla district of Khyber Pukhtunkhwa to be at 19,792 and 3,299 respectively. The second-highest number of patients per ventilator was recorded in District Chiniot of Punjab province to be at 2,834 and the second-highest number of patients per doctor was recorded in Naushero Feroze District of Sindh province to be at 1,627.
- Availability of personal protective equipment (PPE) for doctors remained positive with 63 percent stating they have a sufficient supply of PPE at their facility, while the remaining 37 percent reported the supply to be insufficient.
- Although the doctors were largely satisfied by their expertise in handling the pandemic - 88 percent reported that they do have the required skills and also mentioned to have received orientation and/or training on pandemic management. The need for staff capacity training persists among different districts, with 53 percent of the total reporting the need for further training.

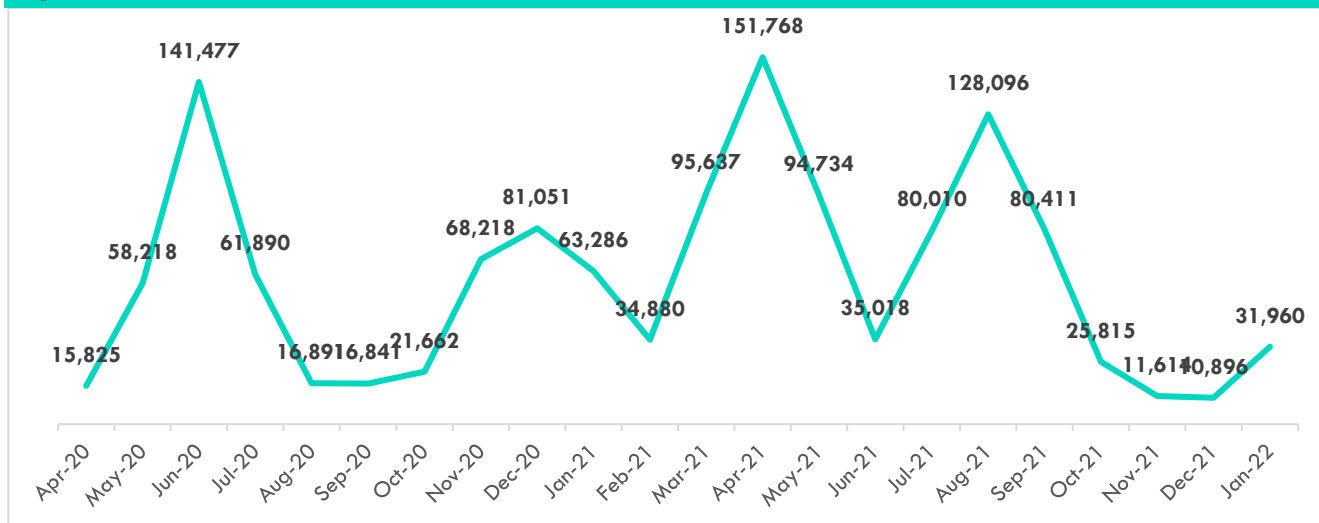
With the decline in positive cases, a significant drop in adherence to government-mandated standard operating procedures (SOPs) was also observed. As reported by the observational data carried out by FAFEN members as well as interviews by local journalists, a common pattern of non-compliance was observed for the general public with 50 percent of the respondents reporting SOP compliance was limited to only some amongst the public and

further 36 percent said only a few are complying with the SOPs. Given the low SOP compliance and poor administrative control, in the coming days Pakistan's health care system can be seriously strained by the expected peak of the Omicron-driven fifth wave. Therefore, to limit the spread of the virus and mitigate the burden on already exhausted health system, the policymakers and administrators need to take stringent measures such as including, stringent compliance of SOPs in offices, educational institutes, and other public spaces, as well as reduced attendance in offices providing necessary services. FAFEN also urges the policymakers to impose restrictions on public gatherings such as weddings and cinema halls as well as the imposition of smart lockdowns in areas where the widespread outbreak. These measures will at least slow down the spread of the infection to help avoid the weak healthcare system from getting overwhelmed.

SECTION I: AN OVERVIEW OF COVID-19 POLICY RESPONSE

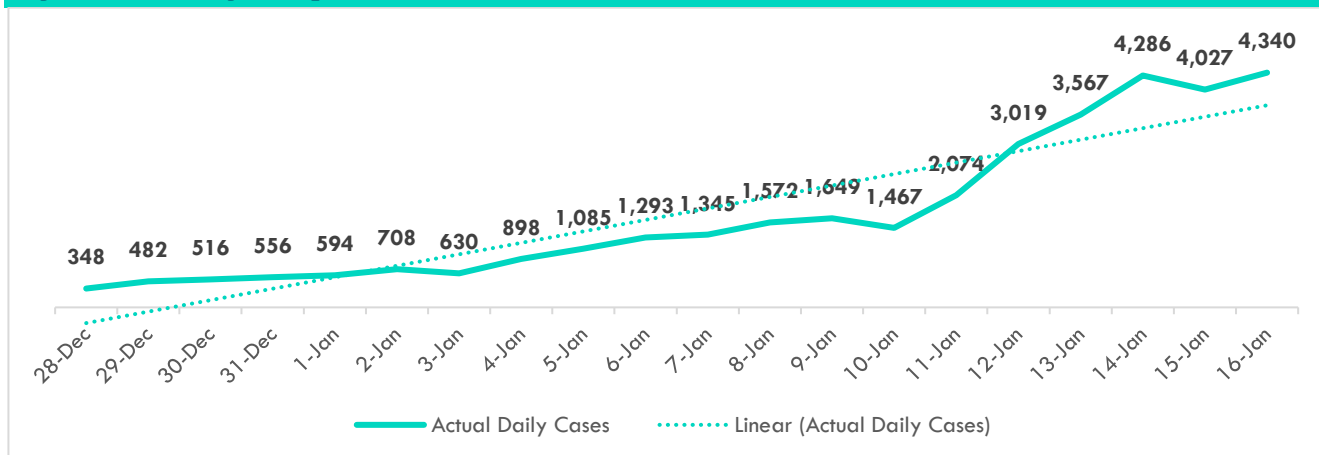
While Pakistan was still dealing with the older variants of COVID-19 and the Dengue outbreak, the world is faced with another variant of COVID-19 called the 'Omicron'. In Pakistan, the first case of the Omicron variant was reported on December 12, 2021, and within three weeks the number of Omicron positive cases spiked up to 372 as of January 3, 2022.¹

Figure 1a Confirmed Cases of COVID-19 in Pakistan: The Four Waves



The government has taken a relatively pro-active approach since the discovery of the new variant in a bid to curb the Omicron-driven fifth wave, however the number of COVID-19 positive cases tally reached 4,340 on January 16, 2022, the highest within the past two months pushing the test positivity ratio up from 1.2 percent to 8.71 percent.²

Figure 1b Rising Daily Cases of COVID-19: The Fifth Wave?



The Government of Pakistan realizing the pattern of previous variants as it breaks out in one part of the world and spreads to almost all countries of the globe has prepped up to prevent and deal with the Omicron variant as well. Following the news of the new variant, Pakistan initially placed a travel ban from six South African countries

¹ Reuters. (2022, January 3). Pakistan sees most COVID-19 cases in two months; concern about Omicron. <https://www.reuters.com/business/healthcare-pharmaceuticals/pakistan-sees-most-covid-19-cases-two-months-concern-about-omicron-2022-01-03/>

² Amir, A. (2022, January 17). Decision on schools' closure only after checking positivity rates: NCOC. Geo News. <https://www.geo.tv/latest/393747-ncoc-likely-to-decide-on-schools-closure-today>

on November 27, 2021, and later on extended the ban to include nine more countries on the list. Additionally, 13 countries were placed in category B by the Government.³

The Government also plans to speed up its vaccination drive and extend it to the far-flung areas of the country to prepare the population in advance. The provincial governments and the district administrations have also been directed to speed up vaccination drive and meet the vaccination targets to contain the spread of the fifth wave. Furthermore, booster jabs drive has also been initiated by the government. Initially, it was restricted to healthcare professionals, elderly people, and people with immunodeficiency. However, considering the risks the National Command and Operations Center (NCOC) on January 14, 2022, lowered the age limit for booster dose to 18 years and above.⁴ Additionally, a plan to set up 40 call centers to follow up with the citizens who have missed their second dose of the vaccine was also announced by the authorities.⁵

The overall government strategy is already laid out in the COVID-19-Pakistan Socio-Economic Impact Assessment & Response Plan (2020), the decision regarding the extent to which it is implemented is however dependant on the situation of the spread of the infection. The framework provided according to this plan stands on five fundamental pillars: Health first (Protecting health systems during the crisis); Protecting people (Social protection and basic services); Economic recovery (protecting jobs, small and medium-sized enterprises, and the most vulnerable productive actors); Macroeconomic response and multilateral collaboration); Social cohesion and community resilience. This plan was based on the need assessment of the multidimensionally vulnerable segments of the population.

Following this plan, the Federal Government announced a fiscal package of PKR 1.2 trillion with additional support from the provincial governments. This relief package was divided into three components, emergency response, relief to citizens, and support to the business and economy. Various measures were designed under these three categories including, allocation of PKR 144 billion to Ehsaas Emergency program, allocation of PKR 158 billion to daily wagers in the formal sector, and PKR 50 billion subsidies on food items at utility stores. Further measures for the rural and urban productive sectors to keep the economy afloat were also announced.⁶

While the government was gearing up its efforts in anticipation of the fifth wave given the policy framework and budgetary allocations, an audit report was released on the expenditure incurred on COVID-19 by the Federal Government of Pakistan for the year 2020-21 by the Auditor General of Pakistan in November 2021. This report was based on the audit of the accounts of agencies, departments, and authorities involved in the relief activities. As per this report, the scope of audit covered PKR 190 billion allocated for emergency response, PKR 570 billion allocated for relief to citizens, and PKR 480 billion support to business and economy.

The report highlights various administrative, procedural, and financial discrepancies ranging from lack of preparedness, lack of proper need assessment, weak coordination, weak contract management, poor planning, faulty storage and distribution of COVID-19 related items.

According to this audit report out of PKR 190 billion allocated for emergency relief, National Disaster Management Authority (NDMA) was released an amount of PKR 33.248 billion and the amount expended was PKR 22.823 billion on the purchase of the medical equipment. A package of PKR 50 billion was announced for the procurement of medical equipment and incentives for health care workers, out of which PKR 8.58 billion was released and an amount of PKR 8.1 billion was placed with Defence services and amounts utilized by Pakistan Army, Pakistan Airforce and Pakistan Navy were PKR 7.0 billion, PKR 0.70 billion, and PKR 0.40 billion respectively. The remaining amount of PKR 480.556 million was released to health workers of the Ministry of National Health Services, Regulation, and Coordination.

A package amounting to PKR 570 billion announced as the relief for citizens included PKR 350 billion for disbursement to the vulnerable population (PKR 200 billion to daily wage workers and PKR 150 billion to poor families and paragraph), PKR 70 billion subsidies on petrol and diesel prices, PKR 100 billion as a subsidy on gas and power, and PKR 50 billion subsidies on essential food items at utility stores. Out of package for the vulnerable

³ Siddiqui, N. (2021, December 14). NCOC allows Pakistanis stranded in Category C countries to return till Dec 31. DAWN.COM. <https://www.dawn.com/news/1663761/ncoc-allows-pakistanis-stranded-in-category-c-countries-to-return-till-dec-31>

⁴ Desk, W. (2022, January 14). Pakistan lowers booster dose age limit as Omicron pushes infections. <https://www.geo.tv/latest/393346-pakistan-lowers-booster-dose-age-limit-as-omicron-pushes-infections>

⁵ Al Jazeera. (2021, December 2). Pakistan expands COVID vaccination drive amid Omicron fears. Coronavirus Pandemic News | Al Jazeera. <https://www.aljazeera.com/news/2021/12/2/pakistan-expands-covid-vaccination-drive-amid-omicron-fears>

⁶ Government of Pakistan. (2020, April). COVID-19 – Pakistan Socioeconomic Impact Assessment & Response Plan (Version 1 May 2020). <https://www.undp.org>. <https://www.undp.org/content/dam/undp/library/covid19/Pakistan%20-%20COVID-19%20Socio-economic%20Impact%20Assessment%20and%20Response%20Plan%201%20May%202020.pdf>

so far only PKR 136,366.04 million have been utilized during FY-2019-20 and 13,162,695 beneficiaries availed the package, whereas, 1.32 million enrolled beneficiaries have not been paid due to multiplicity of administrative and procedural reasons such as thumb mismatch cases, beneficiary did not know where to receive the money from, campsites were closed when beneficiaries visited them, campsites were too far away, no more interest to collect cash transfer, etc.⁷ Against the announced package of PKR 50 billion as a subsidy on essential items, PKR 10 billion was released by the Finance Division. Furthermore from PKR 100 billion for power and gas subsidy, PKR 15 billion was released.

As for the support for business and economy, a sum of PKR 480 billion was allocated, comprising PKR 100 billion as relief for exporters, PKR 100 billion for relief to short and medium-sized enterprises (SMEs) and the agriculture sector, and PKR 280 billion as a relief for farmers. Out of the PKR 100 billion set aside as a relief package for SMEs and the agriculture sector, only PKR 28 billion was released to the Power Division for bill deferment for SMEs, and PKR 50 billion relief package for the agriculture sector was not released. The package of PKR 280 billion for payments to farmers had no cash effect as the guarantee worth the same amount was given to PASSCO.

The report further highlights the assistance provided by the International community worth USD 721.17 million in the form of loans and grants to fight the pandemic. Multilateral and bilateral grants worth USD 99.076 were committed by various countries and agencies including ADB, US, Canada, China, EU, etc. and USD 721.17 million were committed as loans. According to the audit report grants worth USD 39.93 million and loans worth USD 129.4 million were released till June 30, 2020.⁸

The audit report points out many procedural, administrative and financial irregularities and recommends further tightening of the fiscal mechanism. However, the Federal Cabinet on November 30, 2021, rejected the audit report on the premise that there was no embezzlement in funds but acceded to the procedural and administrative irregularities in the wake of a crises situation and urgency.⁹

⁷ Auditor General of Pakistan. (2021, November). Audit Report on the Expenditure Incurred on COVID-19 By Federal Government: Audit Year 2020–21. <https://agp.gov.pk/AuditReports>

⁸ Auditor General of Pakistan. (2021, November). AUDIT REPORT ON THE EXPENDITURE INCURRED ON COVID-19 BY FEDERAL GOVERNMENT: AUDIT YEAR 2020–21. <https://agp.gov.pk/AuditReports>

⁹ Raza, S. I. (2021, December 1). Cabinet rejects audit report on Covid-19 spending. DAWN.COM. <https://www.dawn.com/news/1661208/cabinet-rejects-audit-report-on-covid-19-spending>

1. COVID-19 PANDEMIC RESPONSE IN THE DISTRICT

To assess the situation on the pandemic response on the district level a total of members of provincial assemblies (MPAs) from 38 districts of Pakistan across the four provinces were approached, out of which 42 agreed to provide their feedback whereas four of them were either unavailable or refused to be interviewed.

1.1 COORDINATION AND ENGAGEMENT OF LOCAL MPAs

Regarding the engagement of MPAs at district level coordination and pandemic response efforts most of the MPAs said that they are involved in various coordination and management processes. They further said that they are in close contact with various relevant government departments in this regard and do provide their input where they consider necessary, including engagement with doctors and paramedics, District Health Quarters (DHQs), PDMA, Executive District Officers (EDOs) Health, provincial rural support programs, media, and civil society organizations. However, a few MPAs from opposition parties also expressed their dissatisfaction and claimed that they were not duly involved in the process by the district administration and government.

1.2 HIGHLIGHTING AND RESOLVING COMMUNITY ISSUES

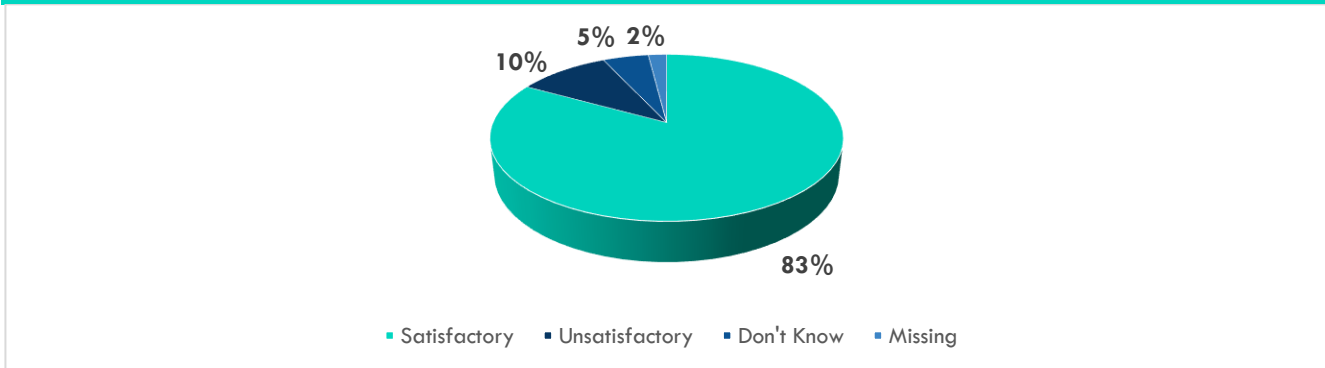
The majority of the MPAs chose not to respond to the question regarding highlighting the issues of the vulnerable communities on various available forums. Some of them however did respond and said that they do take up the issues of the vulnerable communities to the Provincial Assembly floors and with other relevant offices within their respective districts. A few of them also reported that they were successful in getting the issues resolved. Whereas a few of them belonging to the opposition parties claimed that their voices were not registered at the district level and they also presented the issues in the Provincial Assembly but still the Government paid no heed to their issues.

1.3 GAPS IN PANDEMIC RESPONSE

The local MPAs did identify a few gaps relating to the outreach and inclusivity of the pandemic management response and vaccination process, however, overall they expressed satisfaction to a great extent regarding the response and management of Government and district administration.

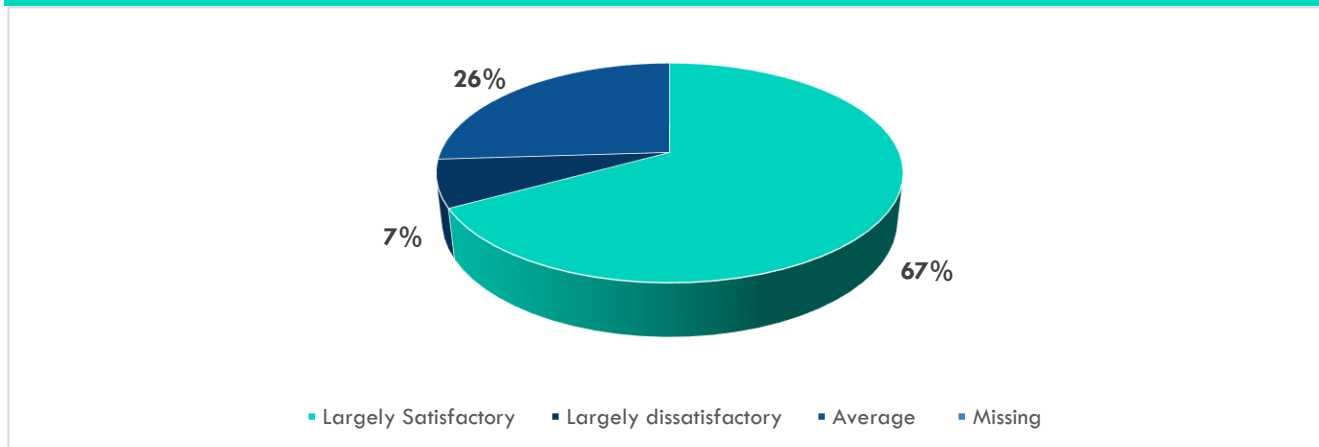
When asked to comment on the management of pandemic by the district administration, an overwhelming 35 (83 percent) said it is satisfactory, four (10 percent) said unsatisfactory, two (five percent) said they don't know and response for one (two percent) was reported missing.

Figure 2 District Administration Managing COVID-19



In response to the question about the overall strategy and performance of the government regarding the COVID-19 pandemic, 28 (67 percent) said it was largely satisfactory, three (seven percent) stated it to be largely dissatisfactory and 11 (26 percent) said it is average.

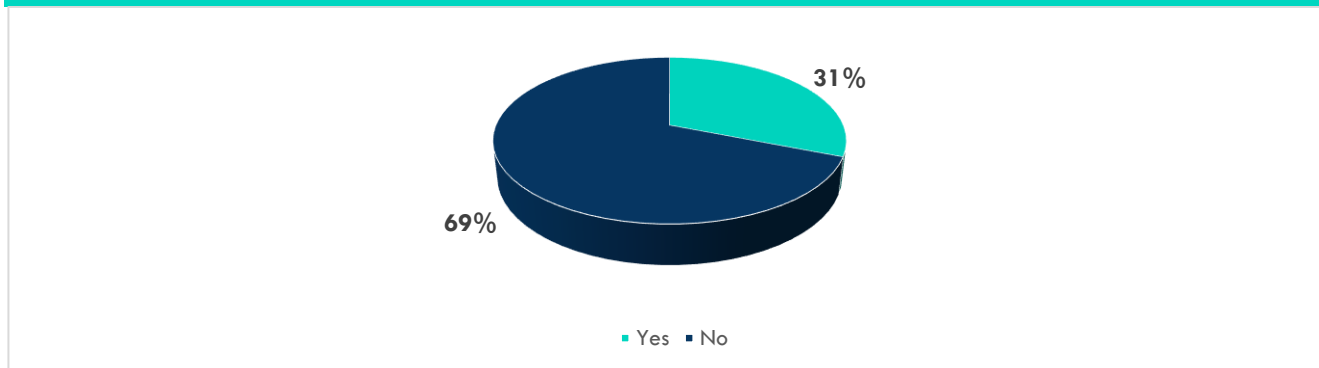
Figure 3 Government's Control and Response Strategy to COVID-19



1.4 PANDEMIC VULNERABILITY

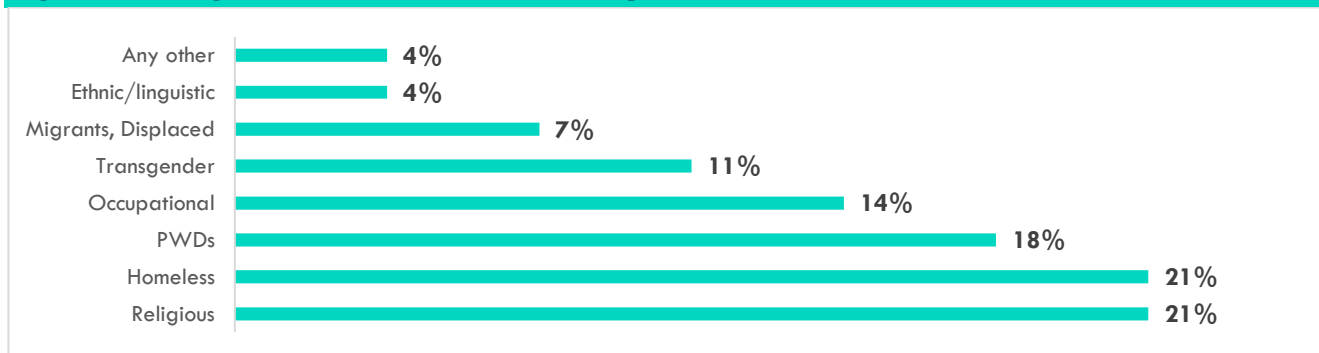
In response to the question regarding the presence of vulnerable groups that are at higher risk due to pandemics as compared to the general population, 13 (31 percent) confirmed the presence of vulnerable groups within their respective districts, whereas 29 (69 percent) responded with a no.

Figure 4 Vulnerable Groups in the District



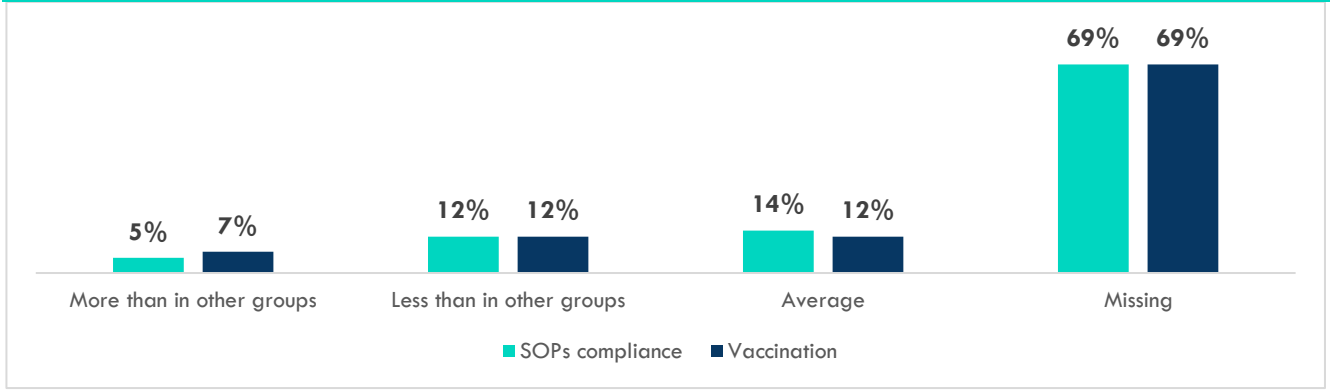
On the question regarding the kinds of vulnerable groups living in their respective districts, six (21 percent) said religious groups, six (21 percent) said homeless people, five (18 percent) said persons with disabilities (PWD), four (14 percent) said occupational groups, three (11 percent) mentioned transgender, two (seven percent) identified migrants and displaced people, one (four percent) said ethnic and linguistic groups and further one (four percent) said there are others.

Figure 5 Categorization of Vulnerable Groups



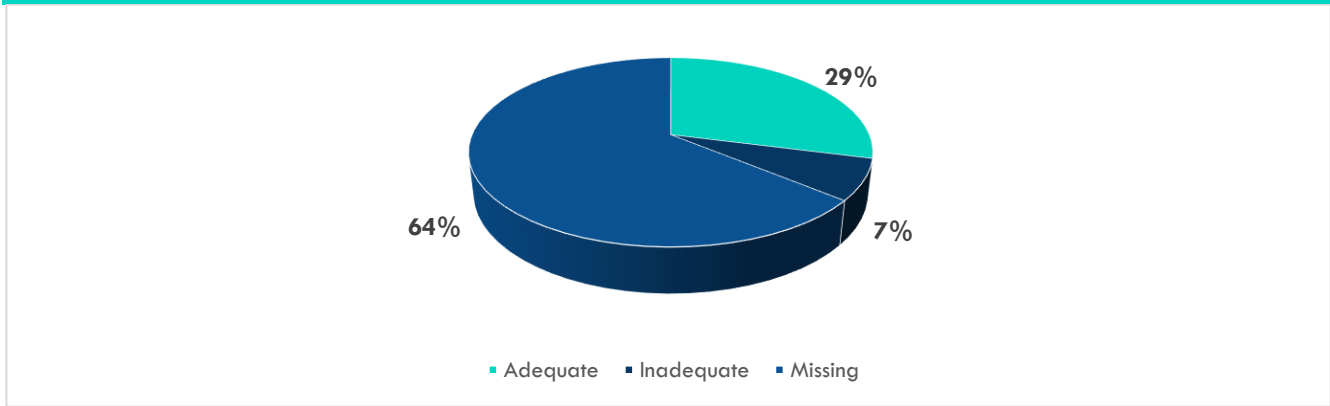
Local MPAs were further asked to comment on the situation regarding compliance with the COVID-19 standard operating procedures (SOPs) and vaccination among vulnerable groups as compared to the rest of the population. As to compliance with the SOPs, two (five percent) said more than other groups, five (12 percent) said less than in other groups and six (14 percent) reported it to be average. Whereas responding to the situation on vaccination, three (seven percent) said more than in other groups, five (12 percent) said less than in other groups and five (14 percent) said it is average. The responses for 29 (69 percent) were reported missing or declined.

Figure 6 COVID-19 SOPs and Vaccination Compliance Compared to Other Groups



Responding to the question regarding whether these issues were adequately addressed or not, a staggering 27 (64 percent) declined to answer this question, 12 (29 percent) said they were adequately dealt with, while three (seven percent) claimed them to be inadequate.

Figure 7 The extent to which These Issues were Addressed/Resolved



SECTION II: STAKEHOLDER'S SURVEY AND OBSERVATION FINDINGS

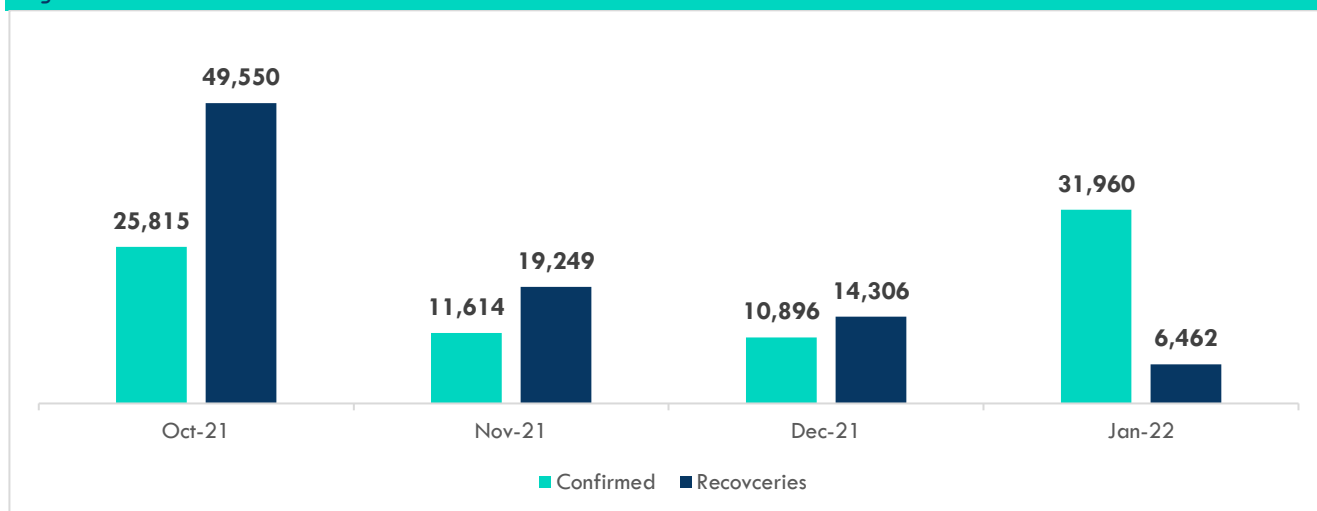
This section relies on the primary data collected by the Free and Fair Election Network (FAFEN) from 38 districts across the four provinces of Pakistan. The information collected reflects the opinions and information collected from key stakeholders within the districts, engaged with COVID-19 management and response including district administration, healthcare providers, local MPAs, and local journalists. Furthermore, independent observers were also deployed within the districts to analyse the difference between the claims made by the officials and the actual situation on the ground.

A total of 868 respondents were interviewed and their responses were recorded accordingly for November 2021. The respondents interviewed include 150 attendants of COVID-19 patients, 210 vaccination centre beneficiaries, 121 vaccination centres officials, 38 EDOs (Health), 42 local MPAs, and 64 representatives of the doctor's association. Additionally, a total of 64 randomly selected public spaces such as schools, markets, public offices, etc. were also observed for SOPs compliance

1. Context: Current Standing

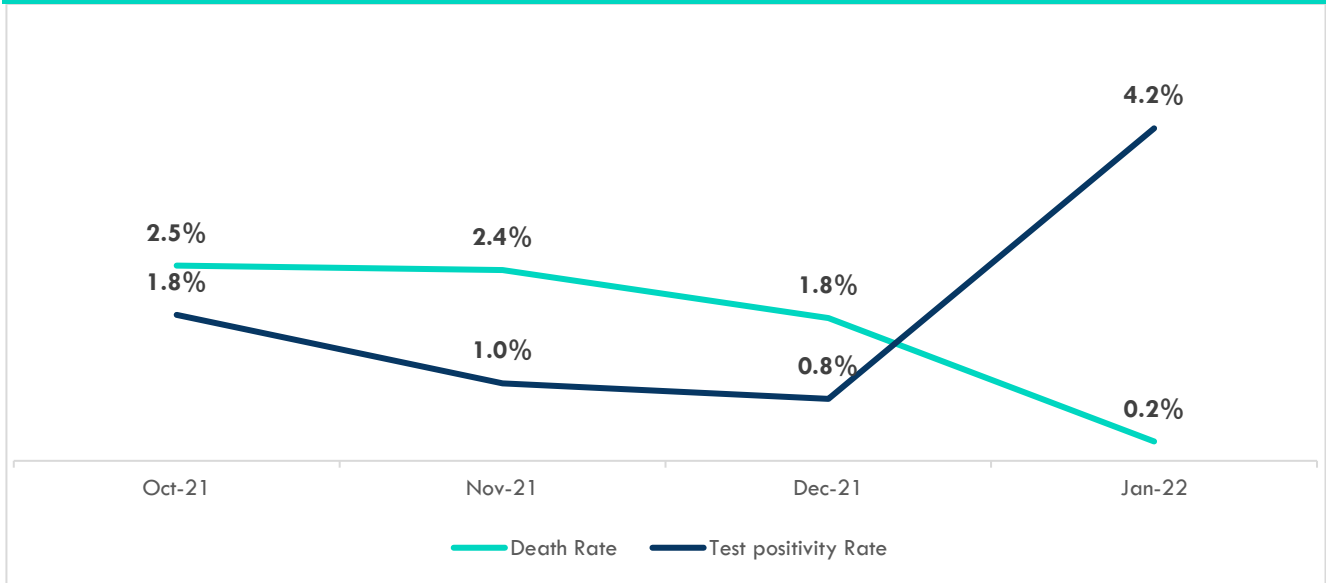
Over three months, from October-December 2021, there has been a steady decline in both the number of confirmed cases and recoveries, however, the omicron-driven fifth-wave increased the number of confirmed cases and lowered the number of recoveries in January 2022. For October, the total number of confirmed cases and recoveries were recorded as 25,815 and 49,550 respectively. In November, the total confirmed cases were reported as 11,614 and the total number of recoveries was 19,249. Similarly, in December 2021 the number for both confirm cases and recoveries further dropped to 6,416 and 10,876 respectively. Whereas, there was a spike in the number of confirmed cases recorded at 31,960 and a drop in the number of recoveries reported as 6,462 in January 2022.

Figure 8 COVID-19 Confirmed Cases and Recoveries



A similar trend is depicted for the test positivity rate and death rates in the figure below for the period, last four months. The death rate plummeted from 2.5 percent in October 2021 to 0.2 percent in January 2022. Whereas, the test positivity rate was on the decline from October-December 2021 being at 1.8 percent in October to 0.8 percent in December but then spiked up to 4.2 percent in January 2022.

Figure 9 Test Positivity Rate and Death Rate



The trend line for test positivity rate shows a considerable decline from October - December 2021 and a sharp increase in January 2022, while surprisingly the death rate continues to decrease throughout the period.

2. Pandemic Management Capacity

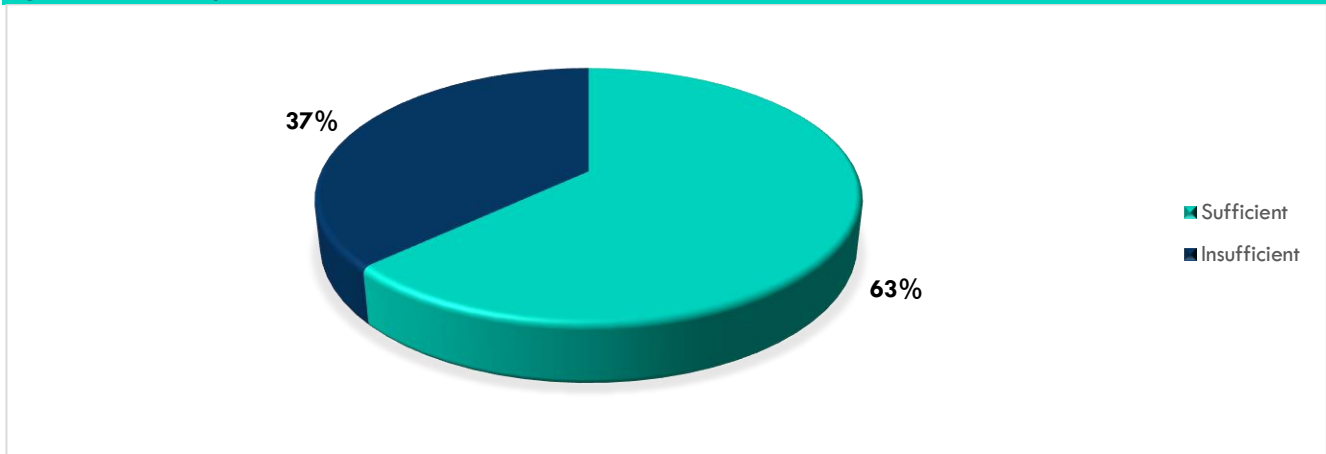
According to the data received from 38 districts to cover the current monitoring cycle, the total number of public testing facilities and private testing facilities within these districts are 337 and 94 respectively. There are 85 private facilities and 37 facilities established by the welfare organizations that provide COVID-19 related treatment. In total there are 94 quarantine facilities with a total capacity of 6,430 patients and 266 isolation wards set up in public health facilities with a total capacity of 2,902 patients. 1,204 doctors have been assigned to these observed facilities. In public sector health, the number of ventilators available is 170 and in private sector health facilities the number of ventilators is 228.

Within the districts observed the total number of people who contracted the virus was 156,965 with 51,930 patients admitted to these facilities and the total number of deaths was recorded at 5,084.

2.1 AVAILABILITY OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

Sixty-four doctors from the observed districts were asked to comment on the situation of the availability of PPE at their respective facilities. Out of which 40 (63 percent) said they have a sufficient supply of PPE at their facility and 24 (37 percent) of them reported an insufficient supply of PPE.

Figure 10 Availability of PPE for Doctors



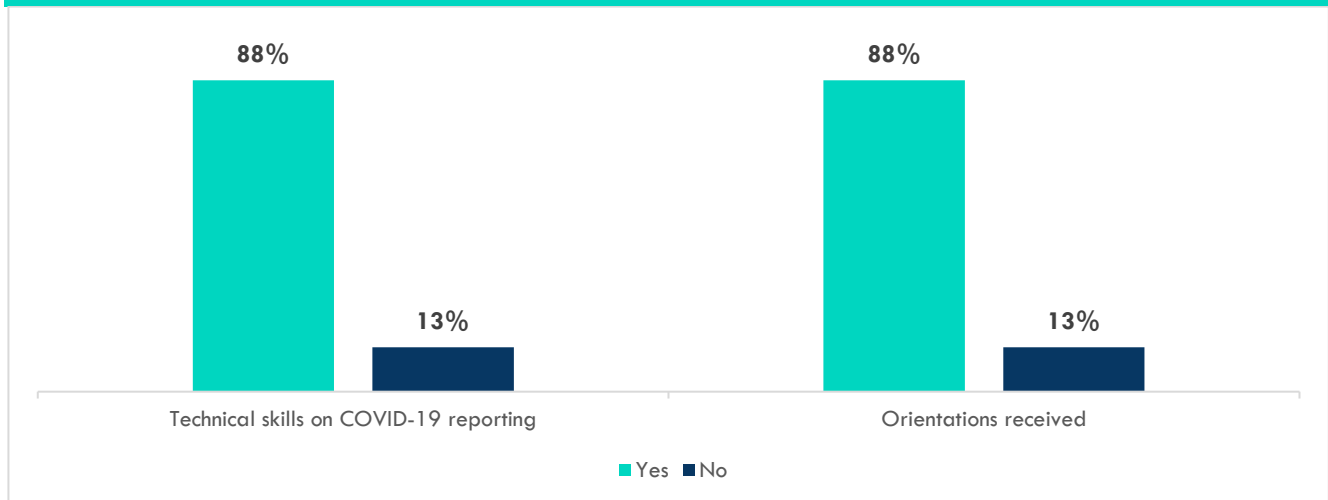
2.2 AVAILABILITY OF BEDS, VENTILATORS, AND DOCTORS

The situation on the availability of beds, ventilators, and doctors within the 38 districts observed for November, shows how overburdened and under-equipped the health care system in Pakistan currently is. The data also indicates the uneven distribution of resources amongst these districts. The number of patients per ventilator and patients per bed was observed to be highest in the Shangla district of Khyber Pukhtunkhwa to be at 19,792 and 3,299 respectively. The second-highest number of patients per ventilator was recorded in District Chiniot of Punjab province to be at 2,834 and the second-highest number of patients per doctor was recorded in Naushero Feroze District of Sindh province to be at 1,627.

2.3 TECHNICAL EXPERTISE OF THE DOCTORS

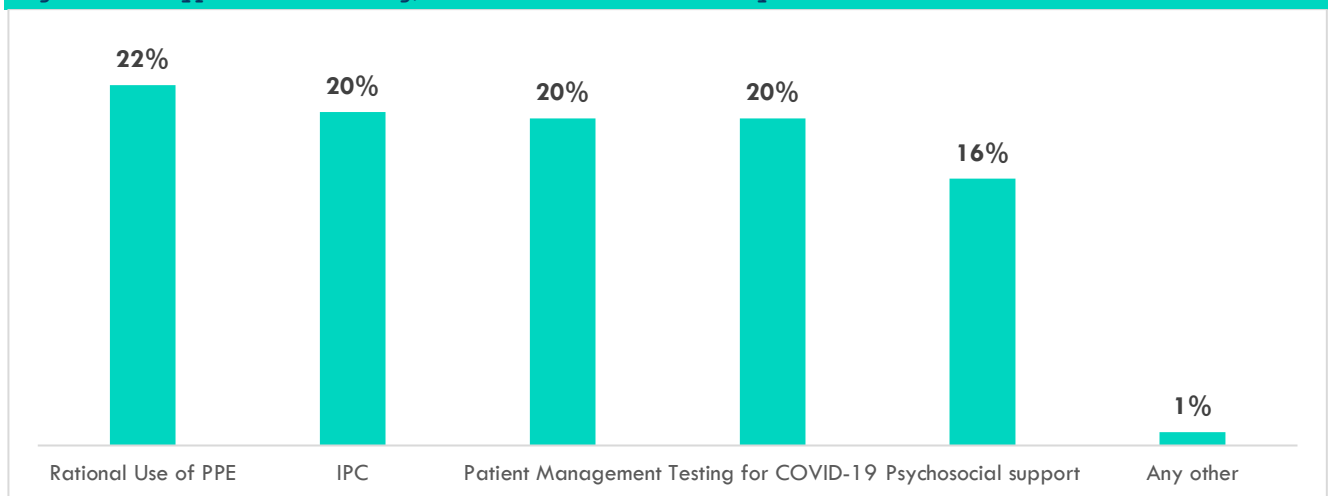
To assess the technical readiness of the doctors to deal with the pandemic doctors were further inquired to comment on their technical readiness and if they have received any pieces of training or orientations. Fifty-six (88 percent) of the doctors reported that they do have the required skills and also mentioned to have received orientation and/or training on the pandemic management, whereas eight (13 percent) of the doctors said they are not technically equipped and did not even receive any training and/or orientation in this regard.

Figure 11 Technical Readiness of Doctors



The doctors who were said to have received training were asked to elaborate on the types of training/orientations they have received. Fifty-four (22 percent) of them reported to have received training on the rational use of PPE, 50 (20 percent) said Infection Prevention and Control (IPC), 49 (20 percent) mentioned Patient Management, 49 (20 percent) said Testing for COVID-19, 40 (16 percent) said Psychosocial Support and further two (one percent) said they received training in another area.

Figure 12 Types of Training/Orientations Received by Doctors

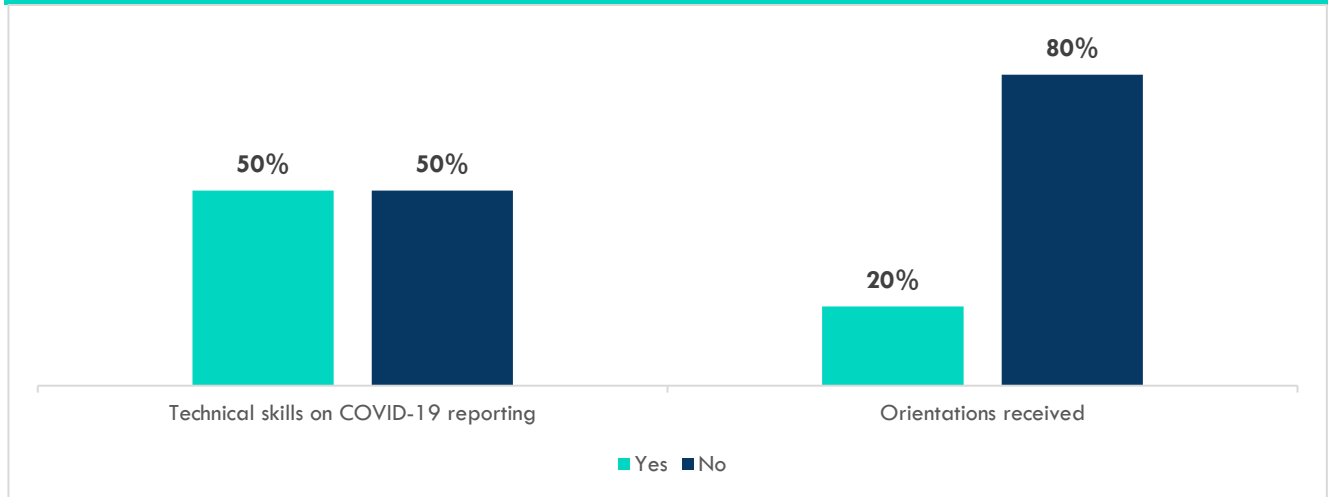


The doctors also expressed the need for further training and orientations. Thirty-four (53 percent) said yes that they do need further training, while 30 (47 percent) said no they do not need further training and considered themselves adequately equipped.

2.4 TECHNICAL EXPERTISE OF LOCAL JOURNALISTS

The journalists working and reporting at the district level were also interviewed for this report and were inquired about the adequacy of their technical capacity to report on the pandemic. Out of 64 journalists interviewed 32 (50 percent) stated to have adequate reporting skills and 32 (50 percent) of them said they lack the required technical skill set to report on the pandemic. Only 13 (20 percent) of the journalists said to have received an orientation session on COVID-19 whereas 51 (80 percent) of them said they did not even receive an orientation session.

Figure 13 Technical Expertise of Local Journalists



In response to the question regarding the further need for training on pandemics for the journalists, an overwhelming 57 (89 percent) of them emphasized the need for further training, while only seven (11 percent) of them said they do not need further training.

Figure 14 Training Needs for Local Journalists



When local journalists were asked about the areas in which they needed further training, pandemic risk communication (47, 14 percent), fact-checking and verification tools (44, 13 percent), use of medical language (41, 13 percent), and combating misinformation (42, 13 percent) were the four frequently mentioned areas. The breakdown of percentages for each response is shown in the figure above.

3. Vaccination

3.1 CURRENT STATUS

Despite a slow start, Pakistan’s vaccination drive has gained some momentum and the average number of doses administered in a day has reached up to one million.¹⁰ However, considering the threat posed by the existing Delta variant of COVID-19 and the new variant Omicron, Pakistan still lags behind its target of immunization of its

¹⁰ <https://www.gavi.org/vaccineswork/million-day-pakistans-covid-19-vaccine-campaign-hits-its-stride>

population. So far 58 percent of the total and 64 percent of the eligible population has been vaccinated. The government has been successful in achieving its target of 70 million vaccinated people till December 2021.¹¹ The government has also launched a booster jab drive open to all aged 18 and above.

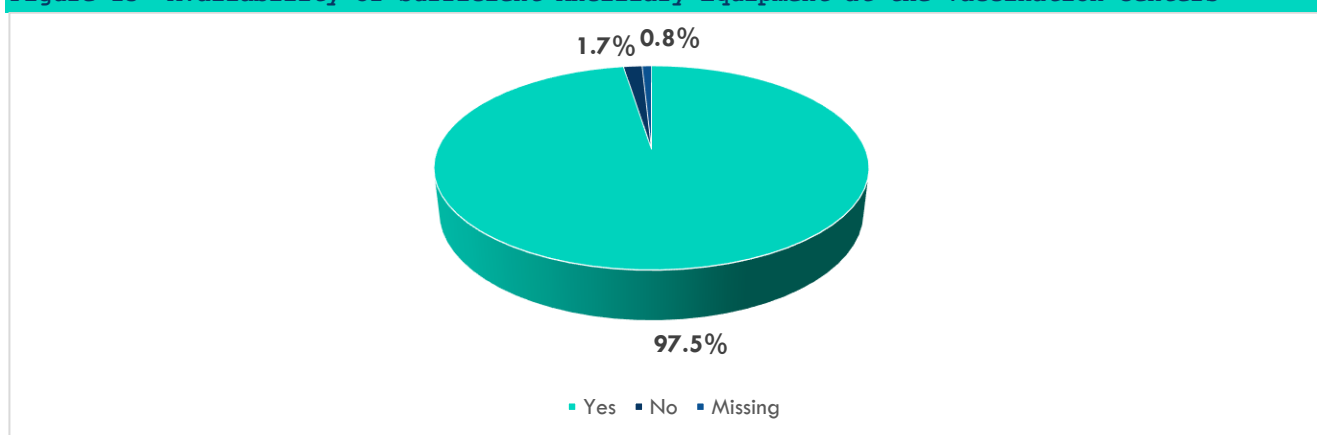
As of January 16, 2022, Pakistan has administered 166.8 million doses in total, out of which 101.4 million have received their first dose and 76.6 million have received their second dose of the vaccine.¹²

3.2 INFRASTRUCTURE

A total of 121 vaccination facilities were observed within November, out of which 114 were public vaccination facilities, 2 of them from the private sector, and 5 were established by welfare organizations. From these 22 were reported as Mass Vaccination Centers (MVC), 96 were Vaccination Centers (VC) and three were reported as others.

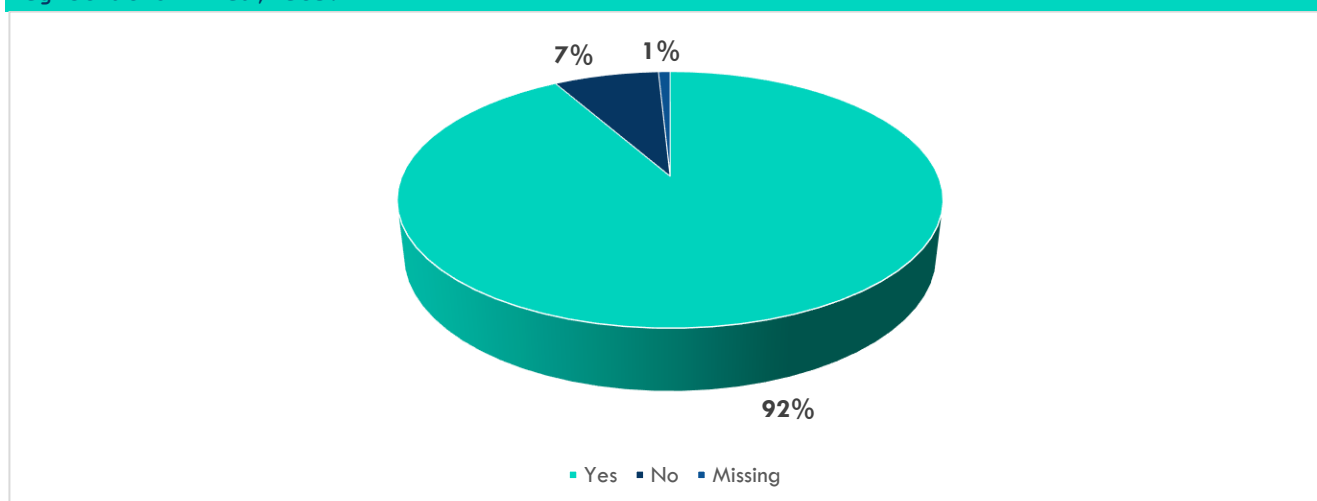
The focal persons/medical supervisors of the vaccination centers were asked regarding the provision of required ancillary equipment at the vaccination centers and 118 (97.5 percent) of them responded in affirmative and said they have the required supply, only two (1.7 percent) disagreed and response for one (0.8 percent) could not be ascertained.

Figure 15 Availability of Sufficient Ancillary Equipment at the Vaccination Centers



On further inquiry about the availability of basic infrastructure at vaccination centers such as seating space, registration area, etc., 111 (92 percent) responded with a yes, nine (seven percent) said they do not have the required infrastructure, while response for one (one percent) was reported missing.

Figure 16 Availability of Basic Infrastructure at Vaccination Centers- Seating Space, Registration Area, etc.

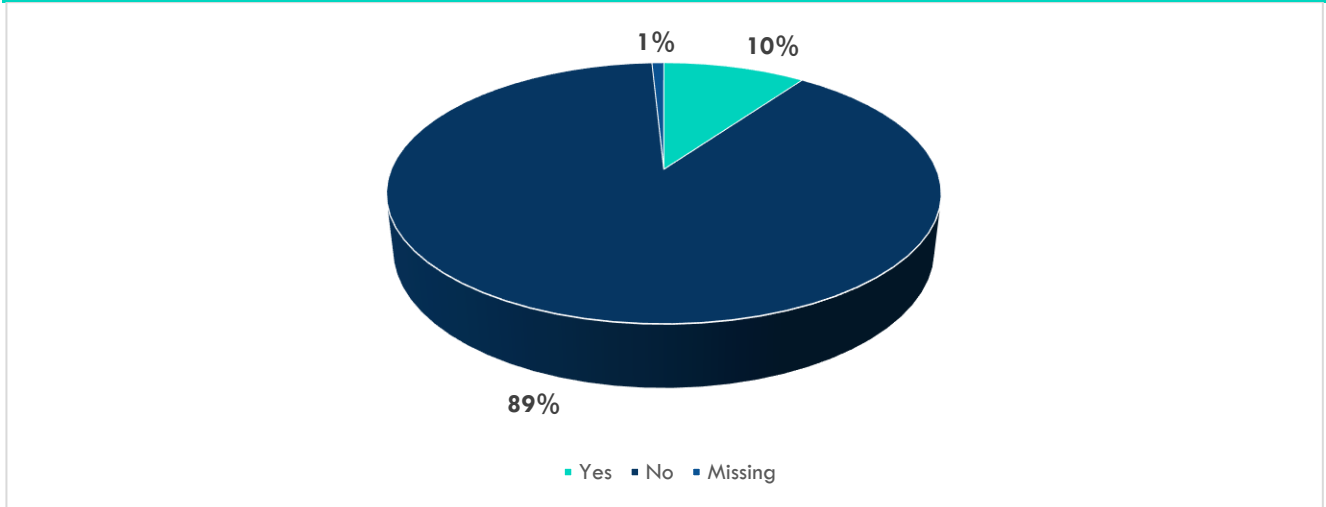


¹¹ Desk. (2021, December 31). Pakistan achieves target of vaccinating 70m against Covid-19: PM. The Express Tribune. <https://tribune.com.pk/story/2336523/pakistan-achieves-target-of-vaccinating-70m-against-covid-19-pm>

¹² <https://ncoc.gov.pk/covid-vaccination-en.php>

In response to the question regarding any disruption faced during the vaccination process so far, 108 (89 percent) said there was no disruption at any point in time, 12 (10 percent) said yes there was disruption and response for one (one percent) was missing.

Figure 17 Any Incidents that Disrupted the Vaccination Process

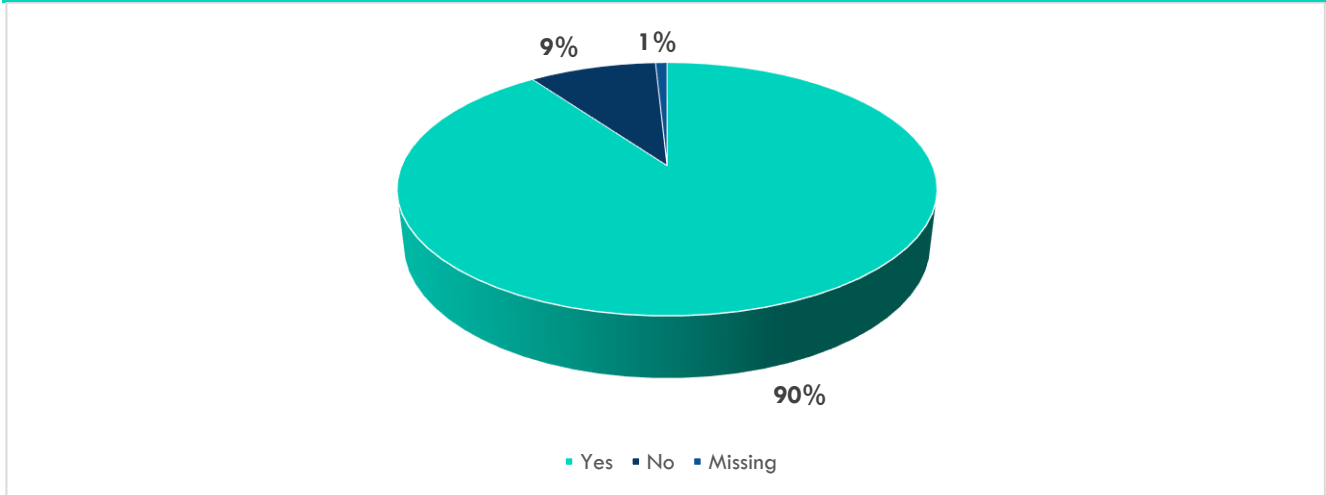


The responses received from the representatives of the vaccination centers in various districts show that the overall situation of the required infrastructure is adequate and satisfactory.

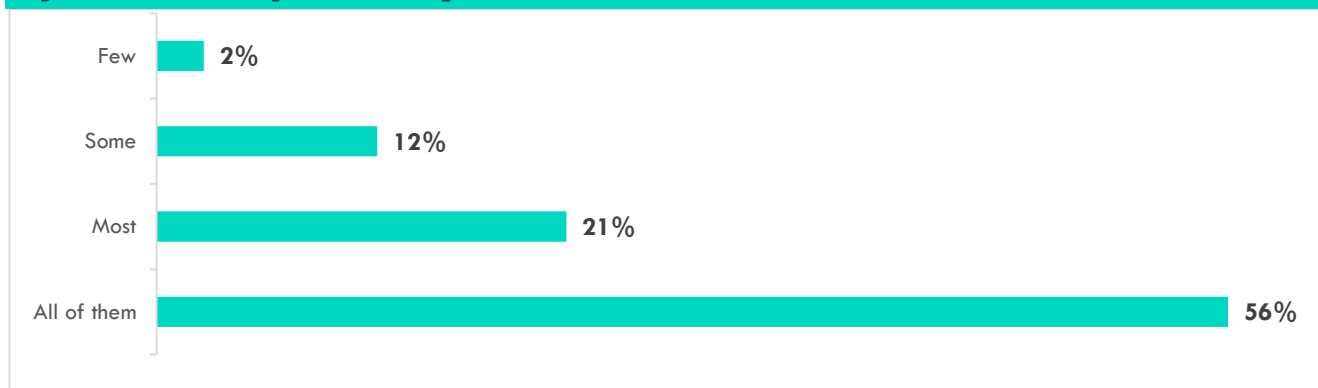
3.3 CAPACITY AT DISTRICT-LEVEL

The medical supervisors of the vaccination centers were further asked to comment on the technical readiness of the staff deployed at the vaccination centers. An overwhelming majority of 109 (90 percent) said that their staff is technically equipped to deal with the situation, only 11 (nine percent) of them disagreed, whereas a response for one (one percent) could not be obtained.

Figure 18 Technical Readiness of the Vaccination Center Staff



In response to a question about how many of the staff members of these vaccination centers have received any formal training related to vaccine management and administration, 68 (56 percent) of the medical supervisors of the vaccination centers said that all of the staff is adequately trained, 26 (21 percent) said that most of them, 14 (12 percent) stated some of them, while only three (two percent) said few of them are adequately trained to dispense with their responsibilities. Responses for 10 (eight percent) are missing.

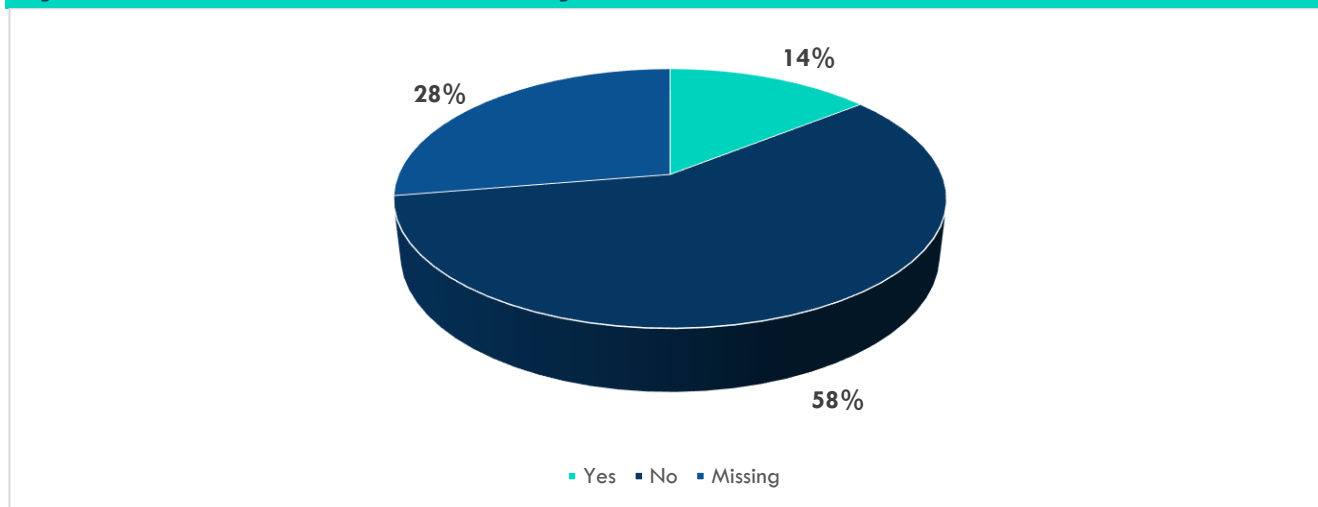
Figure 19 Training Received by Vaccination Center Staff

Although the data states that most of the staff at vaccination centers is adequately trained however the data also reveals the need for further training required as there are some of the staff members at the vaccination facility who have not received any prior training.

3.4 RESPONSE FROM VACCINE BENEFICIARIES

In November, a total of 210 vaccine recipients were interviewed relating to any health-related and/or administrative issues faced during the vaccination process. Out of these, 70 (33 percent) had received their first dose of the vaccine and 140 (67 percent) had received their second dose.

In response to the question, whether the vaccine recipients felt any side-effects after receiving their first dose, 122 (58 percent) of the respondents said they did not feel any side-effects, 30 (14 percent) mentioned to have felt side-effects, while 58 (28 percent) declined to answer the question.

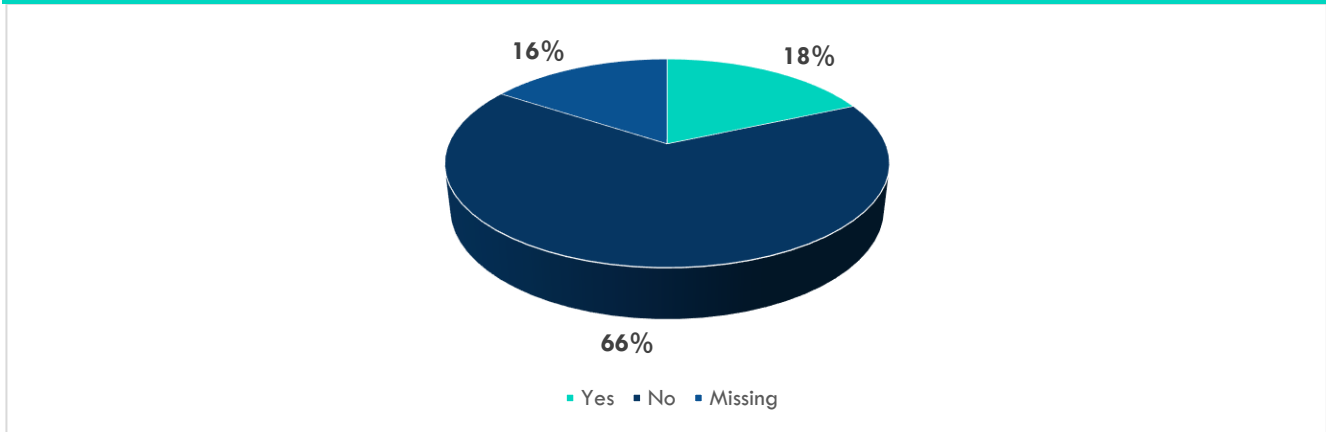
Figure 20 Side-Effects After Receiving First Dose

The 30 respondents who felt the side-effects were further asked if they reported their concerns to the health facility, only eight (27 percent) of them said to have reported their concerns, while the majority of the 22 (73 percent) said they did not report. On further probing whether the reported concerns were properly addressed, seven (88 percent) of them said yes whereas one (13 percent) said their concerns were not properly addressed.

3.5 REGULATIONS

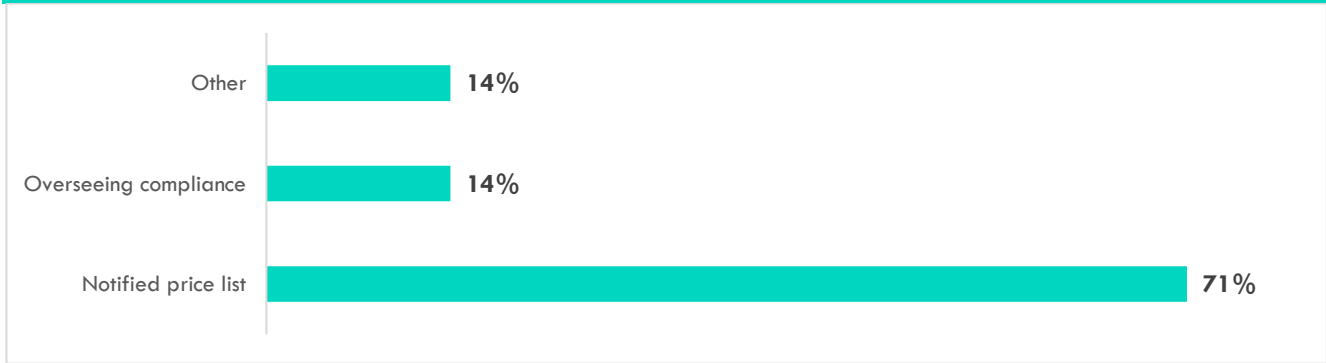
The government of Pakistan allowed the private sector to import and sell vaccines under strict compliance with regulations by the Drug Regulatory Authority of Pakistan in March 2021. The private sector health facilities and clinics can administer the COVID-19 vaccine at their premises under the supervision of trained health care professionals.

Figure 21 Private Sector Vaccination Facilities in the District- Response for EDO (Health)



Given the regulatory context, 38 EDO (health) from the observed districts were approached and asked whether there are any private sector vaccination facilities available within their respective districts. Seven (18 percent) reported the existence of such facilities, 25 (66 percent) said no, while responses for six (16 percent) were reported missing or declined.

Figure 22 Price Regulation Mechanism for Private Sector Vaccination Facilities



In response to the question on the types of price regulatory mechanisms in place for the private sector vaccination facilities, five (71 percent) said notified price list, one (14 percent) said overseeing compliance and one (14 percent) responded with other as an answer.

4. Testing

4.1 CURRENT STATUS

Pakistan still lags behind the rest of its neighbors in terms of COVID-19 tests conducted as evident from the data provided in the figure below. Pakistan stands at 106,093 tests per one million population and ranks 165th globally.

Figure 23 Tests per One Million Population¹³



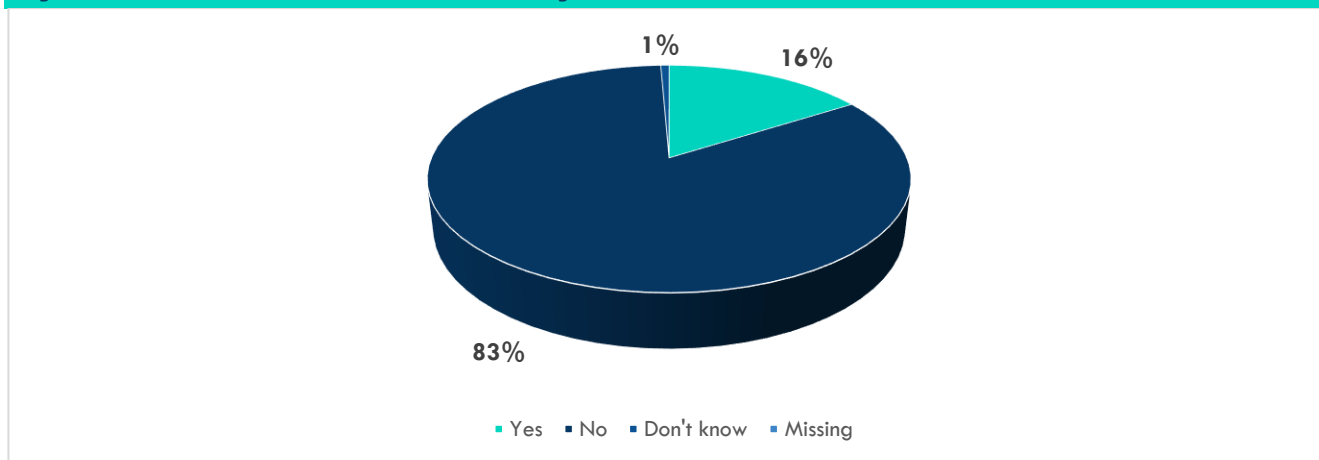
Nevertheless, there is still room for improvement and Pakistan needs to expand its testing capabilities to the furthest parts of the country to ensure that spread of COVID-19 can be contained.

¹³ <https://www.worldometers.info/coronavirus/country/pakistan/>

4.2 TESTING ACCESS

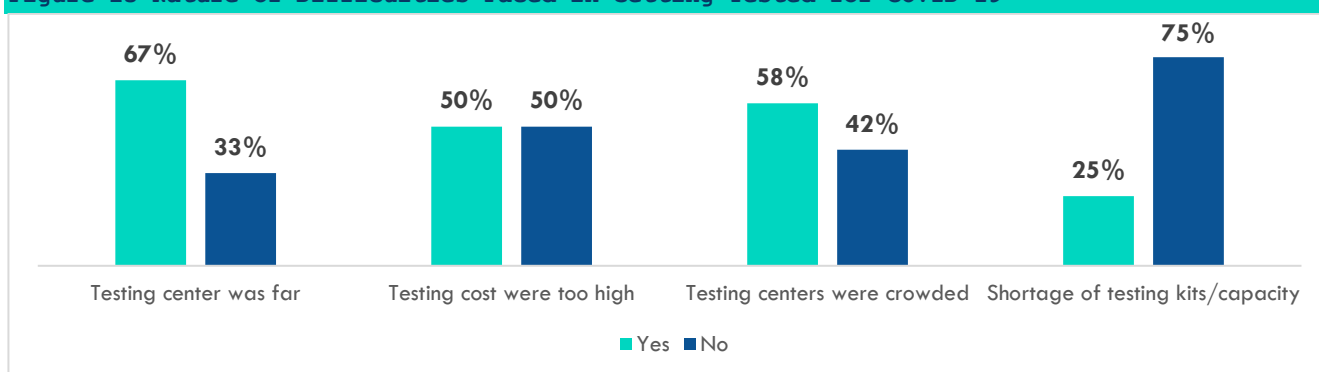
The patients/their attendants were asked whether they faced any difficulty while getting tested for COVID-19, 24 (16 percent) said yes, 125 (83 percent) said no and one (one percent) said they don't know.

Figure 24 Difficulties Faced in Getting Tested for COVID-19



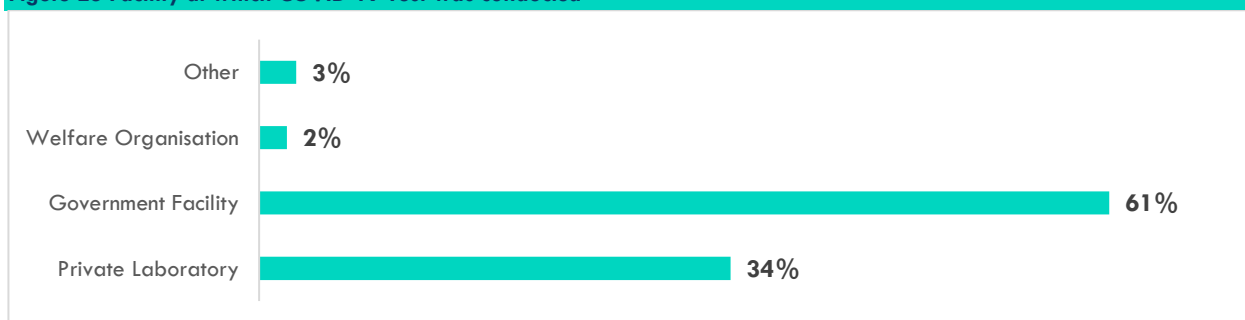
The respondents that said to have faced any kind of difficulty during the testing process were further asked to comment on the nature of the difficulty they faced, 16 (67 percent) said the testing center was far, 12 (50 percent) said the cost of testing was too high, 14 (58 percent) found the testing centers to be too crowded and six (25 percent) reported the shortage of testing kits/capacity.

Figure 25 Nature of Difficulties Faced in Getting Tested for COVID-19



The respondents were also asked as to where did they/their patients got tested. Ninety-two (61 percent) said that they got tested at a government facility, 51 (34 percent) of them got tested at a private facility, three (two percent) mentioned welfare organization and four (three percent) chose other as an answer.

Figure 26 Facility at which COVID-19 Test was conducted

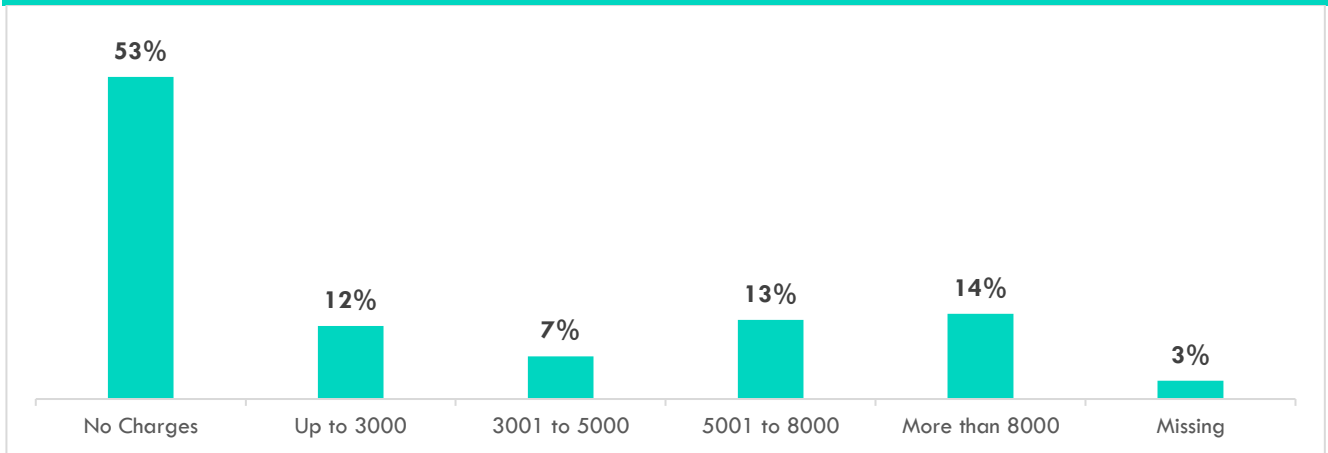


4.3 TESTING COST

Despite the government providing free-of-charge testing the provision is still not sufficient to meet the public demand for testing and the gap has to be filled by the private sector. However, there is still a great variation in pricing across the private sector and the government has yet not come up with a proper price control policy.

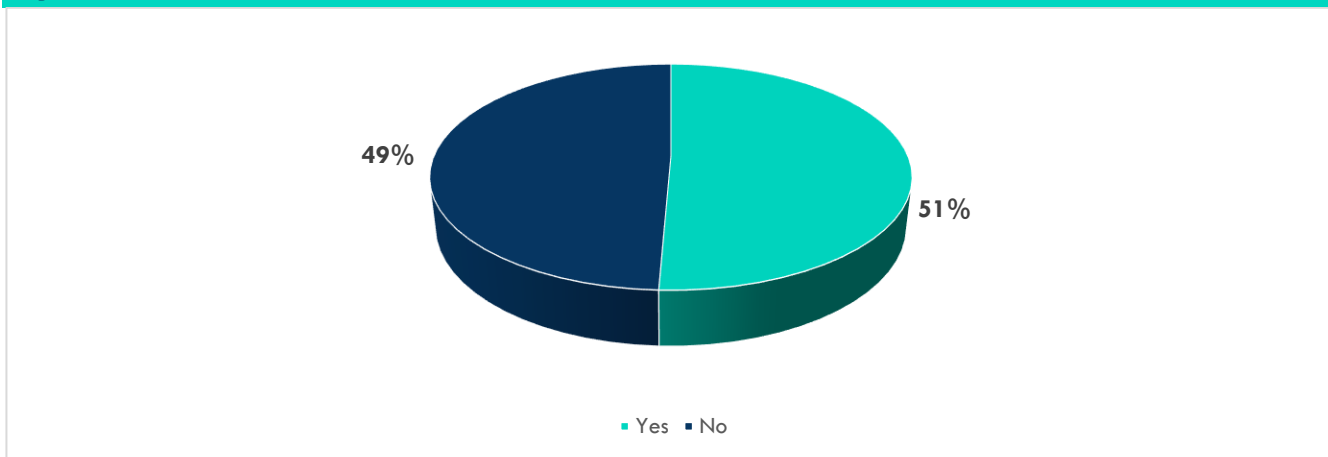
In response to the question regarding how much the test cost to the patients/their attendants, 79 (53 percent) said no charges, 18 (12 percent) said it cost them up to PKR 3,000, 10 (seven percent) said between PKR 3,001 to PKR 5,000, 19 (13 percent) reported the cost was between PKR 5,001 to PKR 8,000, 21 (14 percent) said more than PKR 8,000, while responses for three (three percent) were reported as missing or declined.

Figure 27 Cost of COVID-19 Test



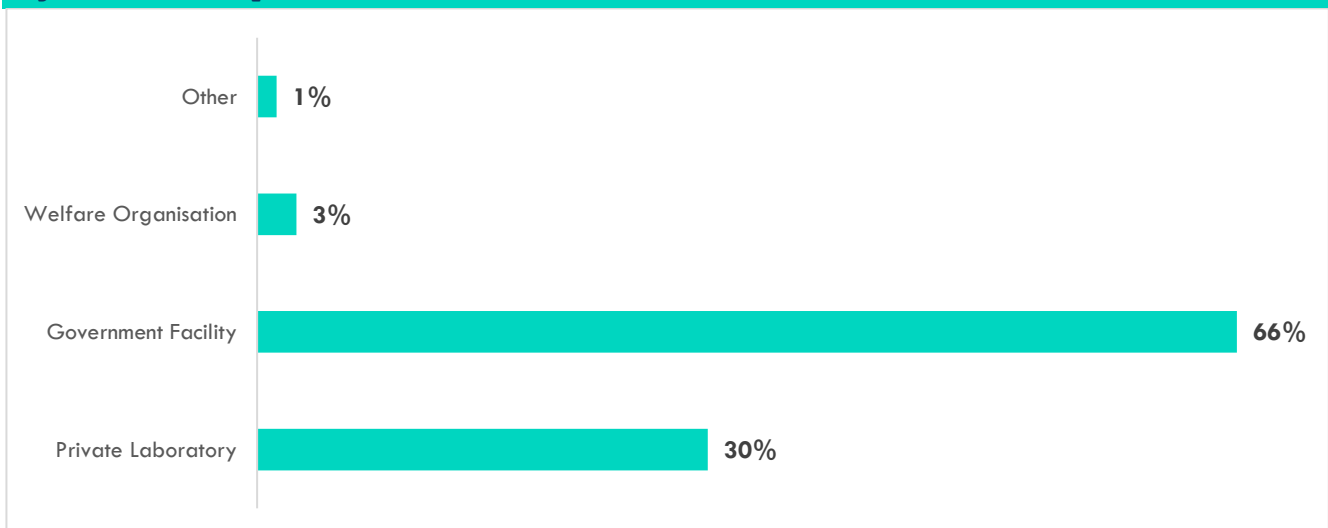
The respondents were also asked whether they got themselves/their patients tested for the second time. Seventy-six (51 percent) of them said yes whereas 74 (49 percent) said no they did not get tested for the second time.

Figure 28 Second COVID-19 Test



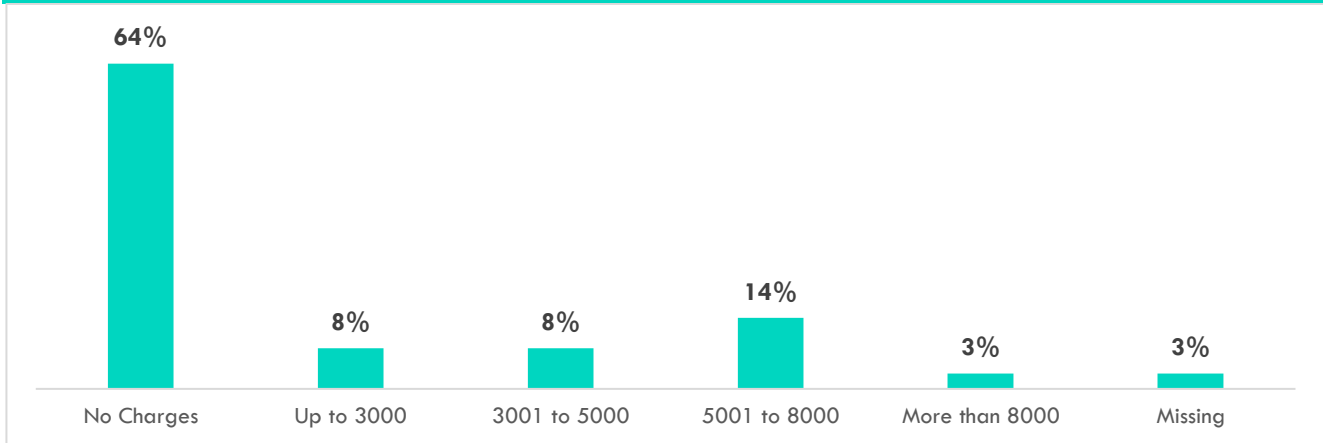
The ones who responded with a yes were further asked as to where did they got tested for the second time. Out of these, 23 (30 percent) reported that they got tested at a private laboratory, 50 (66 percent) said at a government facility, two (three percent) said welfare organization while one (one percent) responded with other as an answer.

Figure 29 Facility at which Second COVID-19 Test was conducted



The respondents who got tested for the second time were also asked about the cost of the second test that they had to bear. Out of which, 49 (64 percent) said they got tested for free, six (eight percent) said they paid up to PKR 3,000, six (eight percent) said it cost them between PKR 3,001 to PKR 5,000, 11 (14 percent) said between PKR 5,001 to PKR 8,000, two (three percent) said it cost above PKR 8,000 and responses for two (three percent) were reported missing or declined.

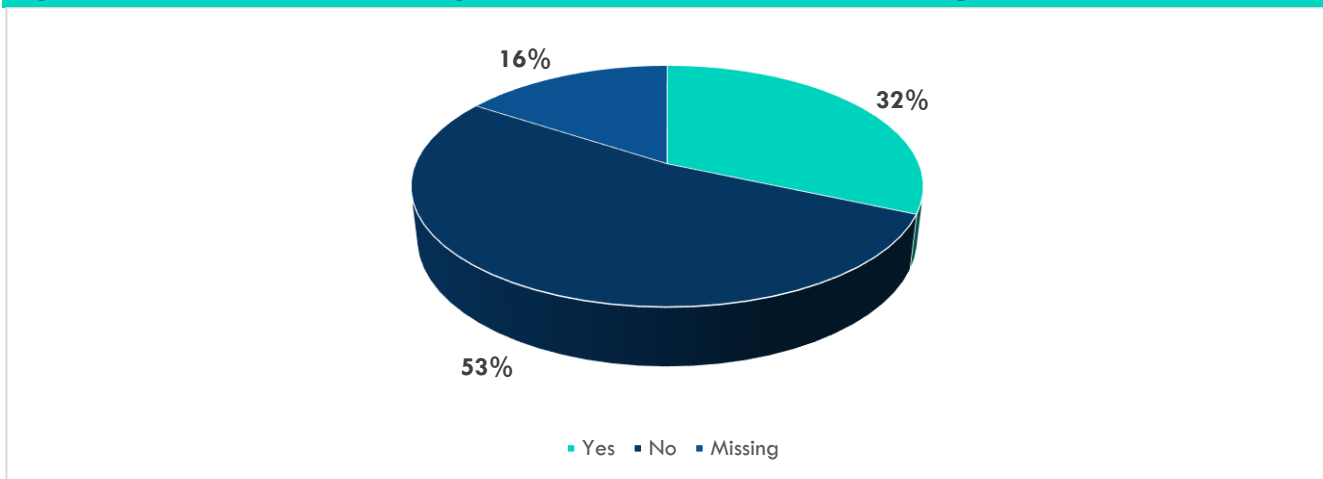
Figure 30 Cost of the Second COVID-19 Test



4.4 REGULATIONS

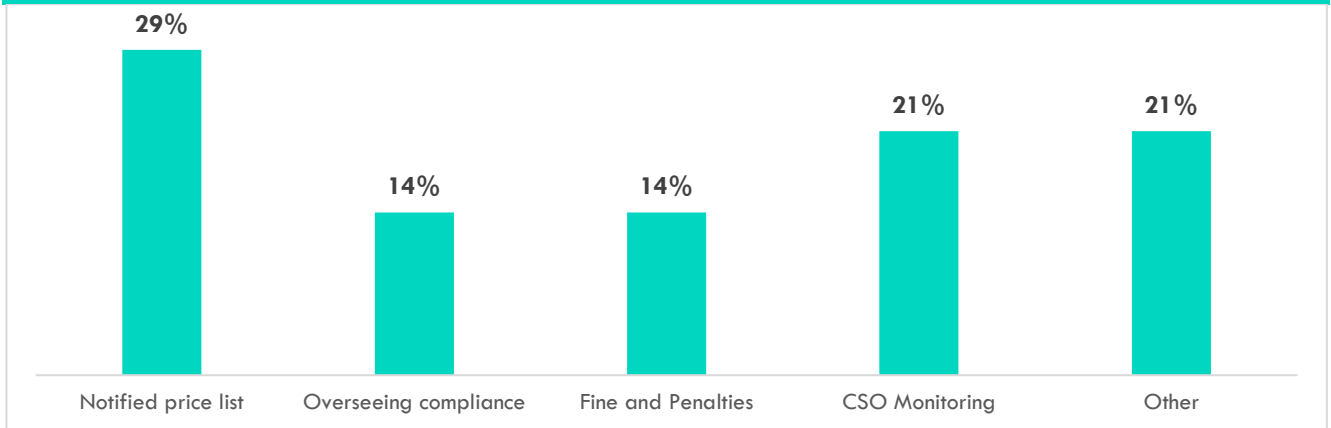
The EDOs (Health) of the districts observed for the current cycle was asked whether there existed any private-sector testing facilities in their respective districts, 12 (32 percent) reported that yes there are private-sector testing facilities in their district, 20 (53 percent) said no and six (16 percent) declined to provide an answer.

Figure 31 Private Sector Testing Facilities in the Districts – Response from EDO (Health)



Furthermore, the EDOs (Health) was asked to comment on the types of price control mechanisms established for the private sector testing facilities, four (29 percent) said notified price list, two (14 percent) said overseeing compliance, two (14 percent) said fine and penalties, three (21 percent) said CSO monitoring and further three (21 percent) responded with other as an answer.

Figure 32 Price Regulation Mechanisms For Private Sector Testing Facilities in the District – Response from EDO (Health)



The data reveals that there is no centralized policy on pricing regulation for private-sector testing facilities. The district administrations try to regulate the pricing mechanism on their own using various channels as mentioned in the figure above.

5. Relief Programs

The national economies world over were adversely affected by the COVID-19 pandemic and Pakistan being no exception was also hard hit. The most affected by the pandemic were the economically poor and downtrodden since the lockdowns had to be imposed by the government and the poor and daily wagers were forced out of livelihoods for those periods.¹⁴ Considering the situation, the Government of Pakistan launched its Ehsaas Cash Emergency (ECE) program in April 2020 to support 16.9 million poor and vulnerable households with a total budget allocation of PKR 203 billion. Each poor household that qualified for this relief program was to receive a one-time payment of PKR 12000 for four months. The identification of the beneficiaries of this program and disbursement of funds was primarily done by the already existing network of the Benazir Income Support Program (BISP).¹⁵

The Government of Pakistan also announced Shuhada packages for the frontline workers who lost their lives to the pandemic in the line of duty. This included a one-time payment of PKR 7 million to each of the families of the doctors, nurses, rescue workers, and police officials. However, this so far has only been implemented in KPK. The funds for these relief packages were contributed by Federal and Provincial governments. Partial assistance was also raised from International Financial Institutes including Asian Development Bank and World Bank.¹⁶

5.1 RELIEF FOR PATIENTS

A total of 150 patients/their attendants were asked to provide information on whether they/their patients applied for any relief package announced by the government during the pandemic. Most of them, 146 (97 percent) said they did not apply for any relief package whereas only four (three percent) of them said they did. The ones who did apply were further asked about the status of their application and out of four only one (25 percent) said to have received the package, two (50 percent) said it is still pending and one (25 percent) reported that his application was declined.

The respondents were also asked if they received any assistance/relief from any welfare/non-governmental organization at any stage of treatment, only five (three percent) yes to the question whereas a staggering 145 (97 percent) of them said no. The respondents were further asked to elaborate on the nature of assistance received, two (22 percent) said it was in the form of food/rations, four (44 percent) of them said PPE/medicines and three (33 percent) reported it was in the form of free testing/treatment.

¹⁴ Sareen, S. (2020, June 11). COVID19 and Pakistan: The Economic Fallout. ORF. <https://www.orfonline.org/research/covid19-and-pakistan-the-economic-fallout-67296/>

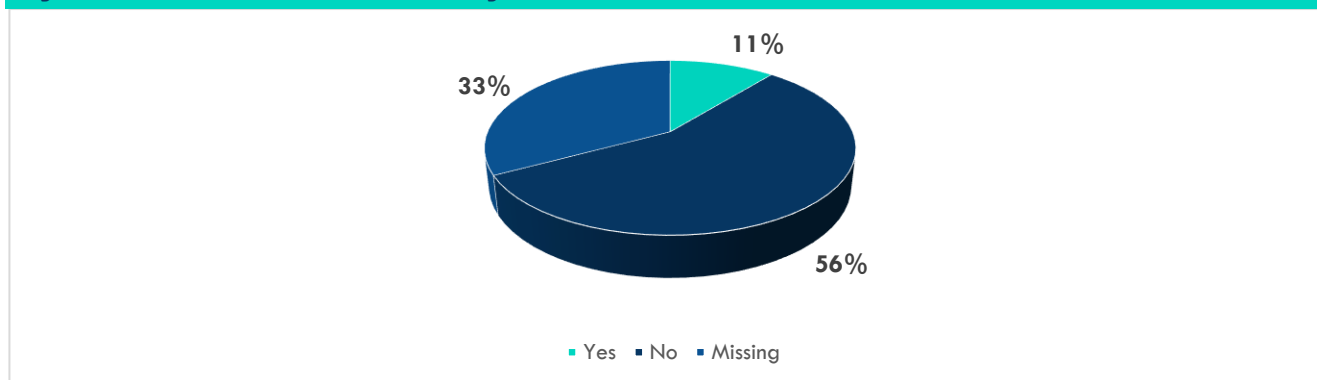
¹⁵ Lone et.al. (2021). Towards shock-responsive social protection: lessons from the COVID-19 response in Pakistan. Maintains. <https://www.opml.co.uk/files/Publications/A2241-maintains/maintains-covid-19-srsp-responses-pakistan-country-case-study-final-2.pdf?noredirect=1>

¹⁶ Yusufzai, A. (2020, August 4). Govt to award Shuhada Package to fallen health workers. DAWN.COM. <https://www.dawn.com/news/1572511>

5.2 RELIEF FOR HEALTHCARE PROVIDERS

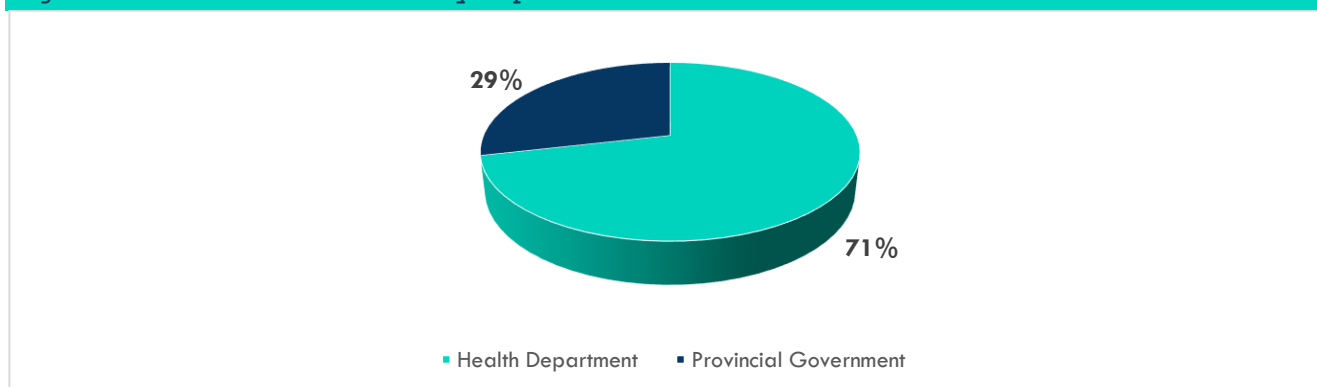
To assess the coverage of the relief packages for the frontline workers announced by the government of Pakistan, 64 doctors from 38 Districts across Pakistan, were interviewed. They asked if they know of any case where families of the doctors within their facility who contracted COVID-19 or passed away received any assistance from the government. Seven (11 percent) of them said yes, 36 (56 percent) of them said no, and responses for 21 (33 percent) were reported missing or declined.

Figure 33 Government Relief Packages Handed Out to Doctors



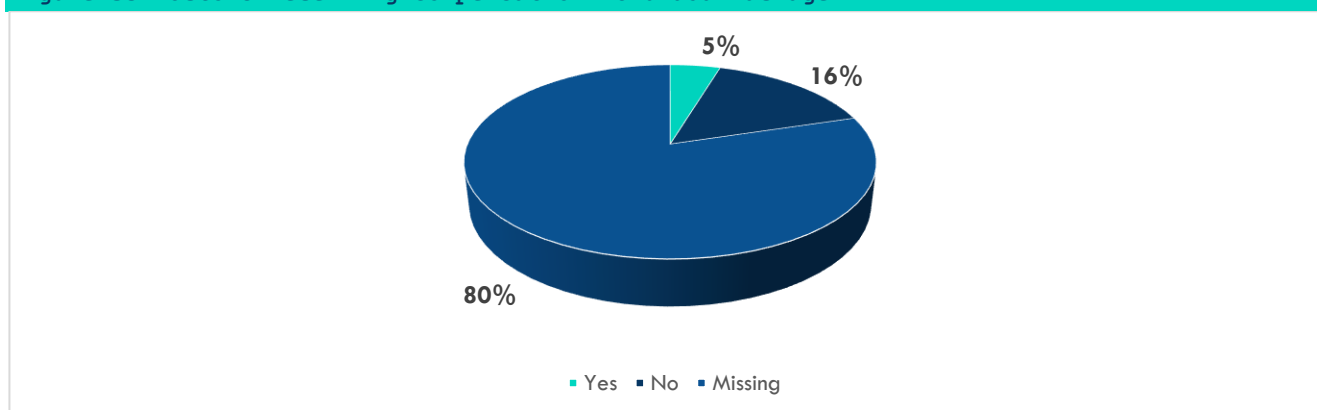
The respondents were further asked if they have any knowledge of which department assisted/relief to the doctors who contracted the infection or lost their lives to it, five (71 percent) said it was provided by the Health Department and two (29 percent) said Provincial Government.

Figure 34 Assistance Provided by Department



The doctors were also asked if any of the doctors in their facility received assistance/relief under the Shuhada Package announced for the frontline workers, only three (five percent) responded with a yes, 10 (16 percent) said no, and responses for 51 (80 percent) were missing or declined. The data collected from 38 Districts of Pakistan provides information on only two doctors receiving the package.

Figure 35 Doctors Receiving Compensation- Shuhada Package



6. Public Attitudes and Adherence to COVID-19

At the beginning of the outbreak of the pandemic, the Government of Pakistan also showed confusion as to what measures and to what extent should be undertaken to retard the spread of the infection, as was the case with the rest of the world. The major concern for the Government remained as to how to keep the economy afloat amidst the pandemic without jeopardizing the livelihoods of the most vulnerable and marginalized population of the country. However, considering the global threat posed by COVID-19 the Government announced its first smart lockdown in March 2020, along with other stringent SOPs to contain the spread of the virus.

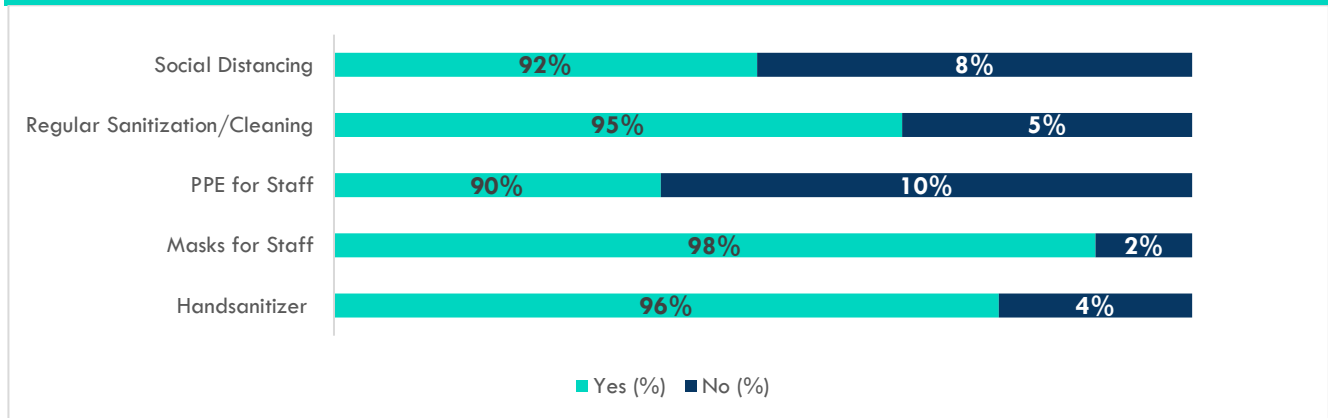
Later on, the Government also set aside a budget of one billion rupees for the Ministry of Broadcasting and Information to launch an awareness campaign to sensitize the general public regarding the risks presented by COVID-19.¹⁷ Besides this for monitoring and getting feedback regarding SOP compliance within the country the government set up a WhatsApp number for the general public to report the violation of SOPs. Education Institutes Monitoring System (EIMS), Integrated Disease Information Management System (IDIMS), and Pak Neghayban App were also launched by the government to receive feedback from the educational institutions, to provide correct and up to date information to the healthcare workers, and to inform the public of the available health facilities across the country respectively.¹⁸ However, as the onslaught of the third wave receded the Government started easing out some of the SOPs in October 2021.¹⁹

To get independent feedback regarding compliance with COVID-19 SOPs, FAFEN interviewed various stakeholders from 38 districts across Pakistan, including, 64 doctors, 121 focal persons from tehsil level vaccination centers, 64 journalists, and 38 EDO (Health). Furthermore, independent observers were also deployed in the 38 districts along with the feedback received from 210 vaccine beneficiaries who visited these health facilities.

6.1 SOPs COMPLIANCE AT PUBLIC OFFICES

The data from direct observations of 111 health facilities in 38 districts across Pakistan shows that the SOPs for COVID-19 are being complied with, however, there is still room for improvement. Hand sanitization was practiced in 107 (96 percent) of the health facilities, use of masks was observed in 109 (98 percent) of the facilities, staff of 100 (90 percent) of the facilities was using PPEs, regular sanitization and cleaning were done 105 (95 percent) of the facilities and social distancing was observed in 102 (92 percent) of the health facilities.

Figure 36 Compliance of SOPs at Health Facilities



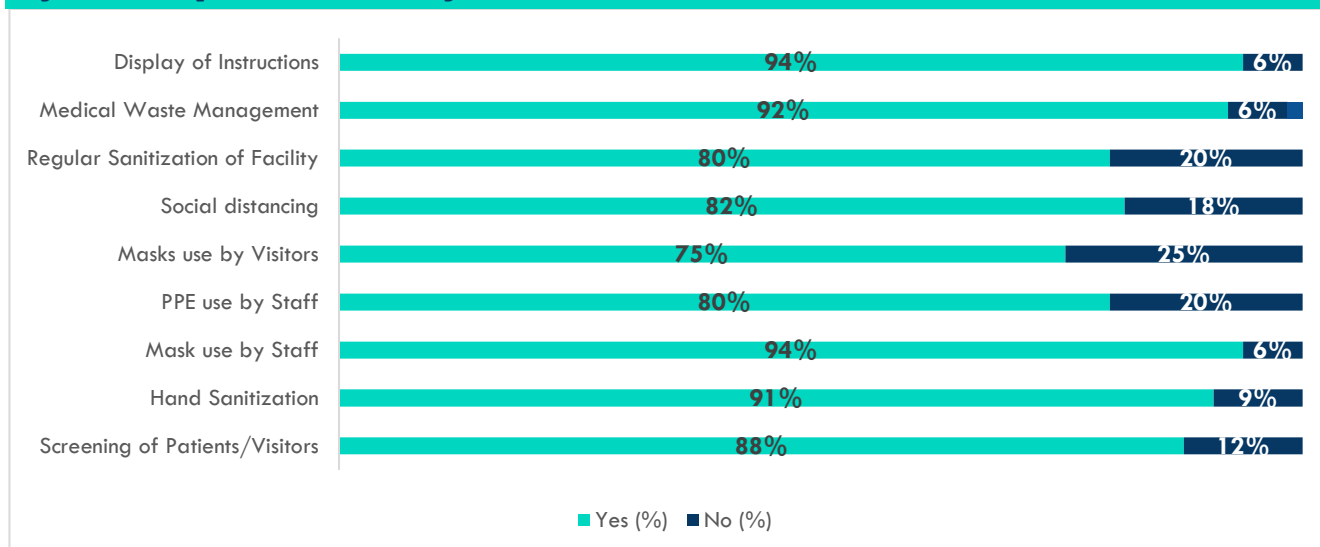
The focal persons/medical supervisors were also asked regarding whether the IPC guidelines were being followed at their facility, 61 (94 percent) said the COVID-19 related information was displayed, 60 (92 percent) said the system for medical waste management is in place, 52 (80 percent) reported regular sanitization of the facility, 53 (82 percent) said social distancing was observed, 49 (75 percent) said visitors are required to wear a mask and 52 (80 percent) reported that PPE is used by the staff.

¹⁷ 2020, the Year Everything Changed: A timeline. The Express Tribune. (2020, December 19). <https://tribune.com.pk/story/2276558/2020-the-year-everything-changed-a-timeline>.

¹⁸ <https://ncoc.gov.pk/govt-initiatives.php>

¹⁹ Countrywide npis - ncoc.gov.pk. (2021, November 16). <https://ncoc.gov.pk/npi/Countrywide%20NPIs%20-%2014%20Nov%2021.pdf>.

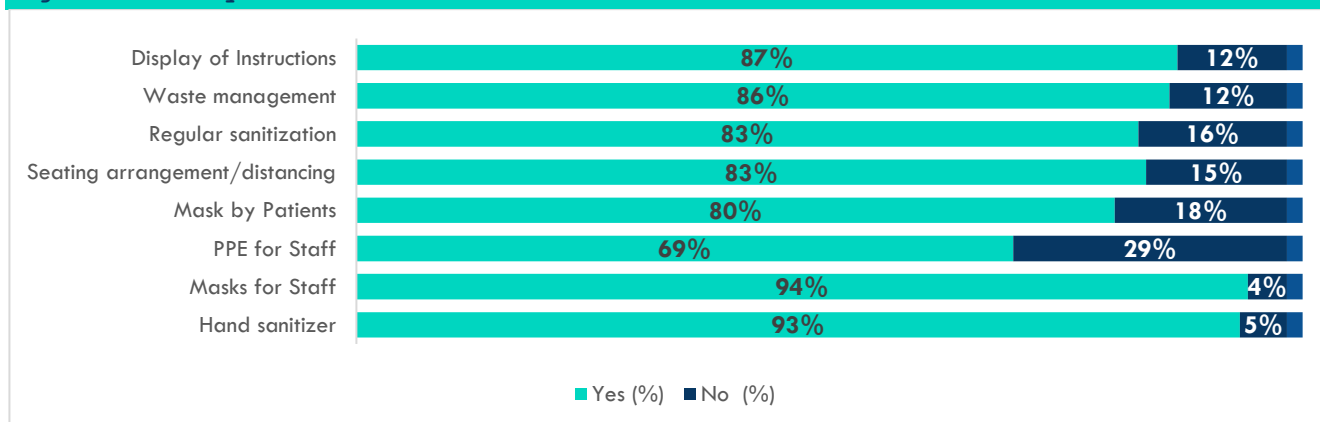
Figure 37 Compliance with IPC guidelines



6.2 SOPs COMPLIANCE AT VACCINATION CENTERS

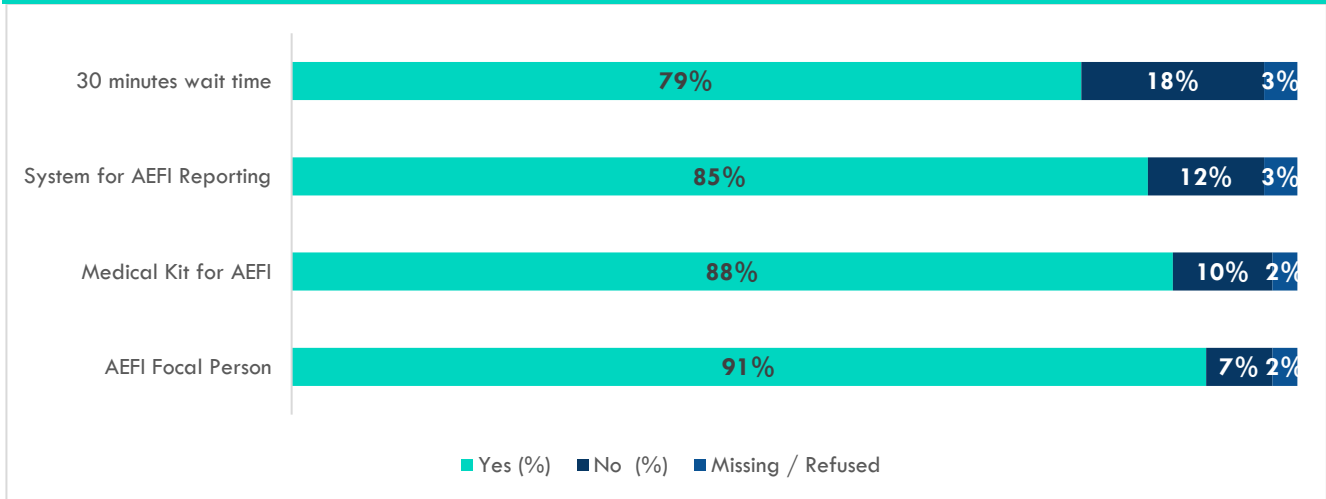
The management of the tehsil level vaccination centers was asked about the safety measures in place within their facility. Following responses were recorded for the display of instructions, waste management, regular sanitization, seating arrangement, masks by patients, PPE for staff, masks for staff, hand sanitizer to be at 105 (87 percent), 104 (86 percent), 100 (83 percent), 101 (83 percent), 97 (80 percent), 97 (80 percent), 84 (69 percent), 114 (94 percent) and 113 (93 percent) respectively.

Figure 38 Safety Measures at Vaccination Centers



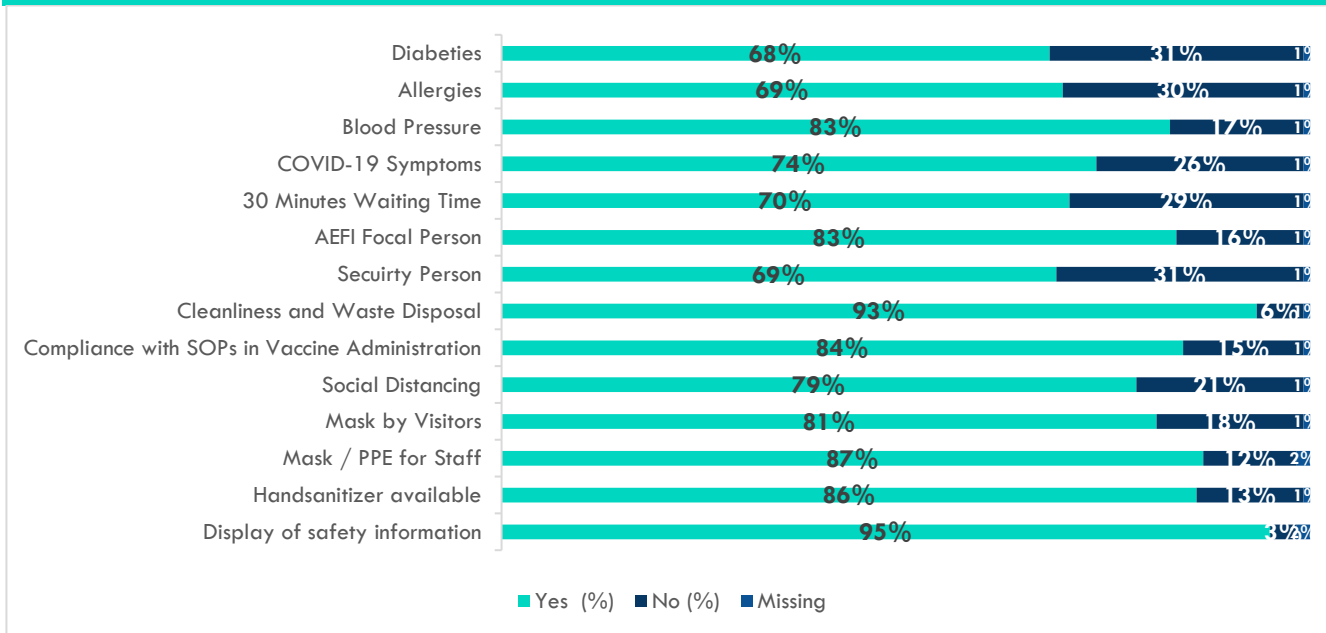
In response to the question regarding the compliance with Adverse Event Following Immunization (AEFI) guidelines at the vaccination centers, 110 (79 percent) of the respondents said AEFI focal person is deployed, 103 (85 percent) said system for AEFI reporting is in place, 106 (88 percent) reported availability of medical kit for AEFI and 95 (79 percent) said 30-minute wait time is also observed.

Figure 39 Compliance with AEFI Guidelines



The data from direct observation of the vaccination centers also concurs with the data provided by the focal persons/medical supervisors of the vaccination centers. The responses for the display of safety information, availability of hand sanitizers, mask/PPE for staff, and masks for visitors were recorded as 115 (95 percent), 104 (86 percent), 105 (87 percent), and 98 (81 percent) respectively. Whereas for prescreening of patients for COVID-19 symptoms, blood pressure, allergies, and diabetes the responses were recorded as 89 (74 percent), 100 (83 percent), 84 (69 percent), and 82 (68 percent) respectively.

Figure 40 Direct Observation of Vaccination Centers



6.3 SOPs COMPLIANCE AT PUBLIC SPACES

To gauge the level of compliance with the SOPs in public offices, 64 journalists were interviewed from 38 districts across Pakistan and were asked to provide their feedback considering them to be more aware of the local situation.

Concerning the compliance of SOPs at the public offices and health facilities in their area, the journalists were asked to present their observations, 11 (17 percent) said all public offices and health facilities comply, 41 (64 percent) said some, and 12 (19 percent) responded with the answer most.

When asked about their observations regarding public compliance with SOPs, nine (14 percent) said most of the people are complying, 32 (50 percent) said some of the people, and 23 (36 percent) said a few are complying with the SOPs.

They were further asked to comment on the attitude of political, religious and community leaders in the district towards the threat posed by COVID-19, 10 (16 percent) said most are serious, 32 (50 percent) said the majority are not, 11 (17 percent) said the majority are, and 11 (17 percent) responded with the answer only a few.

The analysis of the feedback received from various districts of the country reveals that there is still a huge gap in terms of complacency. As the number of cases has decreased, so did the level of compliance with the SOPs. There is a need to ensure proper compliance with the SOPs since we haven't yet fully recovered from the third wave and the world is hit by yet another variant.

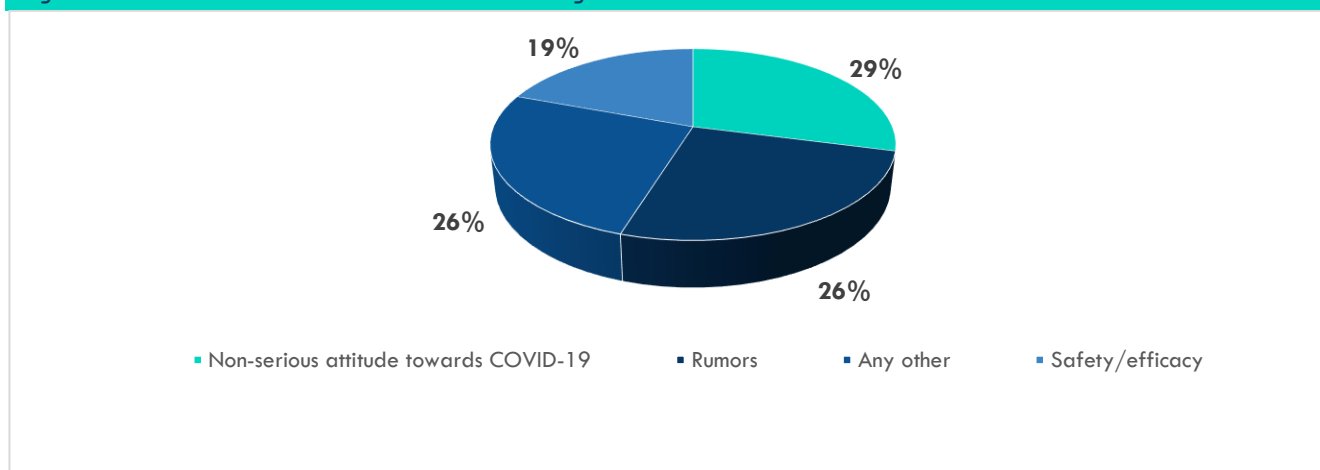
6.4 COVID-19 VACCINE HESITANCY

Despite the efforts undertaken by the Government of Pakistan to promote vaccine uptake, hesitancy among the general public and healthcare providers to get vaccinated remains a huge impediment. The main reasons for the hesitancy are the lack of up-to-date information on COVID-19 and its vaccine and rumors and misinformation being spread through various channels like social media, television, and some ill-informed healthcare workers. Since the people believe healthcare workers consider them better informed, correct and updated information needs to be timely communicated to healthcare workers to counter misinformation.²⁰ Besides this, a holistic strategy is required on the part of the government to speed up the efforts to promote vaccine uptake and address public hesitancy keeping in view a new variant of COVID-19 'Omicron' lurking in the background.

6.4.1 Healthcare Providers

Senior doctors of DHQ/THQ were asked to comment on the reasons for hesitancy among the doctors who have not received the vaccine yet. According to their responses, nine (29 percent) reported it to be due to non-serious attitude towards COVID-19, eight (26 percent) said it was because of rumors, eight (26 percent) chose answer with other as an option and six (19 percent) reported it to be due to safety and efficacy of the vaccine.

Figure 41 Main Reasons for not receiving the vaccination

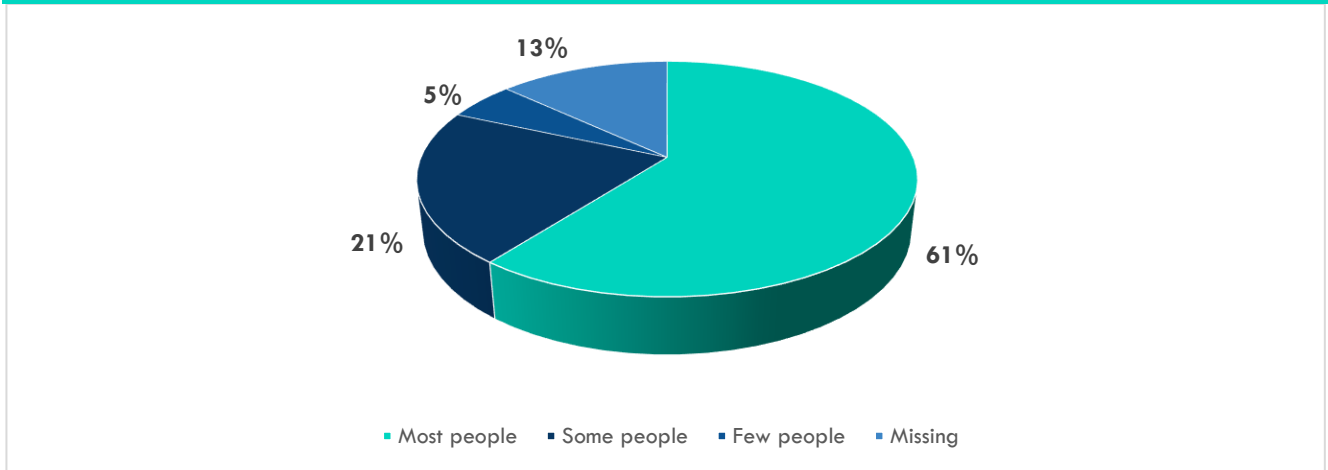


6.4.2 Public

To assess the public attitude towards the COVID-19 vaccine, doctors/focal persons of the health facilities on the district level were interviewed. When asked how many people in their area wanted to get vaccinated, 23 (61 percent) said most people, eight (21 percent) said some people, two (five percent) said few people, and responses for five (13 percent) were either missing or declined.

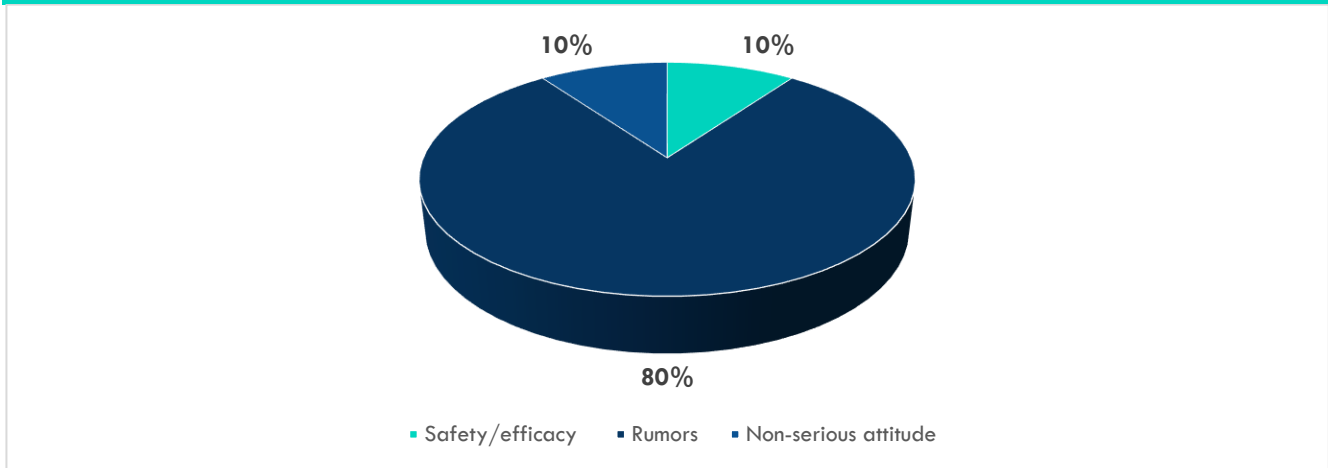
²⁰ Naqvi, R. (2021, September 28). Understanding and overcoming vaccine hesitancy in Pakistan. International Medical Corps. <https://internationalmedicalcorps.org/story/understanding-covid-19-vaccine-hesitancy-in-pakistan/>

Figure 42 Desire to be Vaccinated- General Public (District Level)



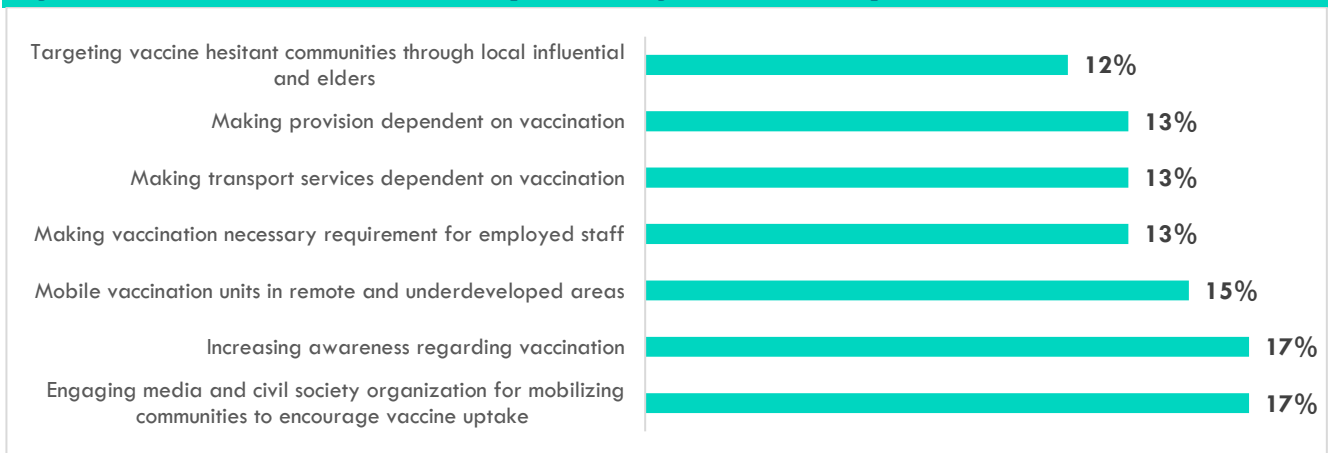
On further inquiry regarding the reason for hesitancy towards vaccination among the general public, eight (80 percent) of the respondents said it is due to the rumors, one (10 percent) mentioned safety and efficacy and further one (10 percent) said it was because of the non-serious attitude towards COVID-19.

Figure 43 Reasons for Hesitancy- General Public (District Level)



Regarding any district-level plan and strategy to combat vaccine hesitancy and promote vaccine uptake by combating disinformation and rumors about the safety and efficacy of the vaccine, nine (24 percent) said yes there is a plan, two (five percent) said no, and responses for 27 (71 percent) were reported missing or declined.

Figure 44 Initiatives for Vaccine Uptake Among Hesitant Groups



Concerning the question regarding initiatives under consideration to promote vaccine uptake among the general public, 10 (17 percent) said engaging media and civil society organizations to encourage vaccine uptake, 10 (17 percent) stated increasing awareness regarding the vaccine, nine (15 percent) said mobile vaccination units for remote areas, eight (13 percent) said making the vaccine mandatory for employment, eight (13 percent) mentioned

making transport services dependent on the vaccine, eight (13 percent) said making provision dependent on vaccination and further seven (12 percent) said targeting vaccine-hesitant communities through local elders and influential.

ANNEX I: LIST OF MPAs

S.No	Name of MPA	Party Affiliation	District Name	Province
1	Haji Muhammad Khan	BAP	Loralai	Balochistan
2	Faiz Muhammad PO to Mitha Khan	BAP	Zhob	Balochistan
3	Babar Khan Musa Khel	PTI	Sherani	Balochistan
4	Malik Mehrullah Khan Traeen PS to Noor Muhammad Dummar	BAP	Harnai	Balochistan
5	Tariq Khan Magsi*	BAP	Jhal Magsi	Balochistan
6	Anwar Hayat	MMAP	Lakki Marwat	Khyber Pakhtunkhwa
7	Rohail Khattak PS to Idrees Khattak	PTI	Peshawar	Khyber Pakhtunkhwa
8	Sada Intizar PS to Abdul Kareem	PTI	Swabi	Khyber Pakhtunkhwa
9	Muhammad Dedar Khan	PTI	Upper Kohistan	Khyber Pakhtunkhwa
10	Ranjeet Sing	MMAP	Kohat	Khyber Pakhtunkhwa
11	Nazir Abbassi	PTI	Abbottabad	Khyber Pakhtunkhwa
12	Muhammad Asif PS to Sultan Muhammad	PTI	Mardan	Khyber Pakhtunkhwa
13	Syed Abdul Ghaffar Shah	PTI	Lower Kohistan	Khyber Pakhtunkhwa
14	Ahmed Hussain Shah	PTI	Mansehra	Khyber Pakhtunkhwa
15	Syed Fakhar Jehan	PTI	Buner	Khyber Pakhtunkhwa
16	Humayun Khan*	PTI	Lower Dir	Khyber Pakhtunkhwa
17	Hidayat-ur-Rehman*	MMAP	Chitral Upper	Khyber Pakhtunkhwa
18	Shaukat Ali Yousafzai*	PTI	Shangla	Khyber Pakhtunkhwa
19	Mohd. Nadeem Qureshi	PTI	Multan	Punjab
20	Muhammad Hanif Pitafi	PTI	D.G. Khan	Punjab
21	Chaudhry Zafar Iqbal	PTI	Jhelum	Punjab
22	Malik Khalid Mahmood	PML N	Bahawalpur	Punjab
23	Bilal Akbar	PML N	Narowal	Punjab
24	Mehar Kashif Budyar	PML N	Nankana Sahib	Punjab
25	Muhammad Naeem	PTI	Pakpattan	Punjab
26	Chaudhry Muhammad Yousaf Kaselia	PML N	Vehari	Punjab
27	Muhammad Farooq PA to Sajida Abbas Aheer	PTI	Khushab	Punjab
28	Bilal Asghar Waraich	IND	Toba Tek Singh	Punjab

29	Rana Abdul Rauf	PML N	Bahawalnagar	Punjab
30	Mahar Ijaz Ahmad Achlana	PML N	Layyah	Punjab
31	Sayyed Hassan Murtaza	PPPP	Chiniot	Punjab
32	Mohd. Lateef Nazar Gujjar	PTI	Faisalabad	Punjab
33	Naveed Aslam Khan Lodhi	PML N	Sahiwal	Punjab
34	Muhammad Abdullah yousaf	PML	Gujrat	Punjab
35	Asia Amjad	PTI	Chakwal	Punjab
36	Engineer Haji Abdul Rauf khan Khoso	PPPP	Kashmore	Sindh
37	Mr. Imtiaz Ahmed Shaikh	PPPP	Shikarpur	Sindh
38	Mr: Nawabzada Burhan Khan Chandio	PPPP	Shahdadkot	Sindh
39	Malik Asad Sikandar	PPPP	Jamshoro	Sindh
40	Shehla Raza	PPPP	Karachi East	Sindh
41	Hameed-ul-Zafar	MQM Pakistan	Korangi	Sindh
42	Abdul Karim Soomro	PPPP	T.M. Khan	Sindh
43	Nadeem Ahmed Siddiqui	MQM Pakistan	Hyderabad	Sindh
44	Hizbullah Bughio	PPPP	Larkana	Sindh
45	Taj Muhammad Malah	PPPP	Badin	Sindh
46	Syed Sarfraz Hussain Shah	PPPP	Naushero Feroze	Sindh

**Refused to be interviewed.*

ANNEX II: DISTRICT SELECTION CRITERIA

FAFEN effectuated the study through a project implementation cycle encapsulating 260 tehsils panned across 120 districts from each province, executed in four cycles spaced out accordingly. Each cycle covers approximately 65 tehsils and is targeted, primarily, based on ease of implementation, i.e. easy access in the proposed districts, the existence of requisite infrastructure required for the prompt mobilization and delivery of project activities.

The table below shows the details of target districts and tehsils from each province.

No.	Province	No. of Districts	No. of Tehsils	Target Tehsils
1	Khyber Pakhtunkhwa	36	122	56
2	Punjab & ICT	37	144	84
3	Sindh	29	141	80
4	Balochistan	20	68	32
Overall		122	475	260*

A cardinal feature of the study is that it ensures representation of the provincial headquarters each time- that is Karachi, Lahore, Peshawar, and Quetta are incorporated in each cycle. The exclusion criteria for a select few districts are:

- An ongoing operation or insurgency
- Newly merged districts/Pakistan-Afghanistan bordering areas
- Coastal cities of Balochistan to Dalbandin (security reasons)

ANNEX III:**STAKEHOLDER INTERVIEWS/OBSERVATIONS OF FACILITIES AT THE DISTRICT LEVEL**

S. No.	District	Health Institution Monitoring	Health Institution Beneficiary Feedback	Interview with Focal Person of Doctors' Association	Interview with Focal Person of Vaccination Center & Observation	Vaccination Center Beneficiary Feedback	Observation of SOP Compliance in Public Spaces	Interview with Local Journalist	Interview with EDO Health	Interview with Local MPA	Overall
1	Abbottabad	1	2	1	2	4	1	1	No Data	1	13
2	Buner	2	No Data	1	2	2	1	1	1	1	11
3	Chakwal	2	4	1	2	4	1	1	1	1	17
4	Chiniot	2	4	1	2	2	1	1	No Data	1	14
5	Dera Ismail Khan	1	2	1	2	4	1	1	1	1	14
6	Ghotki								1	No Data	1
7	Jhal Magsi	1	2	1	2	3	1	1	No Data	1	12
8	Jhelum	1	2	1	2	4	1	1	1	1	14
9	Killa Abdullah	2	4	1	2	4	1	1	Refused	1	17
10	Layyah	2	2	1	2	2	1	1	1	1	13
11	Lower Dir	1	No Data	1	1	1	1	1	No Data	No Data	6
12	Lower Kohistan	2	No Data	1	2	2	1	1	1	1	11
13	Mandi Bahauddin	1	No Data	Refused	2	4	1	1	1	No Data	11
14	Pakpattan	2	4	1	2	4	1	1	Refused	1	17
15	Rawalpindi	2	4	1	2	4	1	1	No Data	No Data	15
16	Sahiwal								1		1
17	Shangla	2	2	1	2	2	1	1	1	1	13
18	Badin	2	2	1	2	4	1	1	No Data	1	14
19	Bahawalnagar	2	4	1	2	4	1	1	No Data	No Data	15

20	Bahawalpur	2	4	1	2	4	1	1	1	1	17
21	Chitral Upper	1	2	1	1	2	1	1	1	1	11
22	D.G. Khan	1	No Data	1	1	No Data	No Data	1	No Data	1	5
23	Faisalabad								1		1
24	Gujrat	2	4	1	2	4	1	1	1	1	17
25	Hafizabad								1		1
26	Harnai	2	2	1	2	3	1	1	No Data	No Data	12
27	Hyderabad	2	4	1	2	4	1	1	No Data	1	16
28	Islamabad	2	No Data	1	2	4	1	1	No Data	1	12
29	Jamshoro	1	2	1	1	2	1	1	Refused	No Data	10
30	Karachi East	2	2	1	1	1	1	No Data	No Data	1	9
31	Karachi West	2	4	Refused	2	4	1	1	No Data	1	16
32	Kashmore	2	4	1	2	4	1	1	No Data	No Data	15
33	Khushab	2	2	1	2	4	1	1	Refused	1	15
34	Kohat	2	4	1	2	4	1	1	No Data	1	16
35	Korangi	1	No Data	1	1	2	1	1	No Data	1	8
36	Lahore	2	2	1	2	No Data	1	1	1	1	11
37	Lakki Marwat	1	2	1	2	4	1	1	Refused	1	14
38	Larkana	1	2	1	1	2	1	1	1	1	11
39	Loralai	1	2	1	2	4	1	1	No Data	No Data	12
40	Mansehra	2	3	1	2	4	1	1	No Data	1	15
41	Mardan	2	4	1	2	4	1	1	No Data	1	16
42	Matiari	2	2	1	2	4	1	1	No Data	No Data	13
43	Mirpurkhas	No Data	No Data	No Data	2	4	1	1	1	No Data	9
44	Multan	2	2	1	2	3	1	1	No Data	1	13
45	Nankana Sahib	2	4	1	2	4	1	1	1	1	17
46	Narowal	2	4	1	2	4	1	1	1	1	17
47	Nasirabad	2	No Data	1	2	4	1	1	1	No Data	12
48	Naushero Feroze	2	No Data	1	2	4	1	1	1	1	13

49	Peshawar	1	2	1	1	2	1	1	1	1	11
50	Quetta	2	4	1	2	4	1	1	No Data	1	16
51	Sanghar	2	4	1	2	4	1	1	No Data	No Data	15
52	Shahdadm Kot	1		1	2	4	1	1	No Data	No Data	10
53	Sherani	1	2	1	1	2	1	1	No Data	1	10
54	Shikarpur	2	2	1	2	2	1	1	1	No Data	12
55	Sujawal	2	2	1	2	4	1	1	Refused	1	15
56	Sukkur	1	2	1	2	4	1	1	1	1	14
57	Swabi	2	2	1	2	2	1	1	1	1	13
58	T.M. Khan	2	4	1	2	4	1	1	No Data	1	16
59	Tharparkar	2	2	1	2	4	1	1	No Data	No Data	13
60	Thatta	2	No Data	1	2	4	1	1	No Data	No Data	11
61	Toba Tek Singh	2	4	1	2	2	1	1	1	1	15
62	Umerkot	2	4	1	2	4	1	1	1	1	17
63	Upper Kohistan	2	No Data	1	2	4	1	1	No Data	No Data	11
64	Vehari	2	2	1	2	3	1	1	No Data	No Data	12
65	Zhob	2	4	1	2	4	1	1	1	1	17
66	Charsadda	2	2	1	2	3	1	1	No Data	No Data	12
67	Haripur	2	3	1	2	3	1	1	1	1	15
68	Karachi Central	2	4	1	2	4	1	1	1	1	17
69	Karachi South	2	2	1	2	2	1	1	1	1	13
	Overall	111	150	64	121	210	64	64	38	46	868

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

S. No.	Province	District	Population	COVID-19 Cases	Patients Per Ventilator	Patients Per Doctors/Paramedics	Patients Per Bed at Quarantine/Isolation
1	Sindh	Badin	1,804,958	7,217	NA	185	200
2	Punjab	Bahawalnagar	2,975,656	No data	NA	NA	NA
3	Khyber Pakhtunkhwa	Buner	895,460	11,235	749	749	225
4	Khyber Pakhtunkhwa	Charsadda	1,610,960	No data	NA	NA	NA
5	Punjab	Chiniot	1,368,659	2,834	2,834	55	4
6	Khyber Pakhtunkhwa	Chitral Upper	447,625	Refused	NA	NA	NA
7	Punjab	D.G. Khan	2,872,631	4,358	229	208	5
8	Punjab	Faisalabad	7,882,444	2,714	NA	151	3
9	Sindh	Ghotki	1,648,708	No data	NA	NA	NA
10	Punjab	Gujrat	2,756,289	Refused	NA	NA	NA
11	Balochistan	Harnai	97,052	400	NA	40	18
12	Khyber Pakhtunkhwa	Haripur	1,001,515	5,796	828	97	53
13	Sindh	Jamshoro	993,908	12,770	2,554	1,277	250
14	Balochistan	Jhal Magsi	148,900	42	NA	11	2
15	Sindh	Karachi Central	2,971,382	38,760	NA	635	258
16	Sindh	Karachi East	2,875,315	No data	NA	NA	NA
17	Sindh	Karachi South	1,769,230	No data	NA	NA	NA
18	Balochistan	Killa Abdullah	758,354	Refused	NA	NA	NA
19	Khyber Pakhtunkhwa	Lakki Marwat	875,744	Refused	NA	NA	NA
20	Balochistan	Loralai	397,423	No data	NA	NA	NA
21	Khyber Pakhtunkhwa	Lower Dir	1,436,082	Refused	NA	NA	NA
22	Khyber Pakhtunkhwa	Lower Kohistan	202,913	203	NA	9	3
23	Sindh	Mirpurkhas	1,504,440	5,324	NA	152	205

24	Punjab	Nankana Sahib	1,354,986	4,000	800	364	2
25	Punjab	Narowal	1,707,575	770	128	6	1
26	Balochistan	Nasirabad	487,847	83	NA	NA	21
27	Sindh	Naushero Feroze	1,612,047	4,880	NA	1,627	305
28	Punjab	Pakpattan	1,824,228	2,395	479	150	57
29	Sindh	Sanghar	2,049,873	6,114	NA	122	20
30	Sindh	Shahdad Kot	1,338,035	Refused	NA	NA	NA
31	Khyber Pakhtunkhwa	Shangla	759,609	39,584	19,792	3,299	101
32	Balochistan	Sherani	152,952	No data	NA	NA	NA
33	Khyber Pakhtunkhwa	Swabi	1,625,477	No data	-	-	-
34	Sindh	T.M. Khan	677,098	80	NA	0	2
35	Punjab	Toba Tek Singh	2,191,495	4,231	846	604	5
36	Khyber Pakhtunkhwa	Upper Kohistan	472,570	218	NA	36	12
37	Punjab	Vehari	2,902,081	2,914	583	62	2
38	Balochistan	Zhob	310,354	43	22	2	1