



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

Jan – Feb 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 59 project districts. This includes interviews from 50 local MPAs, five district health/administration officials, 101 health institution heads, 109 vaccination centre focal persons, 58 representatives of doctors' associations, 145 health institution beneficiaries/attendants of COVID-19 patients, 203 vaccination centre beneficiaries, 59 local journalists, and observation of 59 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
CSO	Civil Society Organization
DHO	District Health Officer
DHQ	District Head Quarter
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
NPI	Non-Pharmacological Intervention
PCR	Polymerase Chain Reaction
PDMA	Provincial Disaster Management Authority
PPE	Personal Protective Equipment
SOP	Standard Operating Procedure
THQ	Tehsil Head Quarter
WHO	World Health Organization

EXECUTIVE SUMMARY

As the fifth wave of COVID-19 declines, Pakistan's response and experiences shall form the basis for strategic and long-overdue health sector and policy reforms. The findings of this third pandemic governance monitoring report reinforce the need for consistent and continued vigilance as well as the necessity of both medium and long-term structural and policy changes built on the lessons learned.

The report covers Pakistan's COVID-19 response during January-February 2022. Some of the key observations and findings are as follows:

Compared to the earlier waves, a broad two-pronged pandemic response to the fifth surge of COVID-19 has helped Pakistan withstand and manage the challenges relatively well. The first aspect of the response comprised varying levels of restrictions and targeted measures in areas with high positivity rates. The second comprised a parallel push for increased vaccination and broadening of the eligible population section to include the 12-16 age group. A remarkable increase of 30 million to the fully vaccinated column during the first two months of the ongoing year is a testament to the seriousness accorded to the effort.

The country's response is instructive for dealing with any new variant of the current or any new pandemic in the future. Despite a slow start, Pakistan's vaccination drive gained significant momentum reaching an average of one million doses per day by the end of last year. Pakistan had administered 216.9 million doses of the COVID-19 vaccine by the first week of March 2022. Approximately 100 million people were fully vaccinated (65 percent of the vaccine eligible population and is 44 percent of the total estimated population), whereas around 127.5 million were 'partially vaccinated' as per the information provided by the NCOC website and their official Twitter account. The numbers reflect a major and significant achievement in the fight against the COVID-19 pandemic. There, however, remains several areas that require attention.

- Clarity and public release of detailed data will help all key stakeholders better assess and oversee the government's pandemic response whilst simultaneously allowing civil society and aid organizations to sharpen their focus on areas and segments of the population that are lagging or marginalized. For instance,
 - The official data as provided for the fully and partially vaccinated population warrants an elaboration to avoid misinterpretation of the data.¹
 - The need for the public release of vaccination data at the regional and district levels, disaggregated by gender, age-group, and demographic divide will go a long way in informing all key stakeholders to fine-tune their efforts and engagements. At the moment, such data is not publicly available.
- Varying healthcare capacities across regions and districts remain a major challenge and a key concern. With the onset of the spread of the Omicron variant starting in December last year confirmed cases jumped to 133,839 in January – the highest since the start of the pandemic – while the number of recoveries was reported at 38,366. Compared to January, the cases started declining in February with 79,855 confirmed cases and 147,548 recoveries reported in the same month. As assessed in the report below, had the Omicron variant been as severe as the earlier variants, it would have seriously tested the health care system—a factor that shall not be lost on policymakers responsible for responding to any new variant of COVID-19 or a completely new pandemic. For instance,
 - The availability of beds, ventilators, and doctors within the observed districts shows that the healthcare system in Pakistan is still under-equipped—more so in some areas than others. If the situation had necessitated hospitalization of those infected, the number of patients per ventilator and patients per bed would have resulted in severe consequences for some of the districts. For instance, the Karak district of Khyber Pukhtunkhwa would have 21,132 and 1,023 patients per ventilator and bed respectively, followed by Mardan with 669 patients per ventilator and 324

¹ The data provided as per NCOC website for fully and partially vaccinated adds up to 227 million which is almost equivalent to the total estimated population, and therefore can be misconstrued as a claim that the entire population has been vaccinated. This adds to the confusion on the criteria set for the categories of the vaccination data provided and therefore necessitates further elaboration.

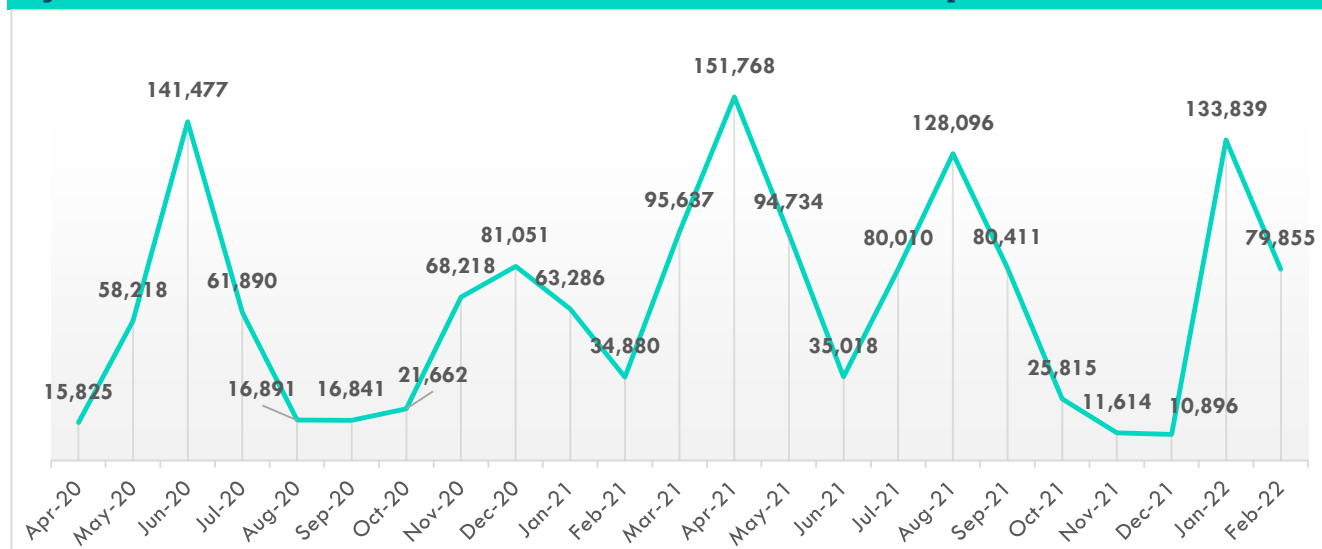
- patients per bed, and Rawalpindi with 204 patients per ventilator and four patients per bed. The significantly skewed distribution of healthcare facilities underlines the need for prioritizing the uplift of health facilities beyond the larger district centers.
- The variance in testing numbers across regions and districts is yet another concern – a result reflecting a host of issues ranging from logistic to economic and social. The total number of public and private testing facilities within the 59 districts² observed in this cycle were 91 and seven respectively. It is pertinent to note that barring select districts, the testing numbers for most of the districts are not publically available. Testing numbers and ratios significantly vary across the 25 districts whose data was shared on NCOC's website. Although Pakistan has improved in terms of expansion of COVID-19 tests, it still lags behind the neighboring countries. Overall, Pakistan continues to rank at 164 with 115,908 tests per one million population, while Iran and India rank at 116 and 118 (with 550,887 and 547,226 tests) globally.
 - The private sector has played a significant role in providing services and facilities that have contributed to the overall pandemic governance and response.
 - The five EDOs who were interviewed reported that the private sector was contributing through 122 facilities (85 by for-profit and 37 by welfare organization) in the provision of COVID-19 related services. They further informed that the private sector facilities housed 152 of the 441 ventilators in their district.
 - However, what remains a key concern for the government is the issue of price regulation. Attendants of patients interviewed at various health facilities highlighted the significant variance in test pricing. The respondents claimed to have paid prices ranging between PKR 1,000 to PKR15,000 or more. Coupled with reported shortages of some medicines during the same period, the situation demands a robust evaluation of the price regulatory regime and the equally significant enforcement mechanism that whilst building on the benefits of the private sector's investments also safeguards the interests of the citizens.

² Please see Annex III for list of districts and facilities

SECTION I: AN OVERVIEW OF COVID-19 POLICY RESPONSE

Pakistan witnessed an almost vertical take-off and peaking of Omicron cases in January and February 2022. With the rising cases throughout January 2022 and into early February, the government of Pakistan decided to extend coronavirus curbs through Non-Pharmacological Intervention (NPIs) in the country from January till February 15. These curbs were indicative of a two-pronged approach, wherein restrictions were imposed to restrict the impact as the first part of the approach. These restrictions were tailored as per the positivity rate of different cities and districts; for the cities/districts with a positivity rate above ten percent - outdoor gatherings including weddings were restricted to 300 fully-vaccinated guests. A complete ban on indoor dining was also imposed. However, outdoor dining for fully-vaccinated citizens and takeaway service was allowed. Schools were allowed to open with 50 percent attendance (staggered days) for students below the age of 12 years. For students (fully vaccinated) over 12 years, the National Command and Operations Centre (NCOC) recommended 100 percent attendance.³ Simultaneously, consistent efforts were directed towards increasing the vaccination rate. For this purpose, vaccination of children over the age of 12 was made mandatory by February 1st.⁴ The government authorized booster vaccine shots for citizens older than 30 in the country, where nearly one-third of the population has had two vaccine doses.⁵ To further ease the process of inoculation for the population, a countrywide door-to-door COVID-19 vaccination drive was launched where over 55,000 mobile teams were tasked with carrying out vaccinations at home.⁶ In January 2022 around 12.2 million people were vaccinated taking the total vaccinated population to 82.2 million (36 percent of the total population and 54 percent of the eligible age population). In February 2022, around 16 million people were vaccinated which makes a total of 98.2 million vaccinated population in Pakistan, which is 43 percent of the total population and 64 percent of the eligible age population.

Figure 1 Confirmed Cases of COVID-19 in Pakistan: The Peak and Dip of Omicron Variant



NCOC's restrictions were announced in tandem with the rising new cases that were significantly based on test positivity rates for respective areas. In both public discourse and policymaking, the number of verified COVID-19 cases was frequently used as a proxy for the actual number of COVID-19-infected cases. While the test positivity rate is more accurate than raw case counts, it comes with its own set of limitations given the significant variation of

³ Geo News. (2022, January). *Pakistan logs highest COVID-19 case count since pandemic started in 2020*. Geo.tv. <https://www.geo.tv/latest/395611-pakistan-logs-highest-covid-19-case-count-since-pandemic-started-in-2020>.

⁴ Hashim, Asad. "Pakistan Places New Restrictions amid Rise in Covid Cases." *Coronavirus Pandemic News | Al Jazeera*, Al Jazeera, 20 Jan. 2022, <https://www.aljazeera.com/news/2022/1/20/pakistan-new-covid-restrictions-omicron>.

⁵ "Pakistan Imposes New Covid-19 Restrictions amid Omicron Infection Surge." RFE/RL, *Pakistan Imposes New COVID-19 Restrictions Amid Omicron Infection Surge*, 21 Jan. 2022, <https://gandhara.rferl.org/a/pakistan-covid-omicron-restrictions/31664674.html>.

⁶ "Pakistan Launches Door-to-Door Covid-19 Vaccination Campaign." *Anadolu Ajansi*, <https://www.aa.com.tr/en/asia-pacific/pakistan-launches-door-to-door-covid-19-vaccination-campaign/2490932>.

tests in cities for which NCOC regularly publishes the numbers in its reports. Pakistan has been placed in 29th position in a list of 30 countries that have conducted the most number of tests per million population (PMP). The country has carried out 39,136 tests per million population, with Indonesia being the only country having conducted fewer tests — 38,135 tests PMP.⁷

The number of tests is important in that it may reflect on factors that are critical to the pandemic response. Factors such as variance in test availability and costs, access to testing facilities, and as found in a John Hopkins study, along with resistance to testing by some given the social and economic stigma attached to it.⁸ The positivity rates as a stand-alone measure in absence of their ratio with the size of the population of the regions/districts and the number of tests conducted eliminates the contextual realities. The proportionality of tests conducted with regards to population is not representative as found in the case of Balochistan where in January 1189 tests per million population were conducted giving a positivity rate of 4.5 percent. While in Punjab 76,950 tests per million population were conducted during the same month, giving the positivity rate of 0.4 percent. This test positivity rate suggests to the policymakers that Balochistan has a higher positivity rate and therefore requires more stringent covid restrictions. This may prove counterproductive since does not take into account the issue of access, costs, and the general resistance to tests among the population.

The data for January 2022 suggests that 92 percent of overall tests were conducted in Punjab which consists of 53 percent of the total population of the country, and only 0.2 percent were conducted in Balochistan, which is 6.2 percent of the population. Similar deviations/inconsistencies in the number of tests conducted relative to the population were observed in February 2022. The testing rate variations within provinces need to be rationalized/distributed according to the population to get a more precise picture. This would require the provision of testing facilities to remote areas and regions coupled with a public awareness effort to destigmatize infections.

Whereas restrictions and smart lockdowns constituted the first and immediate response to the rise in infections in the fifth COVID-19 wave, speeding up of the vaccination drive was pursued as the second pillar of the country's response. Pakistan's vaccination efforts have been significantly vital in the overall COVID-19 response. With a set of policy and administrative measures, the government has been successful in reaching the targets at the start of the current year. By January 2022, more than 100 million people in Pakistan had gotten at least one dose. Nearly 75 million people have been fully vaccinated, with citizens between 12 and 30 years old being eligible for the vaccination and booster dose, respectively. This is a remarkable accomplishment when compared to neighboring India, one of the leading makers of the COVID vaccine, which began vaccinating individuals 15 and older last week and only allows senior citizens to receive a booster dose.

Whilst the overall number of vaccination in the country reflects a significant achievement, the availability of more detailed data would help the stakeholders to ensure targeted and focused interventions. At present, vaccination data is not publicly available for individual districts or by gender, age groups, urban/rural distribution. Data is also not available publically on the type of inoculation administered. Such data will help the Civil Society Organisations (CSOs)/relief organizations to scrutinize the situation and the factors behind it to reroute their concerted efforts to areas where necessary. It is safe to expect that the challenges reflected in the varied testing rates across regions may also hold for the vaccination rates. The variance across districts, gender, age-groups, or urban-rural can help focus on specific areas and the relevant issues in each case.

⁷ Junaidi, Ikram. "Pakistan Ranks Low on List of Countries with Most Tests." DAWN.COM, 24 Feb. 2021, <https://www.dawn.com/news/1609056>.

⁸ Silberner, J. (2020, December 22). Test positivity is a bad way to measure Covid's spread. Wired. <https://www.wired.com/story/test-positivity-is-a-bad-way-to-measure-covids-spread/>

1. COVID-19 PANDEMIC RESPONSE IN THE DISTRICT

To assess the situation on the pandemic response on the district level and to measure the level of engagement of the elected representatives in the COVID-19 response, a total of 50 members of provincial assemblies (MPAs) from 59 districts of Pakistan across the four provinces were approached, out of which 43 agreed to provide their feedback whereas seven of them were either unavailable or refused to be interviewed.⁹

1.1 COORDINATION AND ENGAGEMENT OF LOCAL MPAs

As part of their engagement with pandemic response efforts at the district level, a majority of the MPAs took up various coordination endeavours. These included coordination with District Health Officer (DHOs), Deputy Commissioners, Provincial Disaster Management Authority (PDMA), Executive District Officer (EDOs), Union Councils, parliamentarians, media personnel, with influential community elders, and CSOs. A few MPAs distributed masks, sanitizers, and food rations to those at high risk. Only a few noted that they were not involved in the policy-making process or that there was a lack of coordination on the part of the local and federal governments.

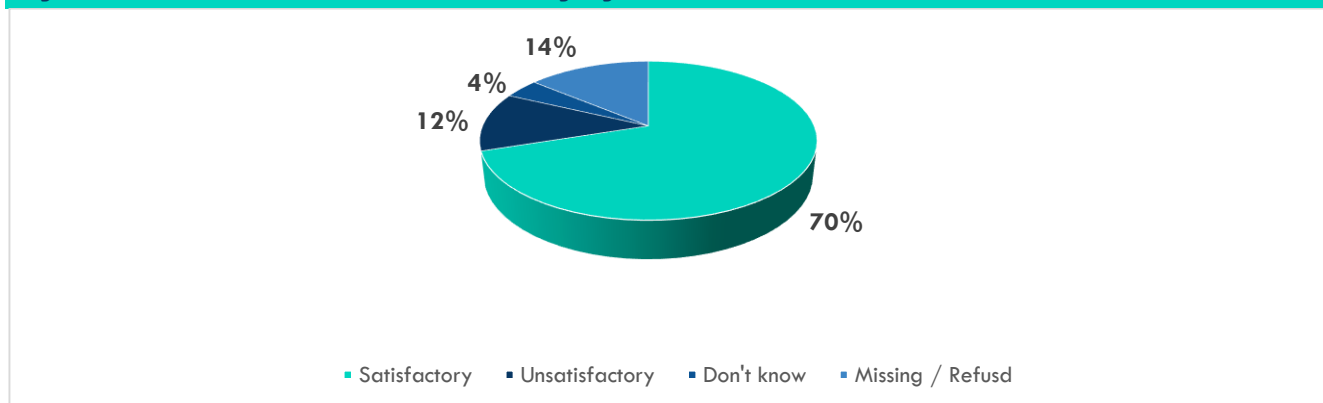
1.2 HIGHLIGHTING AND RESOLVING COMMUNITY ISSUES

The majority of the MPAs did not respond to the question regarding highlighting the issues of the vulnerable communities on various available forums. However, a large majority were working around sensitizing communities towards the risk posed by the pandemic. Some took up community issues to provincial assemblies which included one-time financial assistance to the needy, food rations, restocking on COVID-19 related equipment in hospitals and local administrative issues. Those who said they were unable to make any such efforts stated that they did not receive the due assistance from the federal government and were left largely unheard.

1.3 GAPS IN PANDEMIC RESPONSE

When asked to comment on the management of pandemic by the district administration, 35 (70 percent) MPAs said it is satisfactory, six (12 percent) said unsatisfactory, two (four percent) said they don't know and seven (14 percent) did not respond.

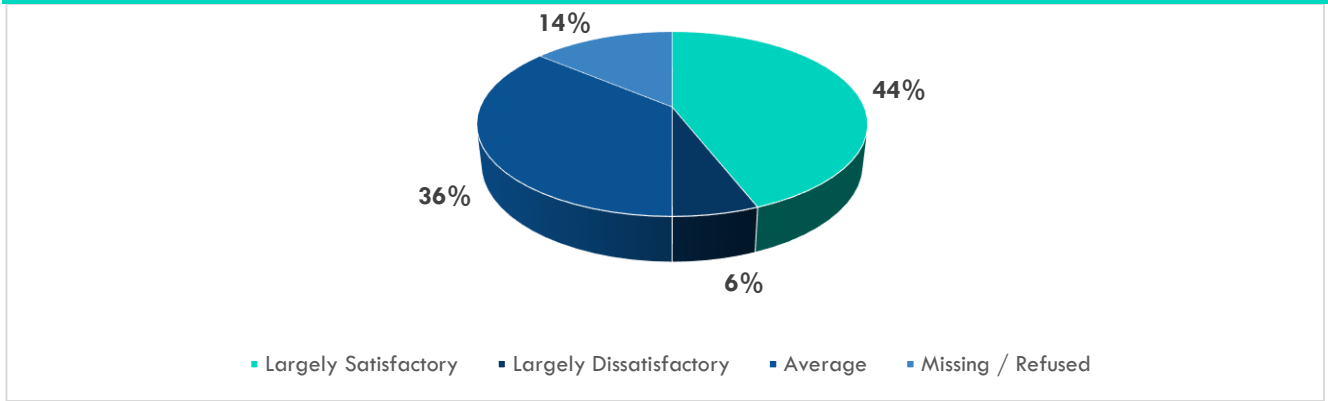
Figure 2 District Administration Managing COVID-19



In response to the question about the overall strategy and performance of the government regarding the COVID-19 pandemic, 22 (44 percent) said it was largely satisfactory, three (six percent) stated it to be largely dissatisfactory, and 18 (36 percent) said it is average whereas seven (14 percent) did not respond.

⁹ For a detailed breakdown of the list of MPAs, please refer to "Annex I"

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

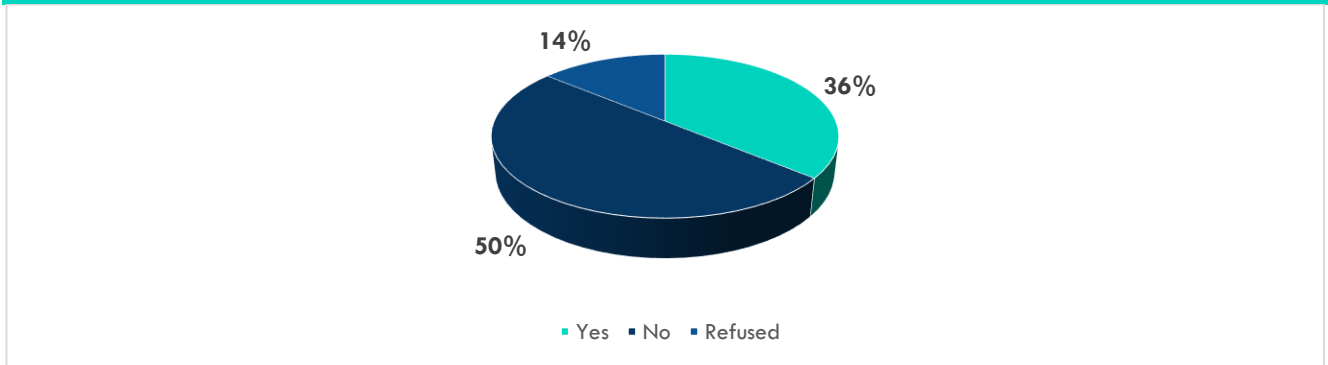


The majority of local MPAs believed that despite the initial challenges and some persistent issues of mismanagement and lack of resources, the districts, as well as the federal administration, were largely able to handle the pandemic effectively and efficiently.

1.4 PANDEMIC VULNERABILITY

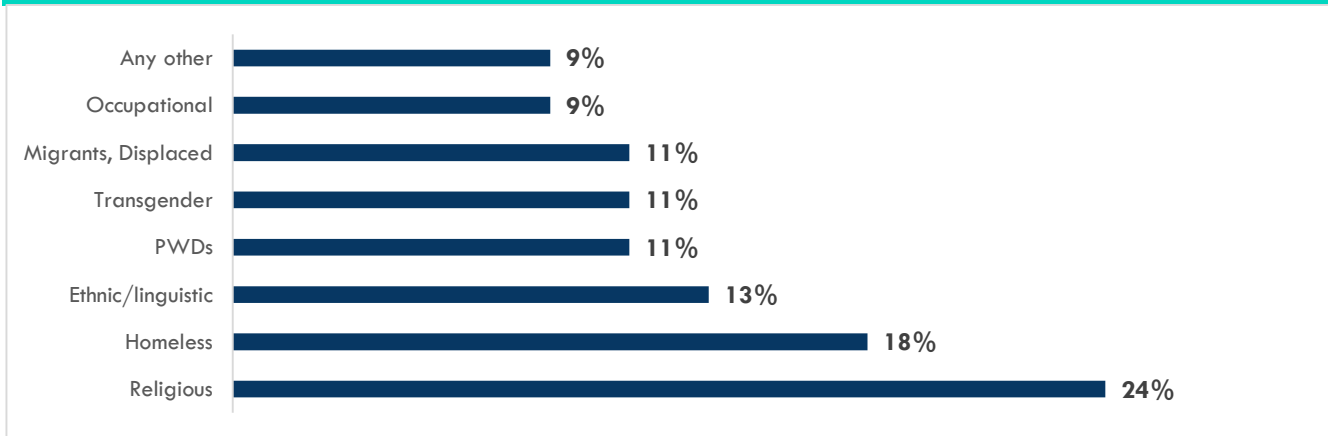
In response to the question regarding the presence of vulnerable groups that are at higher risk due to pandemics as compared to the general population, 18 (36 percent) confirmed the presence of vulnerable groups within their respective districts, whereas 25 (50 percent) responded with a no. Seven (14 percent) refused to answer.

Figure 4 Vulnerable Groups in the District



On the question regarding the kinds of vulnerable groups living in their respective districts, 11 (24 percent) said religious groups, eight (18 percent) said homeless people, five (11percent) each said persons with disabilities (PWD), transgender, and migrants and displaced people, while four (nine percent) each identified occupational groups and any other.

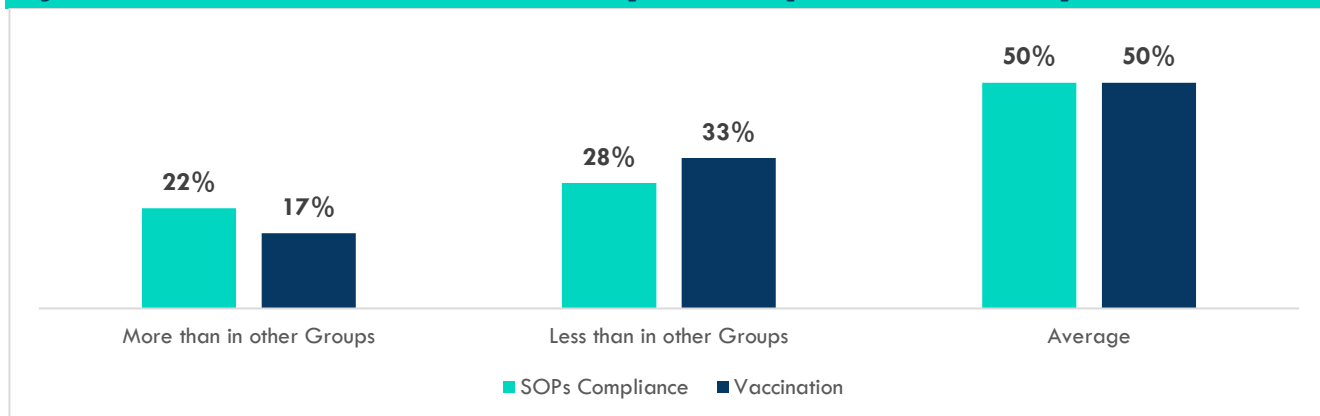
Figure 5 Categorization of Vulnerable Groups



Local MPAs were further asked to comment on the situation regarding compliance with the COVID-19 SOPs and vaccination among vulnerable groups as compared to the rest of the population. As regards the compliance with the SOPs, four (22 percent) said more than other groups, five (28 percent) said less than in other groups, and nine (50 percent) reported it to be average. Whereas responding to the situation on vaccination, three (17 percent)

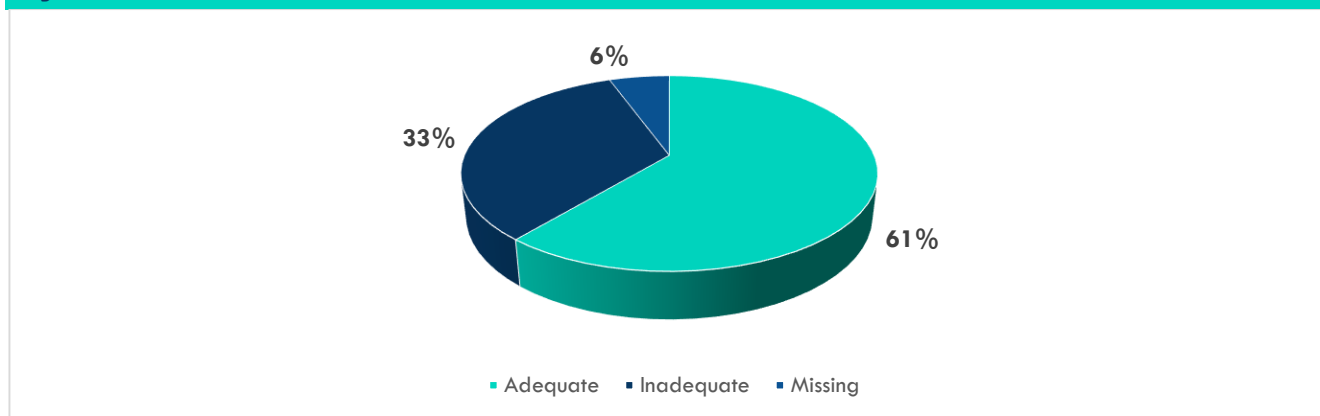
said more than in other groups, six (33 percent) said less than in other groups, and nine (50 percent) said it is average.

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



When asked about critical steps they had taken to increase the access of vulnerable groups to COVID-19 related healthcare, most MPAs cited their sensitization efforts towards vaccination. Some said they made COVID-19 healthcare accessible to these groups through mobile services. Almost all claimed that they were using provincial assemblies as platforms for highlighting the difficulties faced by vulnerable groups in their district.

Figure 7 The Extent to Which These Issues were Addressed/Resolved



Lastly, responding to the question regarding the measures taken by the government/district administration to resolve these issues, 11 (61 percent) said they were adequate, six (33 percent) said that they were inadequate whereas the one did not respond.

SECTION II: STAKEHOLDER'S SURVEY AND OBSERVATION FINDINGS

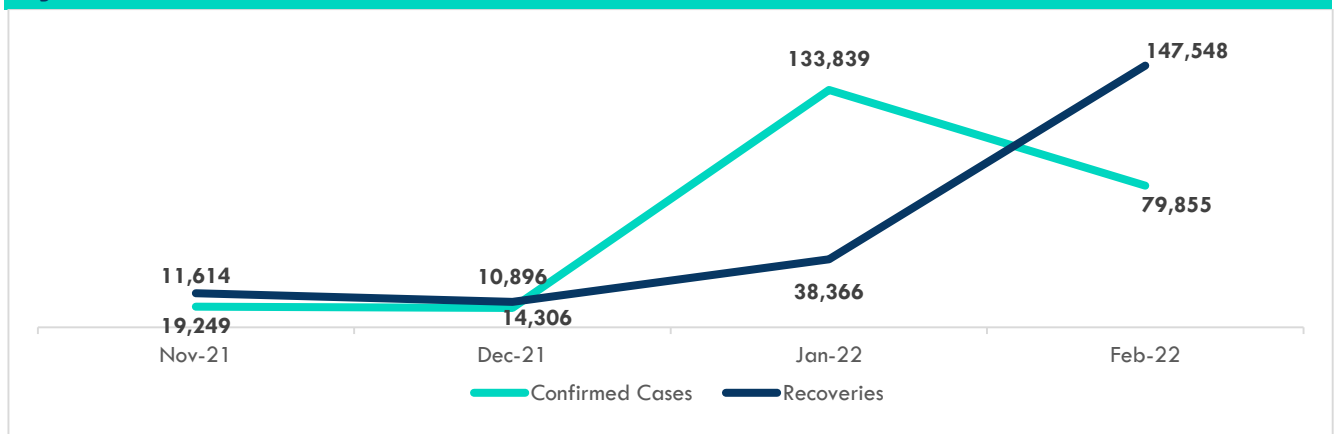
This section relies on the primary data collected by the Free and Fair Election Network (FAFEN) from 59 districts across the four provinces of Pakistan. The data collected reflects the opinions and information obtained from key stakeholders within the districts engaged with COVID-19 management and response including district administration, healthcare providers, local MPAs, and local journalists. Furthermore, independent observers were also deployed within the districts to analyze the difference between the claims made by the officials and the actual situation on the ground.¹⁰

A total of 843 respondents were interviewed and their responses were recorded accordingly for this cycle. The respondents interviewed include 145 health institution beneficiaries/attendants of COVID-19 patients, 203 vaccination center beneficiaries, 109 vaccination centers officials, five EDOs (Health), 50 local MPAs, and 58 representatives of the doctor’s association. Additionally, a total of 59 randomly selected public spaces such as schools, markets, public offices, etc. were also observed for SOPs compliance. There were no interviews conducted with representatives of the provincial Health Ministry or COVID-19 Task Force.¹¹

1. Context: Current Standing

Over two months, from November-December 2021, there had been a steady decline in both the number of confirmed cases and recoveries, with the declining trend being reversed by the fifth wave which led to an exponential increase in the number of confirmed cases. In November 2021, the total confirmed cases were reported at 11,614 and the total number of recoveries was 19,249. Similarly, in December 2021 the number for both confirmed cases and recoveries dropped to 10,896 and 14,306 respectively. Whereas, there was a spike in the number of confirmed cases in January 2022 recorded at 133,839 – the highest Pakistan had reported since the start of the pandemic and an increase in the number of recoveries as compared to the previous month reported as 38,366. By the end of February 2022, the cases had decreased as compared to January with confirmed cases reported at 79,855 and recoveries reported at 147,548.

Figure 8 COVID-19 Confirmed Cases and Recoveries

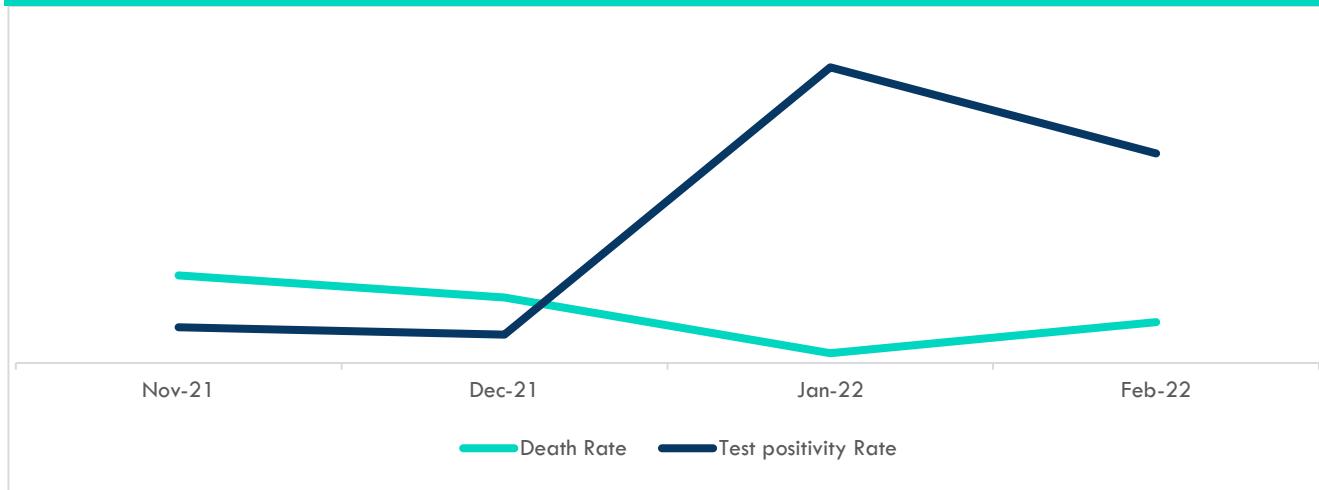


A similar trend is observed for the death rate and positivity ratio. The death rate plummeted from 2.4 percent in November 2021 to 1.1 percent in February 2022. The test positivity rate, however, has seen a gradual uptick from 1.0 percent in November 2021 to 5.7 percent in February 2022.

¹⁰ For a breakdown of the district selection criteria, please refer to “Annex II”

¹¹ For a breakdown of stakeholder interviews/observations of facilities at the district level, please refer to “Annex III”

Figure 9 Test Positivity Rate and Death Rate



With the current trajectory of rising cases, the rise in the test positivity ratio comes as no surprise. The death rate, however, has seen a constant decline even with high numbers of cases being reported periodically.¹²

2. Pandemic Management Capacity

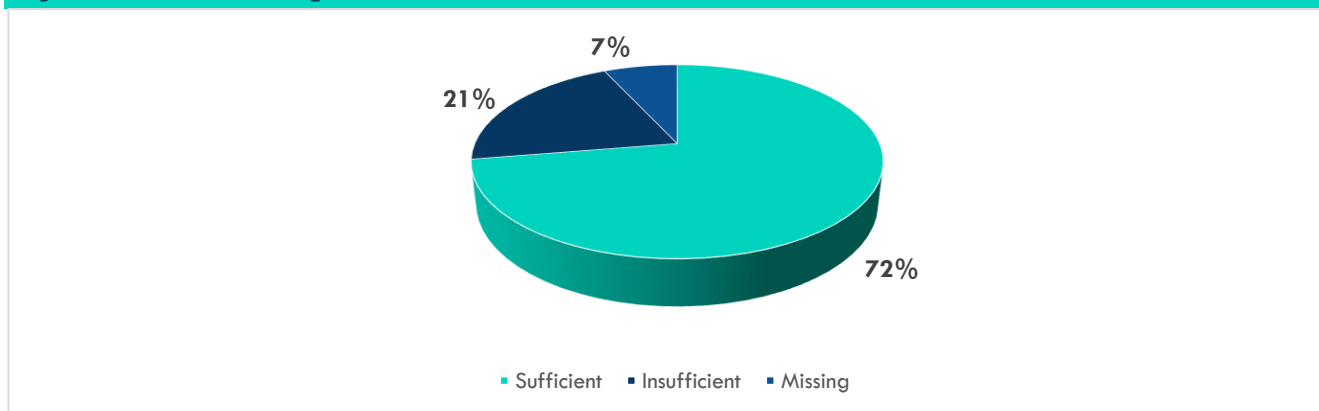
According to the data received from 59 districts to cover the current monitoring cycle, the total number of public testing facilities and private testing facilities within these districts are 91 and seven respectively. There are 85 private facilities and 37 facilities established by the welfare organizations that provide COVID-19 related treatment. In total there are 41 quarantine facilities with a total capacity of 813 patients and 71 isolation wards set up in public health facilities with a total capacity of 2,014 patients. As many as 517 doctors (366 men; 151 women) have been assigned to these observed facilities. In public sector health, the number of ventilators available is 289 and in private sector health facilities the number of ventilators is 152.

Within the districts observed the total number of people who contracted the virus was 207,731 with 92,886 patients admitted to these facilities and the total number of deaths was recorded at 1,964.

2.1 AVAILABILITY OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

A total of 58 doctors from the observed districts were asked to comment on the situation of the availability of PPE at their respective facilities. Out of which 42 (72 percent) said they have a sufficient supply of PPE at their facility, 12 (21 percent) of them reported PPE availability as insufficient. While the response of four (seven percent) respondents were not recorded or declined.

Figure 10 Availability of PPE for Doctors



¹² For a complete breakdown of the estimated population and test positivity rate per province, please refer to “Annex IV-A”

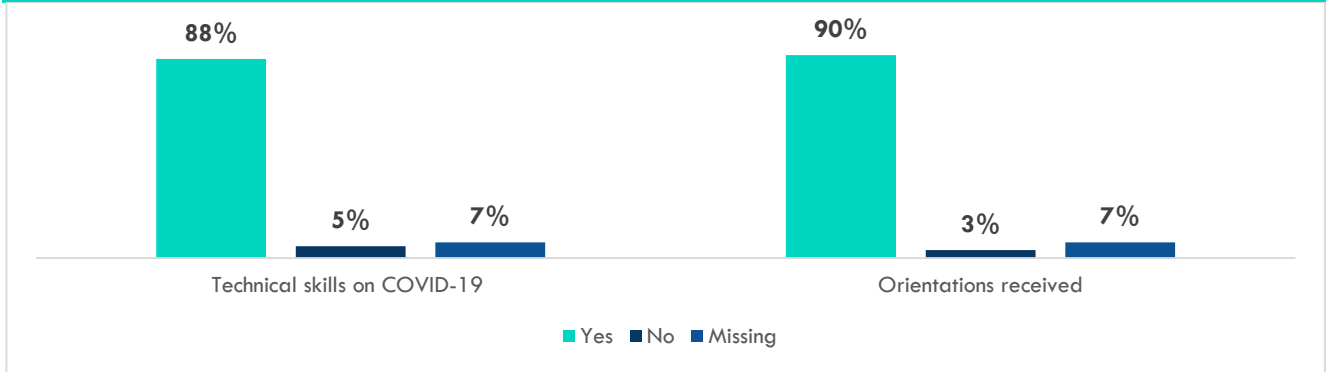
2.2 AVAILABILITY OF BEDS, VENTILATORS, AND DOCTORS

The situation on the availability of beds, ventilators, and doctors within the five districts observed for December, shows that the healthcare system in Pakistan, although a bit better than before, is still under-equipped and would have been burdened beyond capacity had the Omicron variant led to hospitalization at par with the previous variants. 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 Karak district of Khyber Pukhtunkhwa to be at 21,132 and 1,023 respectively. The second-highest number of patients per ventilator was recorded in District Mardan, again of Khyber Pakhtunkhwa, reporting 669 patients per ventilator and 324 patients per bed. The third highest number was reported by district Rawalpindi of Punjab province with 204 patients per ventilator and 4 patients per bed.¹³

2.3 TECHNICAL EXPERTISE OF THE DOCTORS

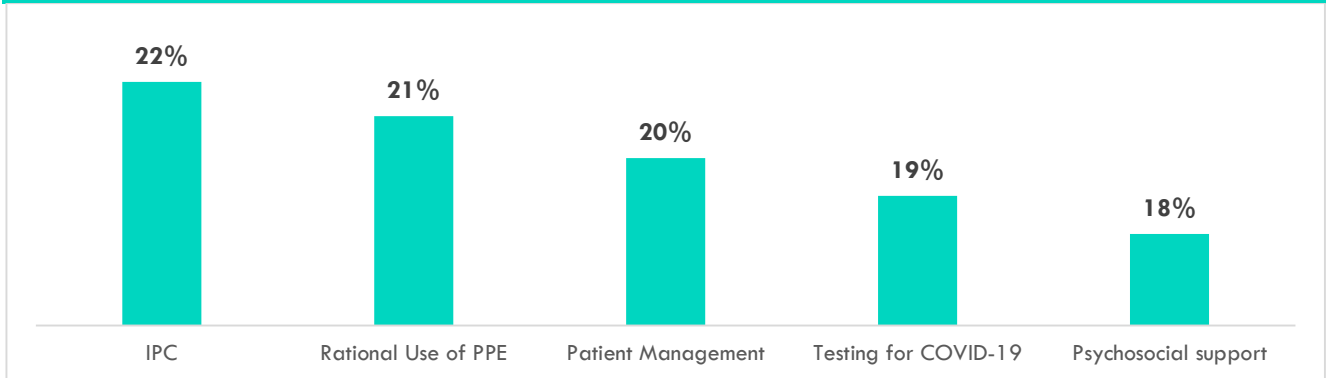
To assess the technical readiness of the doctors to deal with the pandemic doctors were further inquired to comment on their technical readiness and if they have received any pieces of training or orientations. Fifty-one (88 percent) of the doctors reported that they do have the required skills and 52 (90 percent) mentioned to have received orientation and/or training on the pandemic management, whereas three (five percent) of the doctors said they are not technically equipped and two (three percent) did not receive any training and/or orientation in this regard. Four doctors (seven percent) did not respond.

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. As many as 48 (22 percent) of them reported to have received training on infection prevention and control (IPC), 45 (21 percent) said the 'rational use of PPE', 44 (20 percent) said 'patient management', 42 (19 percent) said 'testing for COVID-19', 40 (18 percent) said 'psychosocial support'.

Figure 12 Types of Training/Orientations Received by Doctors



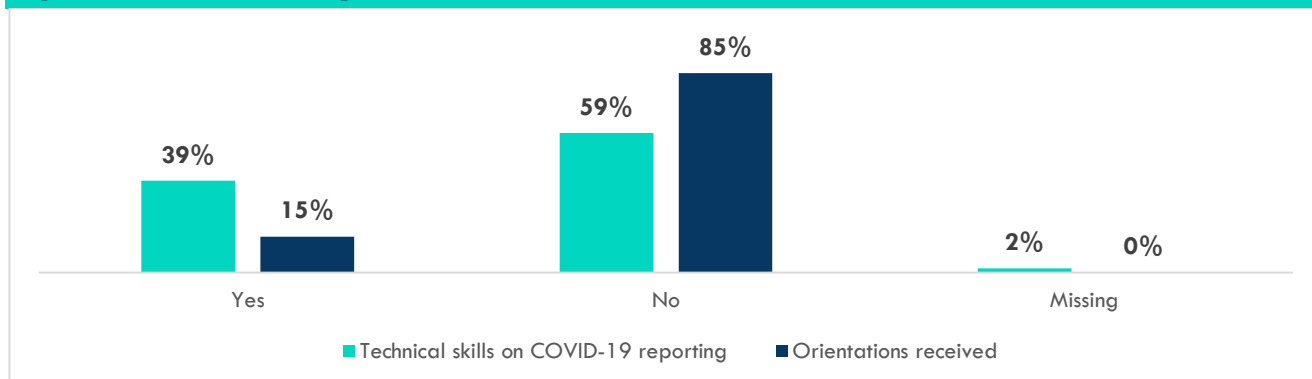
A few of the doctors also expressed the need for further training and orientations. Thirty-seven (64 percent) agreed that they do need further training, 18 (31 percent) said no they do not need further training and considered themselves adequately equipped, while three doctors did not respond to the question.

¹³ For a detailed breakdown of the infrastructural capacity, please refer to "Annex IV-B"

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 the 59 journalists interviewed 23 (39 percent) stated to have adequate reporting skills and 35 (59 percent) of them said they lack the required technical skillset to report on the pandemic. Only nine (15 percent) of the journalists said to have received an orientation session on COVID-19 whereas 50 (85 percent) of them said they did not even receive an orientation session. The response of one (two percent) was reported missing.

Figure 13 Technical Expertise of Local Journalists



In response to the question regarding any further need for training on pandemics for the journalists, an overwhelming 56 (95 percent) of them emphasized the need for further training, while only three (five 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, combating misinformation 49 (14 percent), pandemic risk communication 47 (13 percent), and fact-checking and verification tools (46, 13 percent) were the three frequently mentioned areas. The breakdown of percentages for each response is shown in the figure above.

3. Vaccination

3.1 CURRENT STATUS

By the end of the year 2021, Pakistan attained its target of administering 70 million people. Despite a slow start, it was a key milestone achieved through administering one million doses per day on average.¹⁴ By the first week of March 2022, Pakistan had administered 216.9 million doses of the COVID-19 vaccine. Around 100 million people have been fully vaccinated (65 percent of the vaccine eligible population and is 44 percent of the total estimated population), whereas around 127.5 million are partially vaccinated as per the information provided by

¹⁴ Khawar, H., & Prabhu, M. (2021, October 21). "A million a day: Pakistan's COVID-19 vaccine campaign hits its stride". Gavi: The Vaccine Alliance. Available at, <https://www.gavi.org/vaccineswork/million-day-pakistans-covid-19-vaccine-campaign-hits-its-stride>

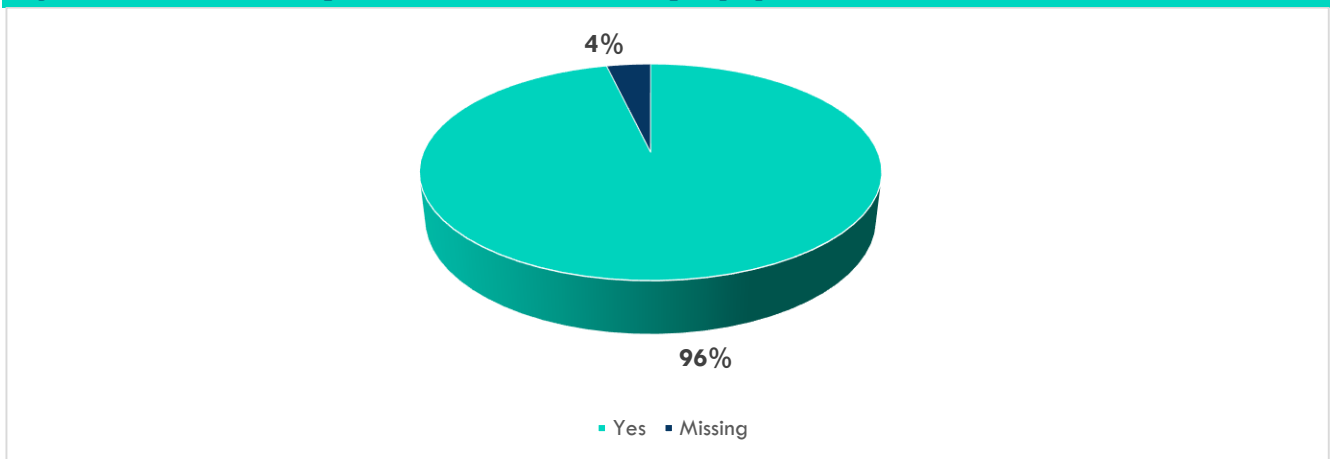
the NCOC website and/or their official Twitter account. The data provided as per NCOC website for fully and partially vaccinated adds up to 227 million which is almost equivalent to the total estimated population and therefore can be misconstrued as a claim that the entire population has been vaccinated. This adds to the confusion on the criteria set for the categories of the vaccination data provided and therefore necessitates further elaboration.

3.2 INFRASTRUCTURE

A total of 109 vaccination facilities were observed in December, out of which 101 (92 percent) were public vaccination facilities, while four (four percent) were private sector facilities and were established by welfare organizations. Out of these facilities, 15 (14 percent) were reported as Mass Vaccination Centers (MVC), 93 (85 percent) were Vaccination Centers (VC), and one (one percent) was reported as others.

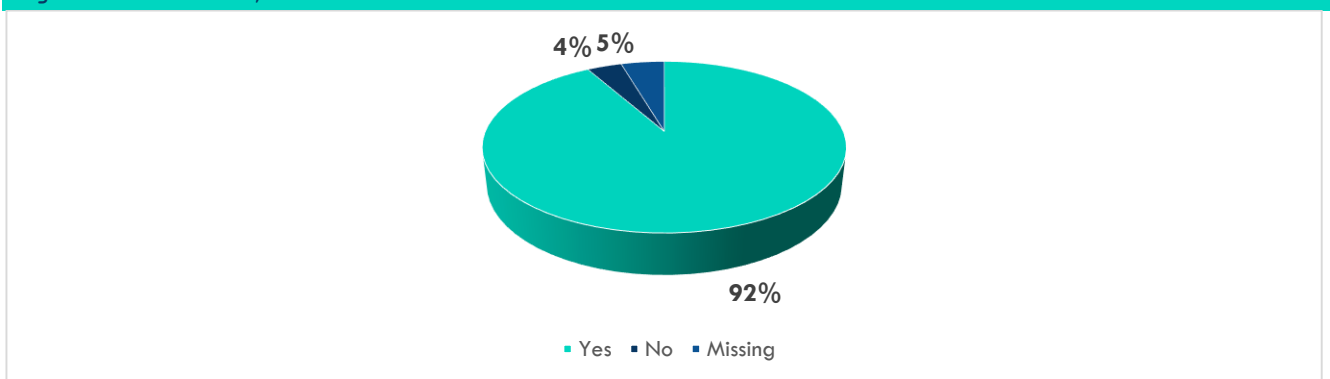
The focal persons/medical supervisors of the vaccination centers were asked regarding the provision of required ancillary equipment at the vaccination centers, 105 (97 percent) of them responded in affirmative and said they have the required supply, none of the respondents disagreed, and response for four (four percent) could not be ascertained.

Figure 15 Availability of Sufficient Ancillary Equipment at the Vaccination Centers



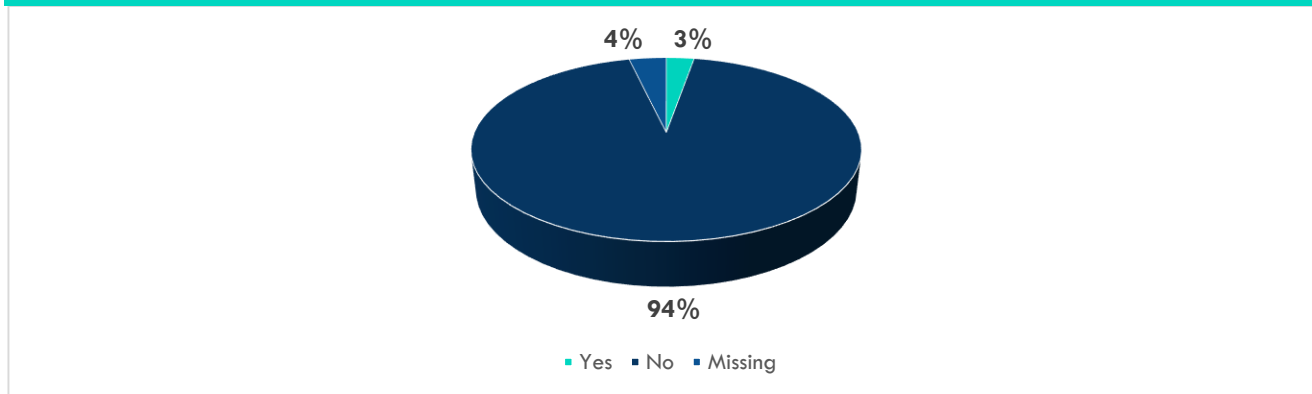
On further inquiry about the availability of basic infrastructure at vaccination centers such as seating space, registration area, etc., 100 (92 percent) responded with a yes, four (four percent) said they do not have the required infrastructure, while five (five percent) did not respond.

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



In response to the question regarding any disruption/incidents faced during the vaccination process so far, 102 (94 percent) said there was no disruption at any point in time as of yet, three (three percent) said yes there was some disruption/incidents and the response for four (four percent) was missing.

Figure 17 Any Incidents that Disrupted the Vaccination Process

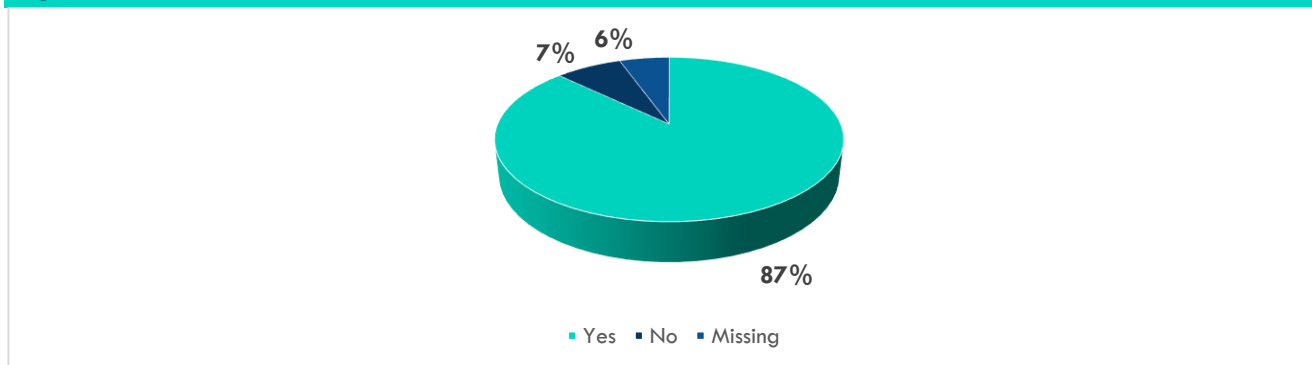


The responses received from the representatives of the vaccination centers in various districts show that the overall situation of the required infrastructure is adequate and satisfactory.

3.3 CAPACITY AT DISTRICT-LEVEL

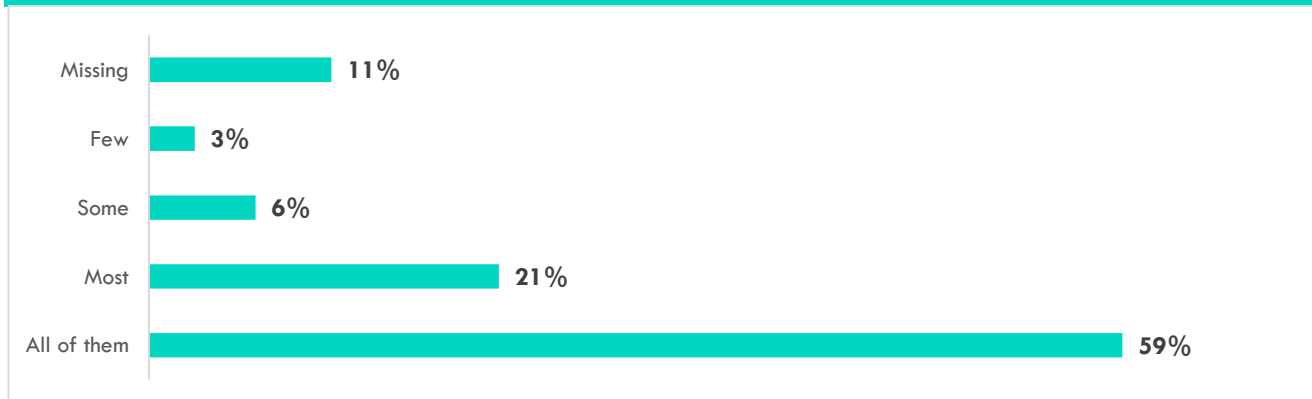
The medical supervisors of the vaccination centers were further asked to comment on the technical readiness of the staff deployed at the vaccination centers. A majority of 95 (87 percent) said that their staff is technically equipped to deal with the situation, only eight (seven percent) of them disagreed, whereas a response for six (six 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, 64 (59 percent) of the medical supervisors of the vaccination centers said that all of the staff is adequately trained, 23 (21 percent) said that most of them, seven (six percent) stated some of them, while only three (three percent) said few of them are adequately trained to dispense with their responsibilities. Responses for 12 (11 percent) are missing.

Figure 19 Training Received by Vaccination Center Staff



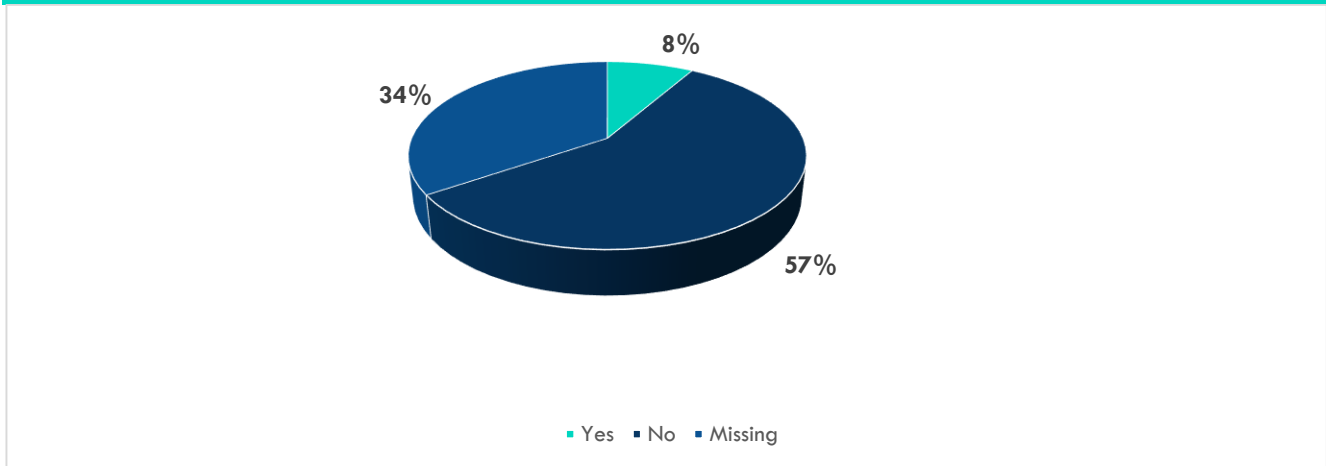
Although the data denotes that the staff deployed at vaccination centers is adequately trained to handle administrative and procedural mechanisms, there remains room for training for those who are yet to receive any training. Further, some of the staff assigned to the observed vaccination centers had not received any vaccine: out of a total of 844 staff members, 799 were reportedly inoculated while the remaining were unvaccinated.

3.4 RESPONSE FROM VACCINE BENEFICIARIES

In December, a total of 203 vaccine recipients were interviewed out of which 172 (85 percent) were men and 31 (15 percent) were women. The respondents were asked questions relating to any health-related and/or administrative issues faced during the vaccination process. Out of these, 77 (38 percent) had received their one dose vaccine or the first dose of the two-dose vaccine course and 126 (62 percent) had received their second dose.

In response to the question, whether the vaccine recipients felt any side-effects after receiving their dose, 116 (57 percent) of the respondents said they did not feel any side-effects, 17 (eight percent) mentioned to have felt side-effects, while 70 (34 percent) did not respond.

Figure 20 Side-Effects After receiving vaccination dose



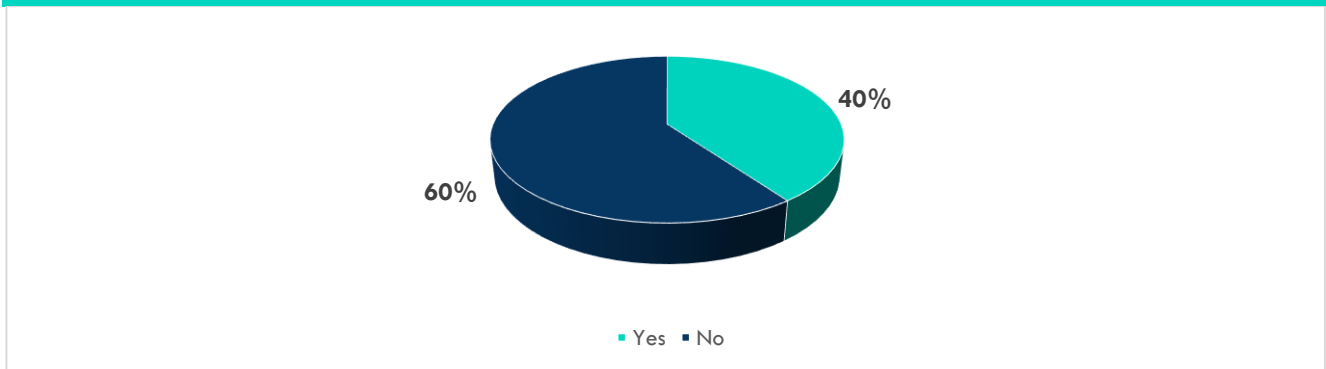
Of the 17 respondents who said to have experienced side effects, over half (nine) said they had not reported their concerns while the remaining eight said they have reported their concerns to the health facility. On further probing whether the reported concerns were properly addressed, six of those rights responded in the affirmative while the remaining two 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 (DRAP) 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.

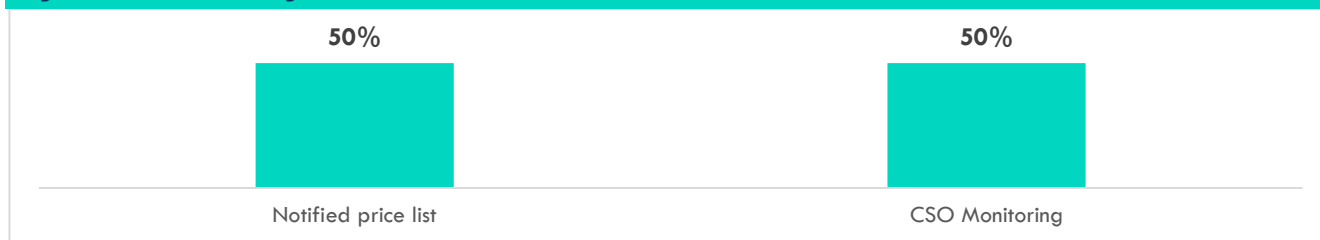
Given the regulatory context, five EDO (health) from the observed districts were approached and asked whether there are any private sector vaccination facilities available within their respective districts. Two (40 percent) reported the existence of such facilities, whereas three (60 percent) responded that private vaccination facilities were not available in their district.

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



In response to the question on the types of price regulatory mechanisms in place for the private sector vaccination facilities, one (50 percent) said notified price list, and one (50 percent) said CSO monitoring.

Figure 22 Price Regulation Mechanism for Private Sector Vaccination Facilities

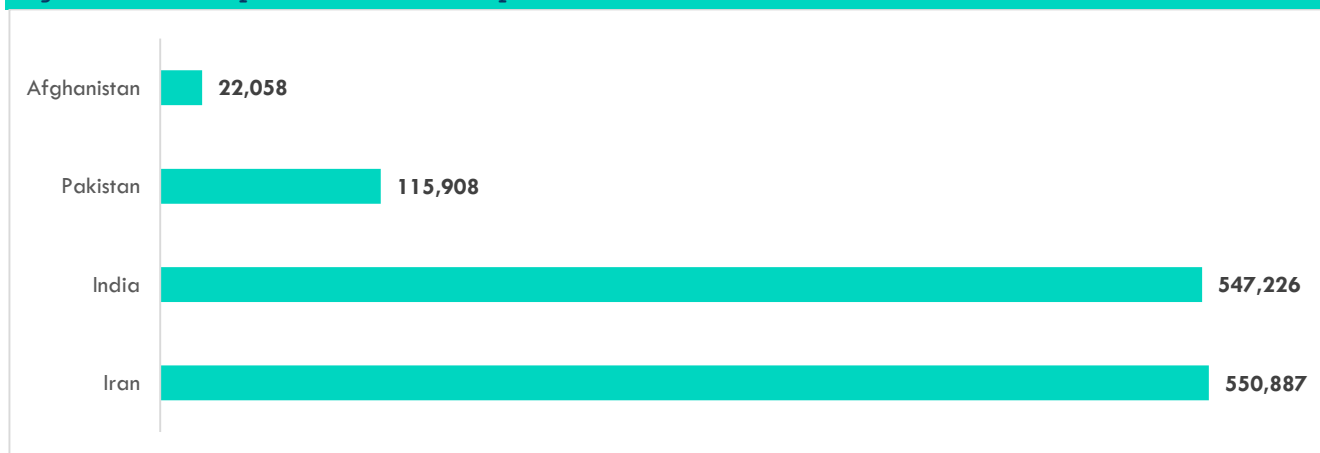


4. Testing

4.1 CURRENT STATUS

Although Pakistan has improved in terms of COVID-19 tests conducted from the previous data, still lags as compared to other neighboring countries. Pakistan is currently conducting 115,908 tests per one million population and is globally ranked at 164 in terms of its testing rate.

Figure 23 Tests per One Million Population

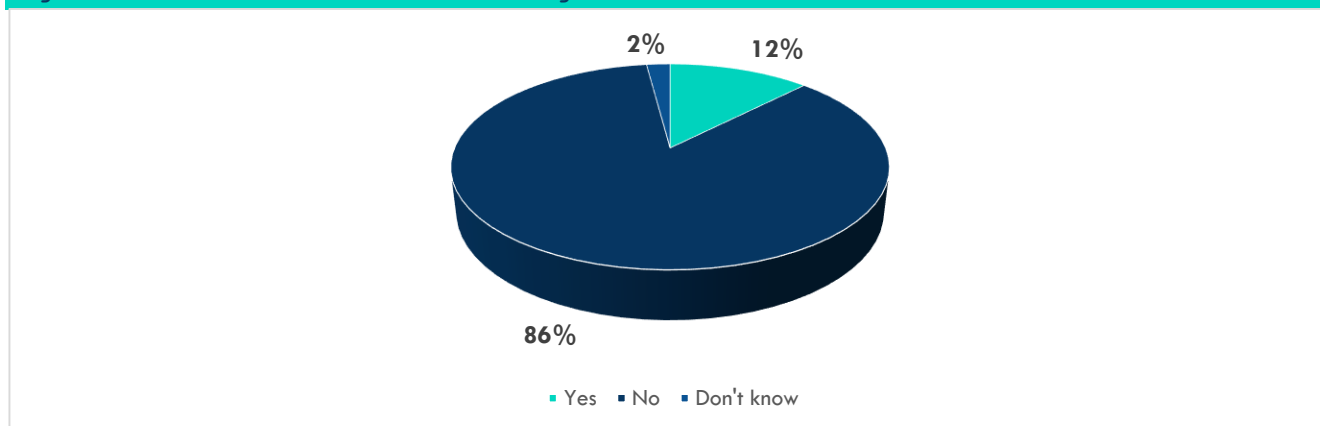


Nevertheless, there is still room for improvement and Pakistan needs to expand its testing capabilities to the furthest parts of the country to ensure that spread of COVID-19 can be contained.

4.2 TESTING ACCESS

The patients/their attendants were asked whether they faced any difficulty while getting tested for COVID-19, 18 (12 percent) said yes, 124 (86 percent) said no, and three (two percent) said they did not know.

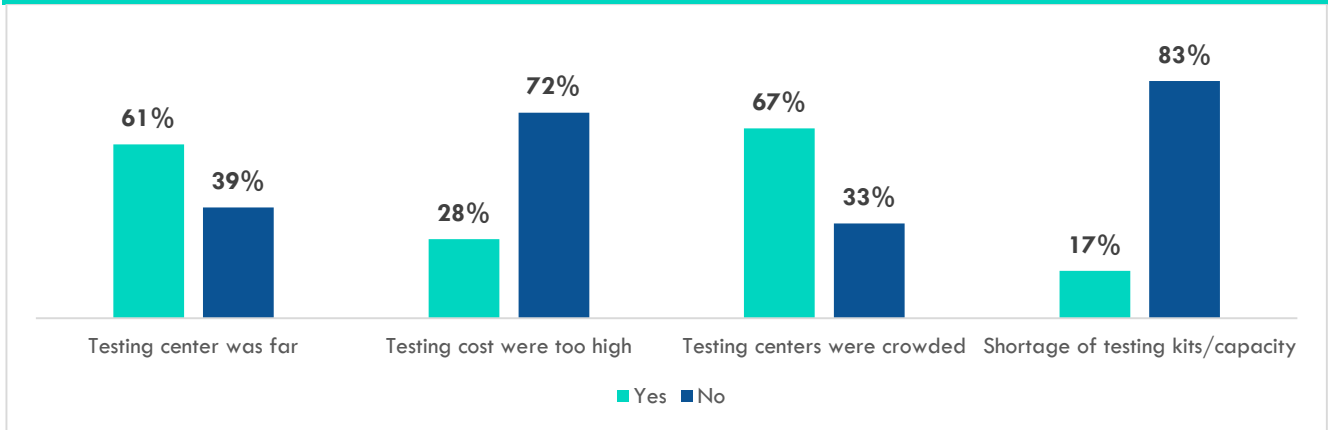
Figure 24 Difficulties Faced in Getting Tested for COVID-19



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, 11 (61 percent) said the testing center was far, five (28 percent)

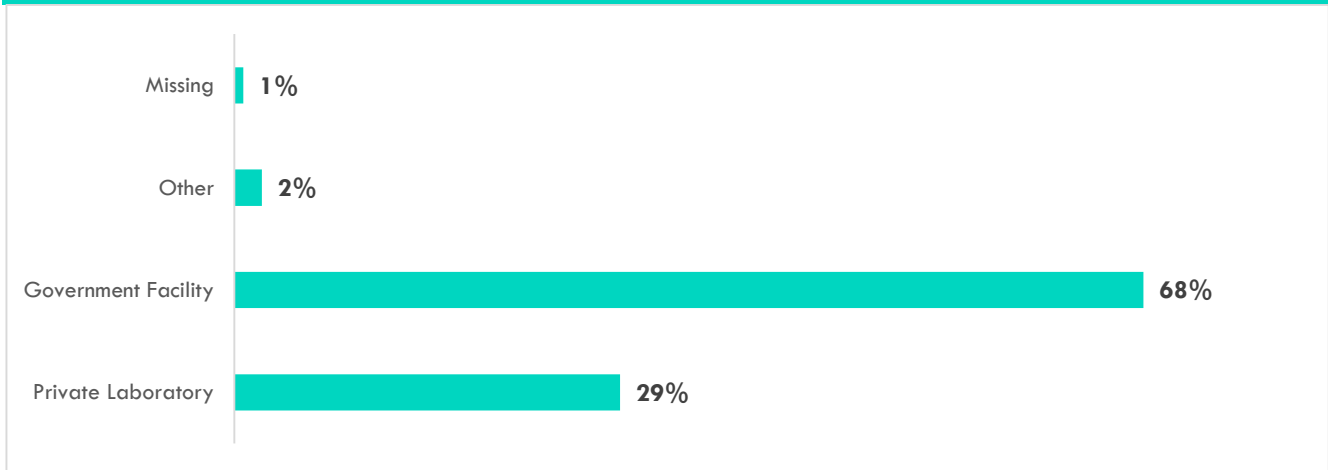
said the cost of testing was too high, 12 (67 percent) found the testing centers to be too crowded and three (17 percent) reported the shortage of testing kits/capacity.

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-nine (68 percent) said that they got tested at a government facility, 42 (29 percent) of them got tested at a private facility, three (two percent) answered as other and one did not respond.

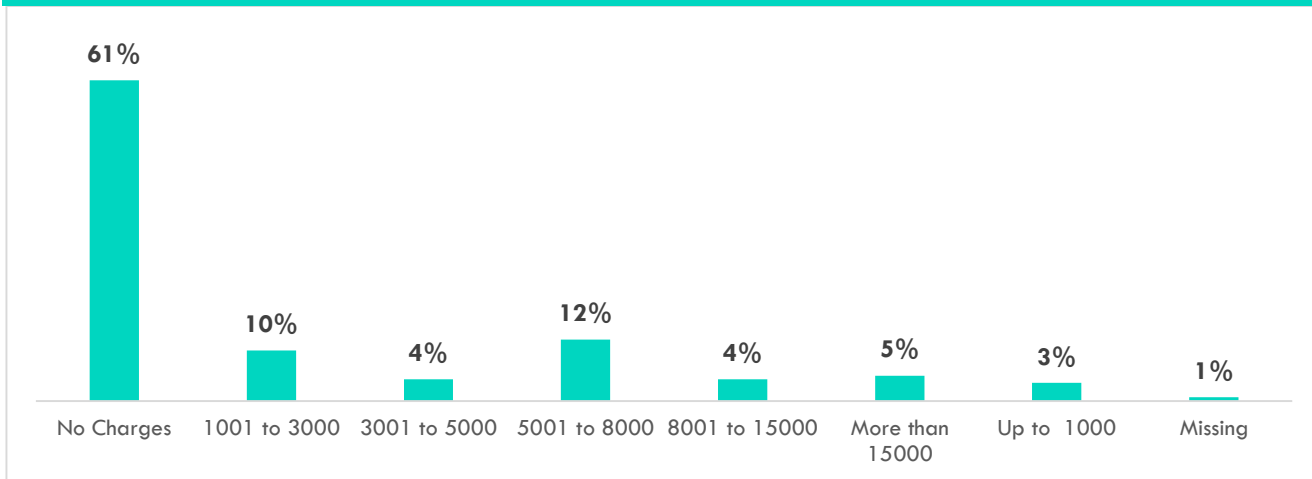
Figure 26 Facility at which COVID-19 Test was Conducted



4.3 TESTING COST

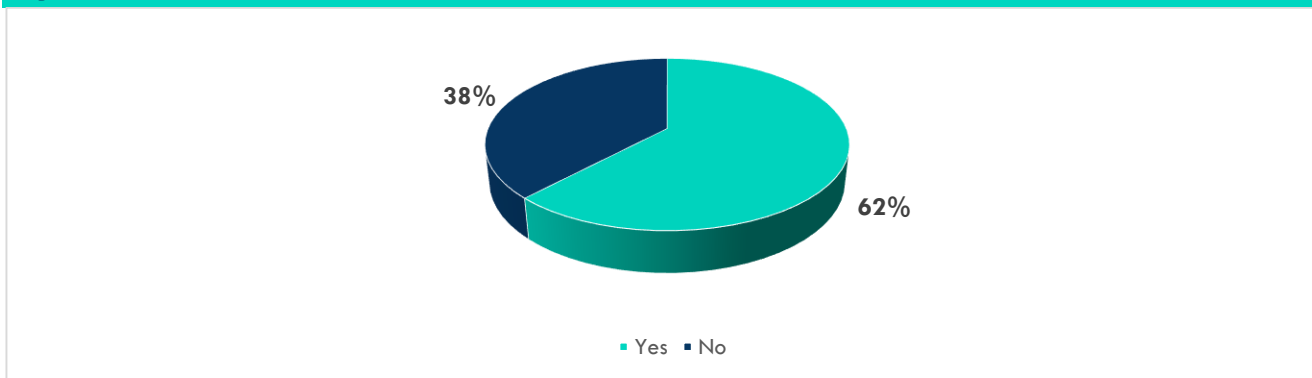
In response to the question regarding how much the test cost the patients/their attendants, 89 (61 percent) said no charges, 14 (ten percent) said it cost them up to PKR 3,000, six (four percent) said between PKR 3,001 to PKR 5,000, 17 (12 percent) reported the cost was between PKR 5,001 to PKR 8,000, six (four percent) said more than PKR 8,000, seven (five percent) reported it to cost more than PKR 15,000, five (three percent) reported up to PKR 1000, and the response for one (one percent) could not be recorded.

Figure 27 Cost of COVID-19 Test



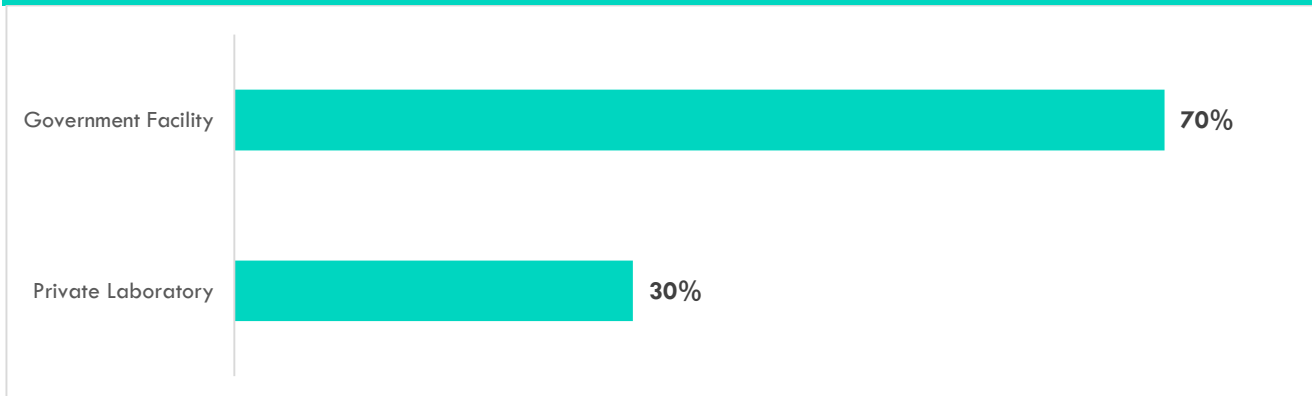
The respondents were also asked whether they got themselves/their patients tested for the second time. 90 (62 percent) of them said yes whereas 55 (38 percent) said they did not get tested for the second time.

Figure 28 Second COVID-19 Test



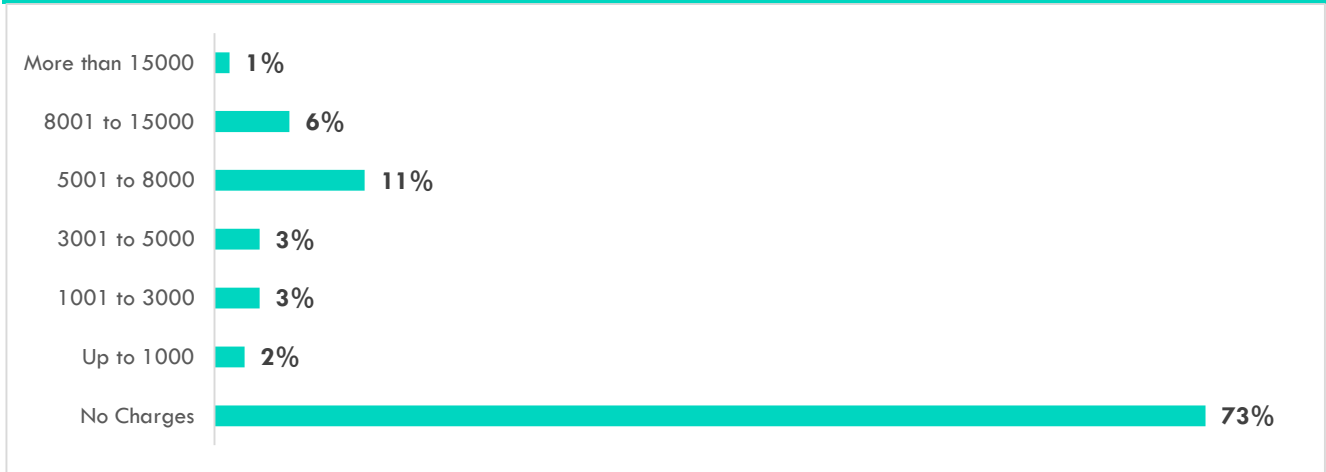
The ones who responded with a yes were further asked as to where did they got tested for the second time. Out of these, 27 (30 percent) reported that they got tested at a private laboratory, and 63 (70 percent) said at a government facility.

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 the responses, 66 (73 percent) said they got tested for free, three (three percent) said it cost them up to PKR 3,000, three (three percent) said between PKR 3,001 to PKR 5,000, ten (11 percent) reported the cost was between PKR 5,001 to PKR 8,000, five (six percent) said more than PKR 8,000, one (one percent) reported it costed more than PKR 15,000, and two (two percent) reported up to PKR 1000.

Figure 30 Cost of the Second COVID-19 Test

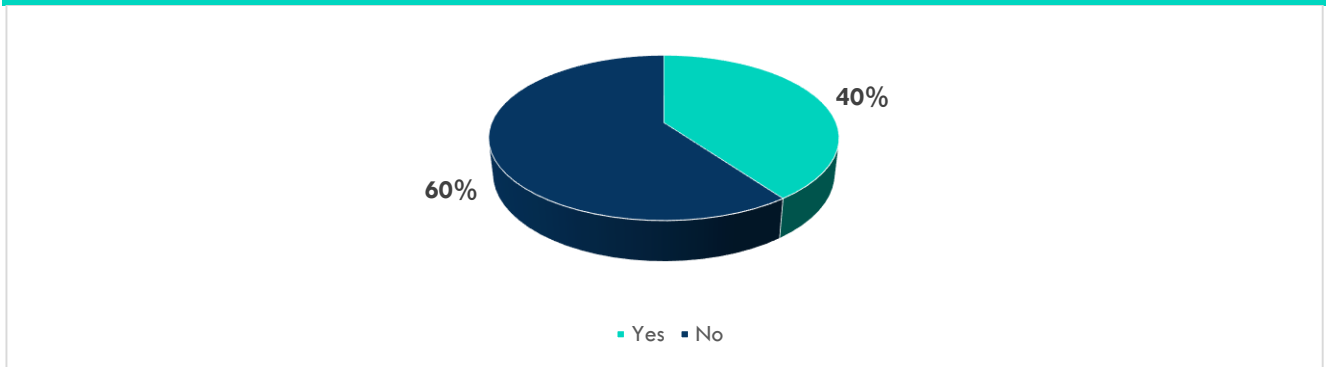


Despite the government providing free-of-charge testing the provision is still not sufficient to meet the public demand for testing and the gap has to be filled by the private sector. However, there is still a great variation in pricing across the private sector and the government has yet not come up with a proper price control policy. In January 2022, the Punjab Healthcare Commission ordered private hospitals, laboratories, and collection centers to reduce the COVID-19 Polymerase Chain Reaction (PCR) test fee from PKR 65,00 to PKR 4,800 and further demanded the government provide free of cost PCR testing.¹⁵ In February 2022, the national drug regulator has allowed the sale of over-the-counter COVID-19 testing kits to stem the spread of infection. The kit, which is said to be available across the country, would cost between PKR 400-600 and will be easy to use.¹⁶

4.4 REGULATIONS

The EDOs (Health) of the districts observed during the current cycle were asked whether there existed any private-sector testing facilities in their respective districts, two (40 percent) reported they had private-sector testing facilities in their district, while three (60 percent) said no.

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



Additionally, the EDOs (Health) was asked to comment on the types of price control mechanisms that were set in place for the private sector testing facilities, two (100 percent) said notified price list.

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

National economies the world over were adversely affected by the COVID-19 pandemic including Pakistan's. Within the country, the impact on the lower economic segments was relatively severe. Those on the lower rung of

¹⁵ The News International. (2022, January). *Call to reduce COVID test price in private hospitals*. Available at, <https://www.thenews.com.pk/print/929622-call-to-reduce-covid-test-price-in-private-hospitals>

¹⁶Achakzai, J. (2022, February). *Over-the-counter sale of Corona Test Kits Okayed*. Available at, <https://www.thenews.com.pk/print/930411-over-the-counter-sale-of-corona-test-kits-okayed>

the economic ladder, (those already under the poverty line especially the daily wagers) were hardest hit by the imposition of lockdown.¹⁷ 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).¹⁸

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.¹⁹

5.1 RELIEF FOR PATIENTS

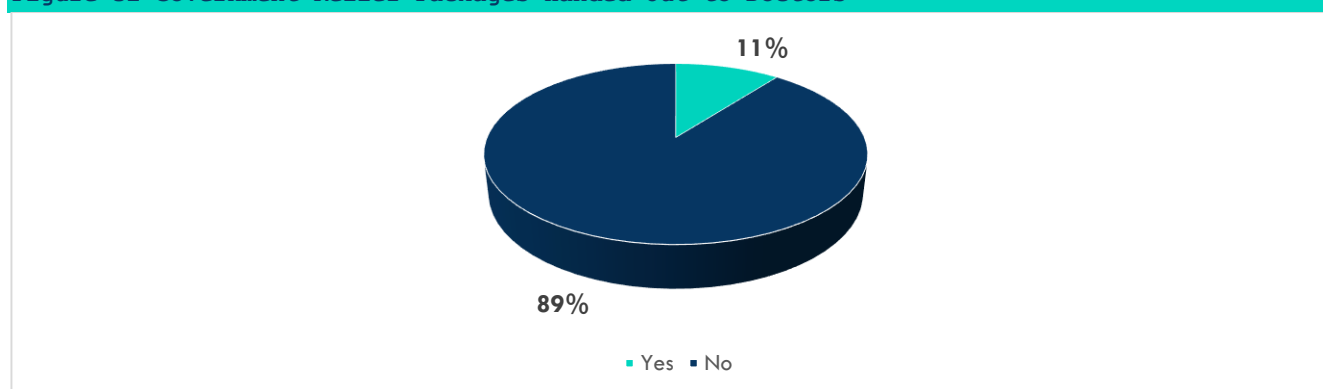
A total of 145 patients/their attendants were asked to provide information on whether they/their patients applied for any relief package announced by the government during the pandemic. The majority of them, 144 (99 percent) said they did not apply for any relief package whereas only one (one percent) said they did. The one who did apply was further asked about the status of their application and they responded that their package was delivered.

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) said 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 (50 percent) said it was in the form of food/rations, one (25 percent) of them said PPE/medicines, and one (25 percent) reported it was in the form of free testing/treatment.

5.2 RELIEF FOR HEALTHCARE PROVIDERS

To assess the coverage of the relief packages for the frontline workers announced by the government of Pakistan, 58 doctors from 59 Districts across Pakistan, were interviewed. They were 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. Four (11 percent) of them said yes, and 34 (89 percent) of them said no.

Figure 32 Government Relief Packages Handed Out to Doctors



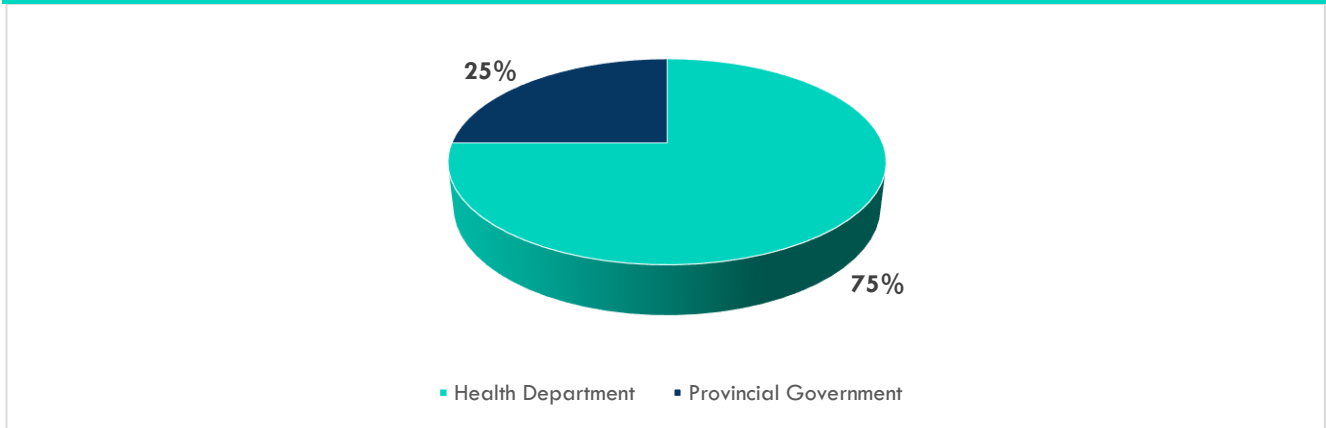
The respondents were further asked if they have any knowledge of which department assisted/relief to the doctors who contracted the infection or lost their lives to it, three (75 percent) said it was provided by the Health Department and one (25 percent) said Provincial Government.

¹⁷ Sareen, S. (2020, June 11). COVID19 and Pakistan: The Economic Fallout. ORF. <https://www.orfonline.org/research/covid19-and-pakistan-the-economic-fallout-67296/>

¹⁸ Lone et.al. (2021). *Towards shock-responsive social protection: lessons from the COVID-19 response in Pakistan*. Maintains. Available at, <https://www.opml.co.uk/files/Publications/A2241-maintains/maintains-covid-19-srsp-responses-pakistan-country-case-study-final-2.pdf?noredirect=1>

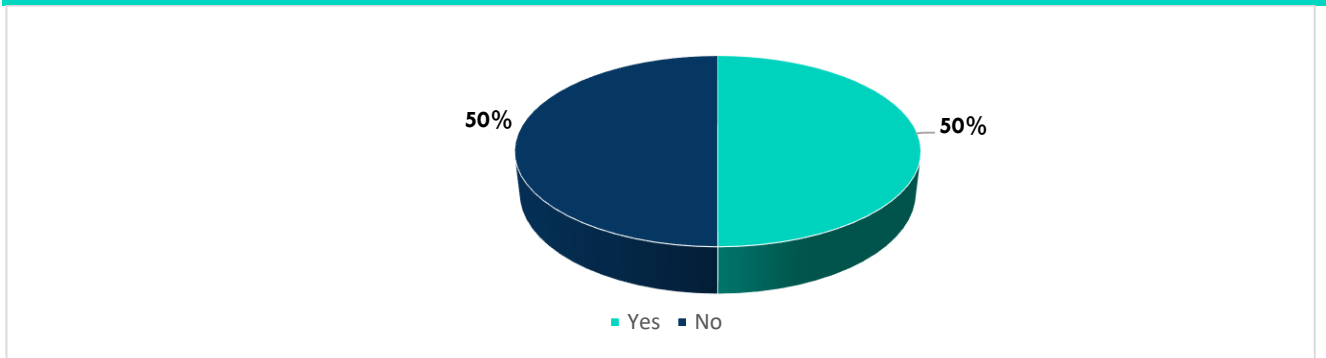
¹⁹ Yusufzai, A. (2020, August 4). Govt to award Shuhada Package to fallen health workers. DAWN.COM. Available at, <https://www.dawn.com/news/1572511>

Figure 33 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. An equal number of respondents, two (50 percent) each responded with a yes and no.

Figure 34 Doctors Receiving Compensation- Shuhada Package



Despite the announcement of relief packages for healthcare providers, the data collected for this report suggests that so far the implementation of the Shuhada/compensation packages remains incomplete.

6. Public Attitudes and Adherence to COVID-19

From the outset, Pakistan’s government strategy to curb the spread of the pandemic was marked by the opposing consideration of ensuring safety adherence through a general lockdown and keeping the economy afloat to sustain the livelihoods of the most vulnerable and marginalized sections of the country. Considering the global threat posed by the COVID-19, the government announced its first general lockdown in March 2020, along with other stringent SOPs to contain the spread of the virus. The restrictions under the general lockdown were abandoned in August later that year as the government deemed its economic impact too high. The fact that enforcing compliance among the public was declining also contributed to changes in the Government’s strategy.

Realizing the need for voluntary compliance among the public, the Government 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-19.²⁰ 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.²¹ However, as the onslaught of the third wave receded the Government started easing out some of the SOPs in October 2021.²² With the fifth wave, the NCOC held a consultative meeting to curb the surging number of cases with federal ministers and other relevant stakeholders. The session discussed a fresh set of NPIs that will be implemented across all four provinces including travel bans, semi-lock downs in COVID hotspots, limitations on weddings and gatherings as well as limitations on

²⁰ 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>.

²¹ <https://ncoc.gov.pk/govt-initiatives.php>

²² Countrywide npis - ncoc.gov.pk. (2021, November 16). <https://ncoc.gov.pk/npi/Countrywide%20NPIs%20-%2014%20Nov%2021.pdf>

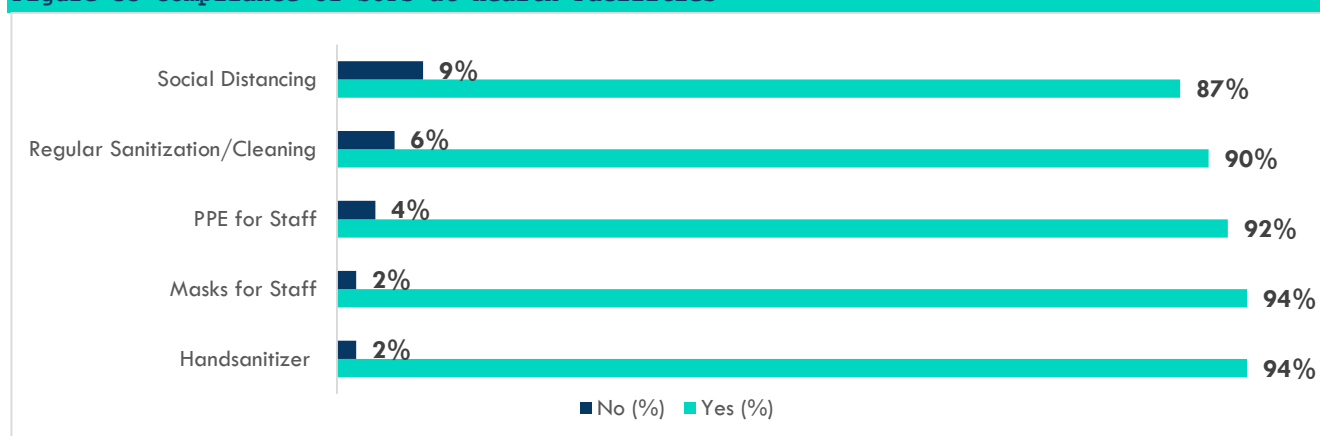
indoor dining. The session also concluded strict action against non-compliance of SOPs and recommendations to get vaccinated or a booster shot administered to those who already were vaccinated.²³

To get independent feedback regarding compliance with COVID-19 SOPs, FAFEN interviewed various stakeholders from 59 districts across Pakistan, including, 58 doctors, 109 focal persons from tehsil level vaccination centers, 59 journalists, and five EDO (Health). Furthermore, independent observers were also deployed in the 59 districts along with the feedback received from 203 vaccine beneficiaries who visited these health facilities.

6.1 SOPs COMPLIANCE AT PUBLIC OFFICES

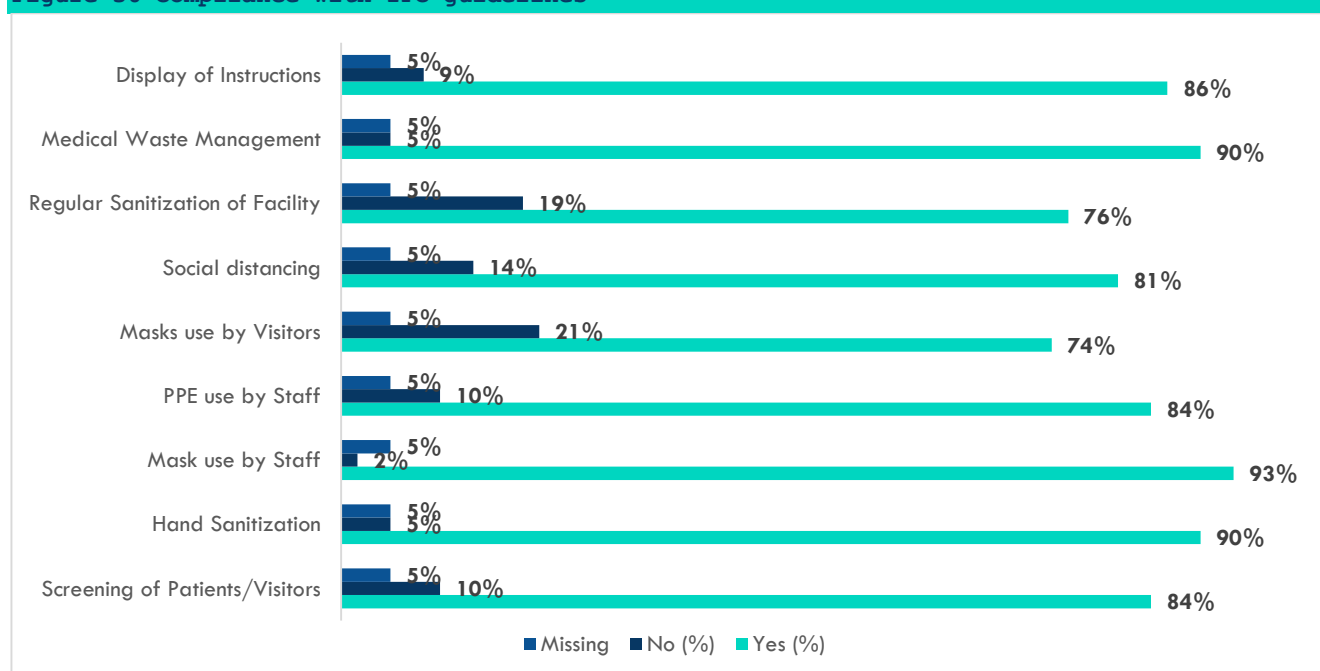
Hand sanitization was practiced in 95 (94 percent) of the health facilities, use of masks by staff was observed in 95 (94 percent) of the facilities, staff of 93 (92 percent) of the facilities was using PPEs, regular sanitization and cleaning were carried out in 91 (90 percent) of the facilities and social distancing were observed in 88 (87 percent) of the health facilities.

Figure 35 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, 50 (86 percent) said the COVID-19 related information was displayed, 52 (90 percent) said the system for medical waste management is in place, 44 (76 percent) reported regular sanitization of the facility, 47 (81 percent) said social distancing was observed, 43 (74 percent) said visitors are required to wear a mask and 49 (84 percent) reported that PPE is used by the staff.

Figure 36 Compliance with IPC guidelines



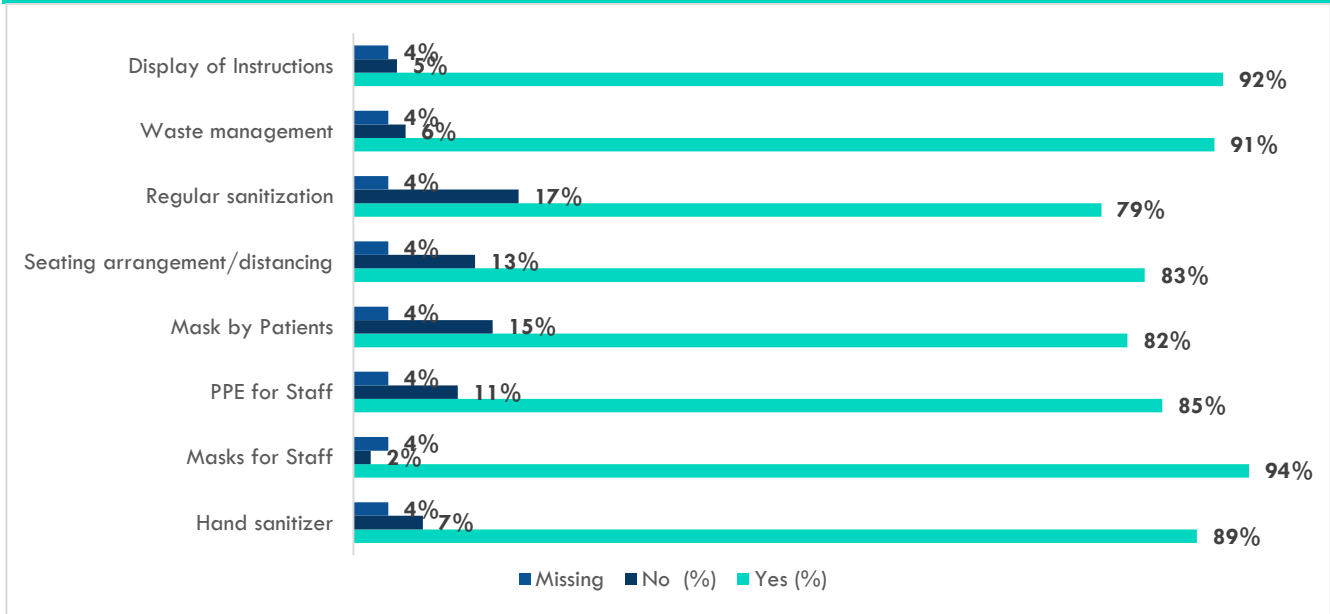
²³ Junaidi, I. (2022, January). Four cities report over 10pc Covid positivity rate. DAWN.COM. <https://www.dawn.com/news/1670014/four-cities-report-over-10pc-covid-positivity-rate>

The data from direct observations of 101 health facilities in 59 districts across Pakistan shows that the SOPs for COVID-19 are largely being complied with; however, there is still room for improvement.

6.2 SOPs COMPLIANCE AT VACCINATION CENTRES

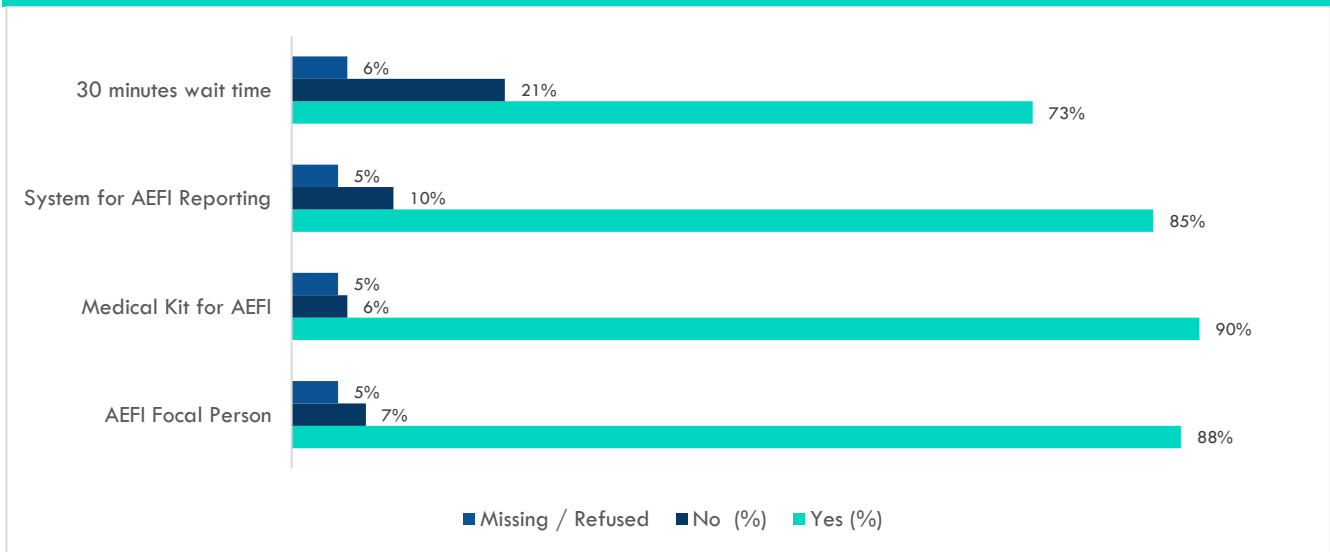
The management of the tehsil level vaccination centers was asked about the safety measures in place within their facility. The responses recorded for the display of instructions, waste management, regular sanitization, seating arrangement, masks by patients, PPE for staff, masks for staff, hand sanitizer were at 100 (92 percent), 99 (91 percent), 86 (79 percent), 91 (83 percent), 89 (82 percent), 93 (85 percent), 103 (94 percent), and 97 (89 percent) respectively.

Figure 37 Safety Measures at Vaccination Centers



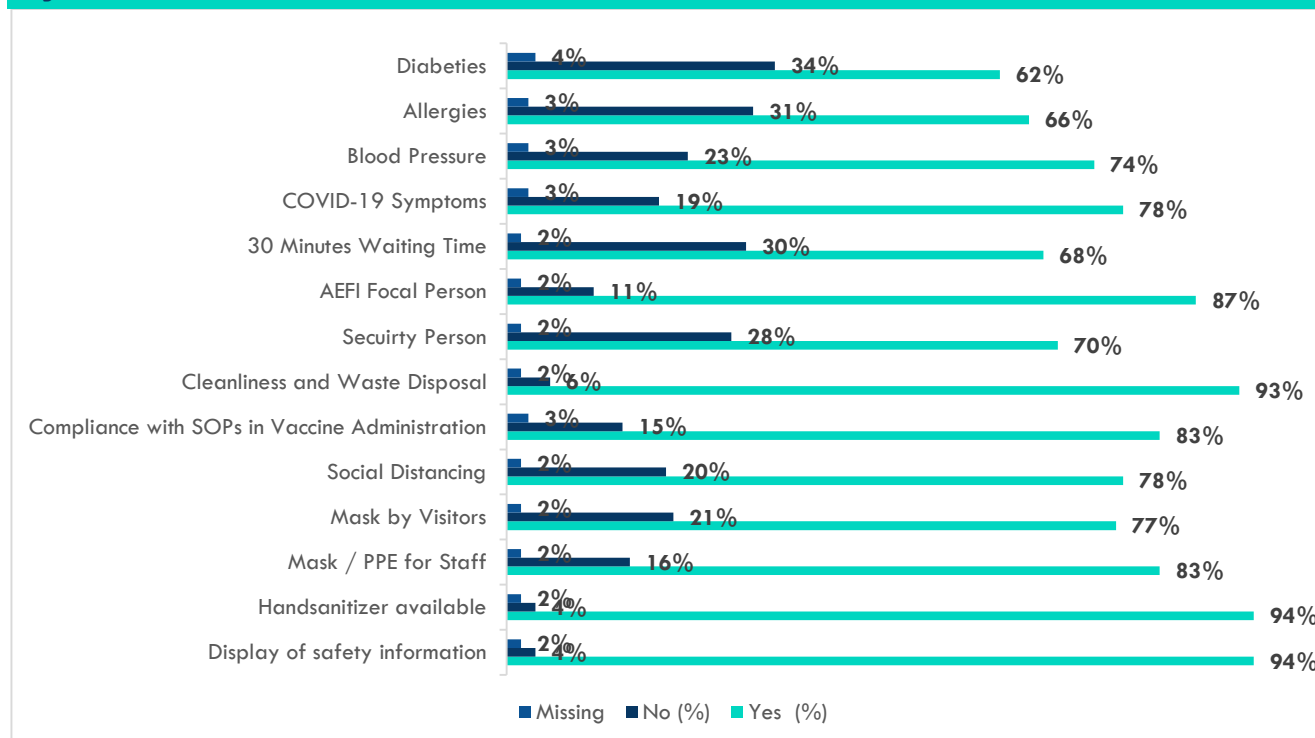
In response to the question regarding the compliance with Adverse Event Following Immunization (AEFI) guidelines at the vaccination centers, 96 (88 percent) of the respondents said AEFI focal person is deployed, 93 (85 percent) said the system for AEFI reporting is in place, 98 (90 percent) reported availability of medical kit for AEFI and 80 (73 percent) said the 30-minute wait time is observed.

Figure 38 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 103 (94 percent), 103 (94 percent), 90 (83 percent), and 84 (77 percent) respectively. Whereas for prescreening of patients for COVID-19 symptoms, blood pressure, allergies, and diabetes the responses were recorded as 85 (78 percent), 81 (74 percent), 72 (66 percent), and 68 (62 percent) respectively.

Figure 39 Direct Observation of Vaccination Centers



6.3 SOPs COMPLIANCE AT PUBLIC SPACES

To gauge the level of compliance with the SOPs in public offices, 59 journalists were interviewed from 59 districts across Pakistan and were asked to provide their feedback considering that they are better 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, nine (15 percent) said all public offices and health facilities comply, 34 (58 percent) said some of them comply, and 16 (27 percent) responded with the answer that most of them are not complying.

When asked about their observations regarding public compliance with SOPs, seven (12 percent) said most of the people are complying, 27 (46 percent) said some of the people, and 25 (42 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, eight (14 percent) said most are serious, 18 (31 percent) said the majority are not, ten (17 percent) said the majority are, and 23 (39 percent) responded that only a few were taking it seriously.

The analysis of the feedback received from various districts of the country reveals that there is still a huge gap in compliance with SOPs and a more widespread complacency during the onset and peaking of the Omicron-led fifth wave. 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 to avoid a sixth wave of the pandemic.

6.4 COVID-19 VACCINE HESITANCY

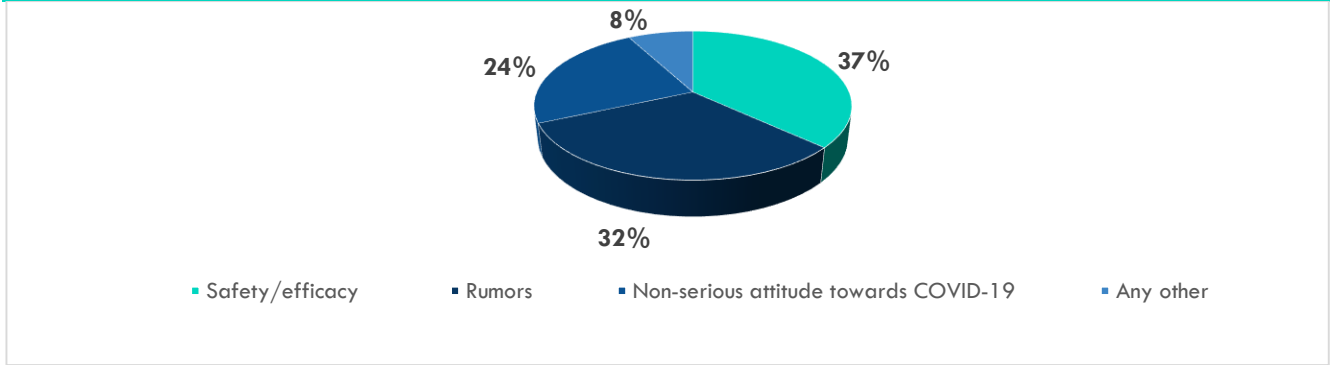
Vaccines are one of the most researched, successful, and cost-effective ways to improve health outcomes and save lives all over the world. Vaccines, on the other hand, only work if people understand the importance of immunization and agree to be immunized. Even though COVID-19 vaccines have been approved and are safe and effective, mass vaccination in Pakistan remains a challenge. Vaccine hesitancy is one of the ten most serious dangers to world health, according to the World Health Organization (WHO). According to several studies conducted in Pakistan and across the globe, the primary cause for vaccine hesitancy or refusing to get vaccinated

included various factors ranging from cultural and religious beliefs and concerns about vaccines' side effects to many conspiracy theories and social media rumors about the vaccine's reliability, origin, and efficacy.²⁴

6.4.1 Healthcare Providers

Senior doctors of District Health Quarters (DHQ)/Tehsil Head Quarters (THQ) were asked to comment on the reasons for hesitancy among the doctors who have not received the vaccine yet. According to their responses, 14 (37 percent) said there was hesitancy due to the safety and efficacy of the vaccines, 12 (32 percent) said it was due to rumors, nine (24 percent) said it was due to a non-serious attitude towards COVID-19 whereas three (eight percent) denoted it as any other reason.

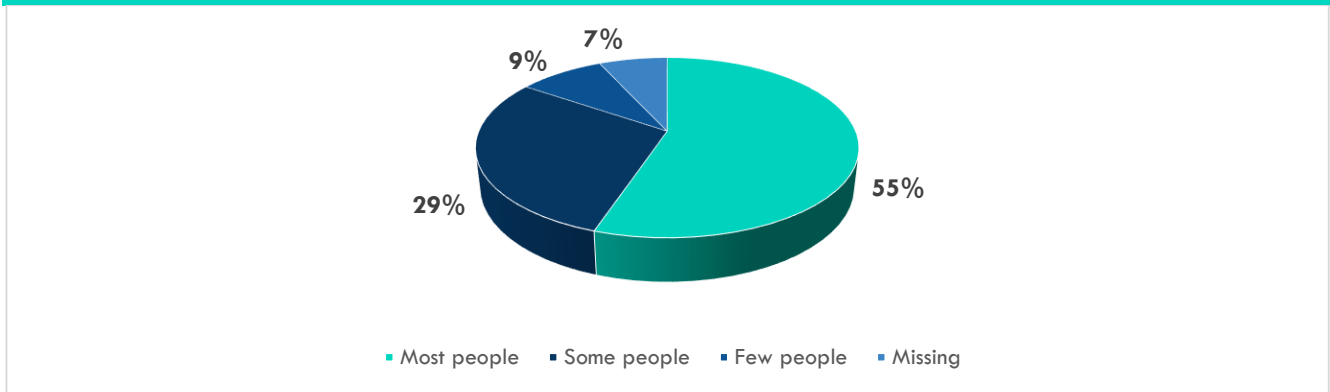
Figure 40 Main Reasons for not receiving the vaccination



6.4.2 Public

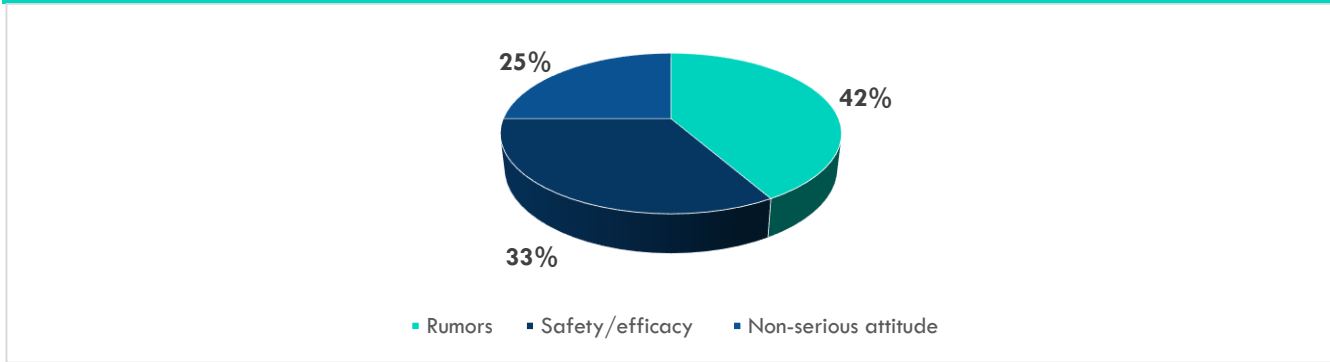
To assess the public attitude towards the COVID-19 vaccine, doctors/focal persons of the health facilities on the district level were interviewed. When asked how many people in their area wanted to get vaccinated, 32 (55 percent) said most people, 17 (29 percent) said some people, five (nine percent) said few people, and responses for four (seven percent) were either missing or declined.

Figure 41 Desire to be Vaccinated- General Public (District Level)



On further inquiry regarding the reason for hesitancy towards vaccination among the general public, 25 (42 percent) of the respondents said it is due to the rumors, 20 (33 percent) mentioned safety and efficacy and further 15 (25 percent) said it was because of the non-serious attitude towards COVID-19.

Figure 42 Reasons for Hesitancy- General Public (District Level)

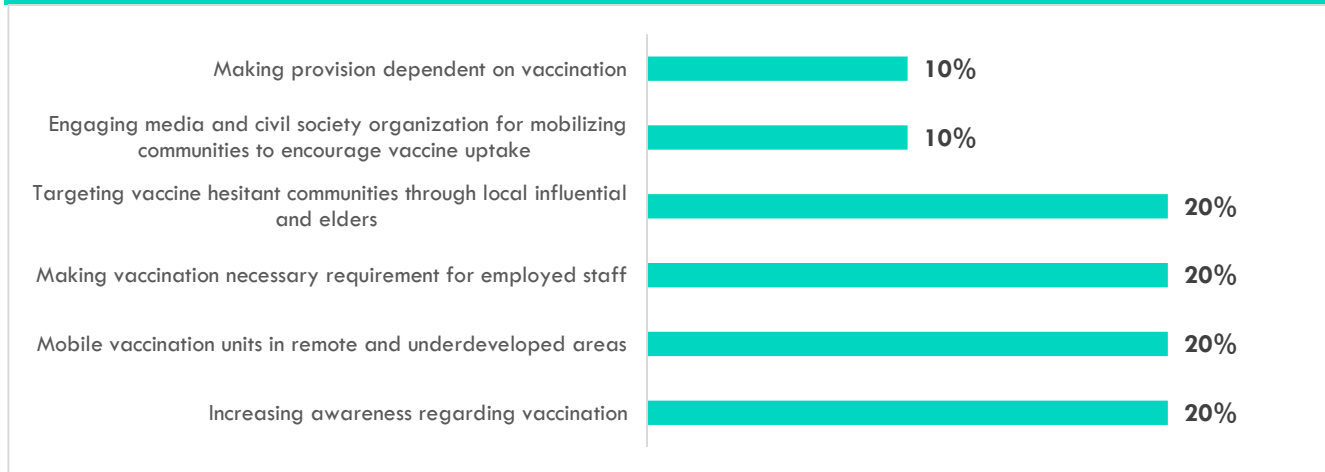


²⁴ Khan, M. S. (2021, September). *Improving the covid-19 vaccination rate in Pakistan-a multipronged policy approach*. *Frontiers*. <https://www.frontiersin.org/articles/10.3389/fpubh.2021.729102/full>

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, all three respondents (100 percent) responded with a yes.

Concerning the question regarding initiatives under consideration to promote vaccine uptake among the general public, two (20 percent) said by increasing awareness regarding vaccination, two (20 percent) said through mobile vaccination units in remote and underdeveloped areas, two (20 percent) said by making vaccination requirement for employed staff, two (20 percent) said by targeting vaccine-hesitant communities through local influential and elders, one (ten percent) said by engaging media and civil society organization for mobilizing communities to encourage vaccine uptake, and one (ten percent) said through making provision dependent on vaccination.

Figure 43 Initiatives for Vaccine Uptake Among Hesitant Groups



Following from the findings reported above, it is safe to conclude that even though there remains a segment of the population that may be hesitant towards getting vaccinated, the administration at the district level is opting for various measures to combat this issue and promote vaccination uptake. However, there is still further room for expansion of the vaccination net to the segment of the population that remains unvaccinated as yet. There is a need for a media awareness campaign complemented by efforts of the district administration to expand the vaccine net to hesitant groups and to, particularly those in remote and inaccessible areas.

ANNEX I: LIST OF MPAs

S. No.	Name of MPA	Party Affiliation	District	Province
1	Malik Shah Muhammad	PTI	Bannu	Khyber Pakhtunkhwa
2	Mr. Shehriyar Khan Mahar	GDA	Shikarpur	Sindh
3	Muhammad Aslam Abro	PTI	Jacobabad	Sindh
4	Chaudhary Munib UL Haq	PML-N	Okara	Punjab
5	Rahila Khadim Hussain	PML-N	Lahore	Punjab
6	Kareem Bakhsh Gabool	PTI	Karachi East	Sindh
7	Manazar Ali Ranjha	PML-N	Sargodha	Punjab
8	Muhammad Amir Nawaz Khan	PTI	Rahim Yar Khan	Punjab
9	Muli Noor Ullah	MMAP	Killa Saifullah	Balochistan
10	Muhammad Afzal Gil	PML-N	Bahawalpur	Punjab
11	Moazzam Ali Khan	GDA	Larkana	Sindh
12	Mangla Sharma	MQMP	Karachi South	Sindh
13	Bubloo Halepoto PS to MPA Haji Muhammad Halepoto	PPPP	Badin	Sindh
14	Bashir Ahmed Jokhio PA to MPA (Jam Awais Bijar Khan Jokhio)	PPPP	Thatta	Sindh
15	Mir Tariq Ali Khan Talpur	PPPP	Mirpurkhas	Sindh
16	Mir Nadir Magsi	PPPP	Shahdadkot	Sindh
17	Muhammad Owais Khan Darishak	PTI	Rajanpur	Punjab
18	Malik Ahmad Khan Bhachar	PTI	Mianwali	Punjab
19	Saeed Akbar Khan	IND	Bhakkar	Punjab
20	Khurram Ijaz	PTI	Sheikhupura	Punjab
21	Haji Aman Ullah	PML-N	Gujranwala	Punjab
22	Ishtaiq PA to (MPA) Main Nisar Gul Kaka khail	MMAP	Karak	Khyber Pakhtunkhwa
23	Sardar Yar Muhammad Rind	PTI	Kachhi	Balochistan
24	Shabir Ali Bijarani	PPPP	Kashmore	Sindh
25	Summer Bilour	ANP	Peshawar	Khyber Pakhtunkhwa
26	Hanif Chata PS to Sardar Sarfaraz Chakar Domki MPA	BAP	Sibi	Balochistan

27	Agha Hassan	BNP	Quetta	Balochistan
28	Asghar Ali Tareen	MMAP	Pishin	Balochistan
29	Jan Muhammad Jamali	BAP	Jaffarabad	Balochistan
30	Haji Noor Muhammad Dummar	BAP	Ziarat	Balochistan
31	Niaz Muhammad Khan Trand Bother of MPA TAJ Muhammad Khan Trand	PTI	Battagram	Khyber Pakhtunkhwa
32	Pir Syed Saleh Shah Jilani	PPPP	Dadu	Sindh
33	Laiq Muhammad Khan	ANP	Tor Ghar	Khyber Pakhtunkhwa
34	Syed Aijaz Hussain Shah	PPPP	T.M. Khan	Sindh
35	Arbab Lutif Allah	PPPP	Tharparkar	Sindh
36	Shoukat Samejo PA to Ameer Ali Shah "MPA"	PPPP	Umerkot	Sindh
37	Adnan Ahmed Khan Secretary to MPA Akseer Ayub Khan	PTI	Haripur	Khyber Pakhtunkhwa
38	Mian Akhtar Hayat	PTI	Gujrat	Punjab
39	Syeda Farah Azmi	PTI	Sialkot	Punjab
40	Muhammad Arshad Malik	PML-N	Sahiwal	Punjab
41	Amjad Ali PA to Khalil Ur Rehman MPA	PTI	Nowshera	Khyber Pakhtunkhwa
42	Irfan Khan PA to Arif Ahmed Zai MPA	PTI	Charsadda	Khyber Pakhtunkhwa
43	Shakil Khan	PTI	Malakand P. A	Khyber Pakhtunkhwa
44	Wazir Zada	PTI	Chitral Lower	Khyber Pakhtunkhwa
45	Dr Amjad Ali/ Kashif Ali	PTI	Swat	Khyber Pakhtunkhwa
46	Inayat-ul-Allah	MMAP	Dir Upper	Khyber Pakhtunkhwa
47	Sardar Muhammad Yousif	PML-N	Mansehra	Khyber Pakhtunkhwa
48	Baber Musakhail	PTI	Musakhel	Balochistan
49	Khowaja Ifzhar ul hassan	MQMP	Karachi Central	Sindh
50	Raja Sagheer Ahmed	IND	Rawalpindi	Punjab

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:**DISTRICT AND TEHSILS WHERE STAKEHOLDER INTERVIEWS/OBSERVATIONS OF FACILITIES WERE CONDUCTED**

Province	Organization Name	District	Tehsil	1a (Health Instituti on Monito ring)	1b (Health Instituti on Benefi ciary Feedba ck)	1c (Focal Person Doctor & Parame dics)	2a (Vaccina tion Center Focal Person & Observa tion)	2b (Vaccin ation Center Benefici ary)	3 (SOP Compli ance in Public Spaces)	4 (Local Journa list)	5 (ED O Heal th)	6 (Loca l MPA)	8 (Dengu e)	Over all
Balochistan	Center for Peace and Development Balochistan	Jaffarabad	Usta Muhammad	1	2	1	1	2	1	1		1	1	11
Balochistan	Center for Peace and Development Balochistan	Kachhi	Mach	1	N/A	1	1	2	1	1		1	1	9
Balochistan	Center for Peace and Development Balochistan	Pishin	Pishin	2	N/A	1	2	4	1	1		1	1	13
Balochistan	Center for Peace and Development Balochistan	Quetta	Quetta City	1	2	1	2	4	1	1		1	1	14
Balochistan	Youth Organization	Killa Saifullah	Muslim Bagh	2	2	1	2	3	1	1		1	1	14
Balochistan	Youth Organization	Musakhel	Musakhel	2	4	1	2	4	1	1		1	1	17
Balochistan	Youth Organization	Sibi	Lehri	2	4	1	2	4	1	1		1	1	17
Balochistan	Youth Organization	Ziarat	Sinjawai	2	3	1	2	4	1	1	1	1	1	17
ICT	Sustainable Social Development Organization (SSDO)	Islamabad	ISLAMABAD	2	4	1	2	4	1	1		No Data	1	16
Khyber Pakhtunkhwa	United Rural Development Organization	Charsadda	Shabqadar	2	N/A	1	2	4	1	1		1	1	13

Province	Organization Name	District	Tehsil	1a (Health Instituti on Monito ring)	1b (Health Institut ion Benefi ciary Feedba ck)	1c (Focal Person Doctor & Parame dics)	2a (Vaccina tion Center Focal Person & Observa tion)	2b (Vaccin ation Center Benefici ary)	3 (SOP Compli ance in Public Spaces)	4 (Local Journa list)	5 (ED O Heal th)	6 (Loca l MPA)	8 (Dengu e)	Over all
Khyber Pakhtunkhwa	United Rural Development Organization	Nowshera	Pabbi	2	N/A	1	2	4	1	1		1	1	13
Khyber Pakhtunkhwa	United Rural Development Organization	Peshawar	Pishtakhara	1	4	1	2	4	1	1		1	1	16
Khyber Pakhtunkhwa	Sungi Development Foundation	Haripur	Haripur	2	4	1	2	4	1	1		1	1	17
Khyber Pakhtunkhwa	Welfare Association Jared	Battagram	Battagram	2	2	1	2	4	1	1		1	1	15
Khyber Pakhtunkhwa	Welfare Association Jared	Mansehra	Baffa Pakhalm	2	2	1	1	2	1	1		1	1	12
Khyber Pakhtunkhwa	Welfare Association Jared	Tor Ghar	Khander	2	4	1	2	2	1	1		1	1	15
Khyber Pakhtunkhwa	Integrated Regional Support Program	Hangu	TALL	1	1	1	1	1	1	1		No Data	1	8
Khyber Pakhtunkhwa	Integrated Regional Support Program	Karak	Karak	2	N/A	1	2	2	1	1	1	1	1	12
Khyber Pakhtunkhwa	Community Awareness Raising and Advocacy Venture Around Needs	Chitral Lower	Drosh	2	2	1	2	4	1	1		1	1	15
Khyber Pakhtunkhwa	Community Awareness Raising and Advocacy Venture Around Needs	Malakand P. A	Swat Ranizai	2	2	1	2	4	1	1		1	1	15
Khyber Pakhtunkhwa	Community Awareness Raising and Advocacy Venture Around Needs	Swat	Bari Kot	1	N/A	1	2	4	1	1		1	1	12
Khyber Pakhtunkhwa	Community Awareness Raising and Advocacy Venture Around Needs	Dir Upper	Dir	1	2	1	2	4	1	1		1	1	14
Khyber Pakhtunkhwa	Community Development Program	Bannu	Domel	1	2	1	2	3	1	1		1	1	13

Province	Organization Name	District	Tehsil	1a (Health Instituti on Monito ring)	1b (Health Instituti on Benefi ciary Feedba ck)	1c (Focal Person Doctor & Parame dics)	2a (Vaccina tion Center Focal Person & Observa tion)	2b (Vaccina tion Center Benefici ary)	3 (SOP Compli ance in Public Spaces)	4 (Local Journa list)	5 (ED O Heal th)	6 (Loca l MPA)	8 (Dengu e)	Over all
Khyber Pakhtunkhwa	United Rural Development Organization	Mardan*									1			1
Punjab	Samaj Development Foundation	Bahawalpur	Hasilpur	2	4	1	2	4	1	1		1	1	17
Punjab	Samaj Development Foundation	Rahim Yar Khan	Liaquatpur	2	4	1	2	4	1	1		1	1	17
Punjab	Samaj Development Foundation	Rajanpur	Rajanpur	2	4	1	2	4	1	1		1	1	17
Punjab	Sangat Development Foundation	Gujranwala	Gujranwala Saddar	2	3	1	2	4	1	1		1	1	16
Punjab	Sangat Development Foundation	Lahore	Model Town	2	4	1	2	4	1	1		1	No Data	16
Punjab	Sangat Development Foundation	Sheikhupura	Muridke	2	4	1	2	4	1	1	1	1	1	18
Punjab	Sustainable Social Development Organization (SSDO)	Attock	Fatehjang	2	3	1	2	3	1	1		No Data	No Data	13
Punjab	Sustainable Social Development Organization (SSDO)	RAWALPINDI	KALLAR SAYADDAN	1	2	1	2	1	1	1	1	1	No Data	11
Punjab	Farmers Development Organization	Okara	Okara	1	2	1	1	2	1	1		1	1	11
Punjab	Farmers Development Organization	Sahiwal	Sahiwal	1	N/A	1	1	2	1	1		1	1	9
Punjab	Bedari	Bhakkar	Darya Khan	2	N/A	1	2	4	1	1		1	1	13
Punjab	Bedari	Mianwali	Mianwali	2	4	1	2	4	1	1		1	1	17
Punjab	Bedari	Sargodha	Kot Momin	2	4	1	2	4	1	1		1	1	17
Punjab	Sudhaar Society	Gujrat	Kharian	2	4	1	2	4	1	1		1	1	17
Punjab	Sudhaar Society	Sialkot	Pasroor	2	4	1	2	4	1	1		1	1	17

Province	Organization Name	District	Tehsil	1a (Health Instituti on Monito ring)	1b (Health Institut ion Benefi ciary Feedba ck)	1c (Focal Person Doctor & Parame dics)	2a (Vaccina tion Center Focal Person & Observa tion)	2b (Vaccin ation Center Benefici ary)	3 (SOP Compli ance in Public Spaces)	4 (Local Journa list)	5 (ED O Heal th)	6 (Loca l MPA)	8 (Dengu e)	Over all
Sindh	Takhleeq Foundation	Dadu	Johi	2	4	1	2	4	1	1		1	1	17
Sindh	Takhleeq Foundation	Shahdadkot	Qubo Saeed Khan	2	4	1	2	4	1	1		1	No Data	16
Sindh	Takhleeq Foundation	Larkana	Larkana	2	4	1	2	4	1	1		1	1	17
Sindh	Community Development Foundation	Jacobabad	Jacobabad	2	4	1	2	4	1	1		1	1	17
Sindh	Community Development Foundation	Kashmore	Tingwani	2	4	1	2	4	1	1		1	1	17
Sindh	Community Development Foundation	Shikarpur	Lakhi	2	4	1	2	2	1	1		1	1	15
Sindh	Goth Seengar Foundation	Khairpur	Khairpur	1	2	1	1	2	1	1		No Data	1	10
Sindh	Goth Seengar Foundation	Nawabshah	Nawabshah	1	N/A	1	2	4	1	1		No Data	1	11
Sindh	Goth Seengar Foundation	Sukkur	Sukkur City	2	4	1	2	4	1	1		No Data	1	16
Sindh	PAIMAN Alumni Trust	Karachi Central	LIAQUATABAD TOWN	1	2	1	2	4	1	1		1	1	14
Sindh	PAIMAN Alumni Trust	Karachi East	GULSHAN-E-IQBAL TOWN	2	4	1	2	4	1	1		1	1	17
Sindh	PAIMAN Alumni Trust	Karachi South	Clifton Cantonment	2	4	1	2	4	1	1		1	1	17
Sindh	PAIMAN Alumni Trust	Karachi West	Manora Cantonment	N/A	No Data	1	1	2	1	1		No Data	1	7
Sindh	PAIMAN Alumni Trust	Tando Allahyar	Tando Allahyar	2	4	1	2	4	1	1		No Data	1	16
Sindh	PAIMAN Alumni Trust	T.M. Khan	Tando Ghulam Haider	2	4	1	2	4	1	1		1	1	17
Sindh	Baanh Baeli	Badin	Matli	2	1	1	2	4	1	1		1	1	14

Province	Organization Name	District	Tehsil	1a (Health Instituti on Monito ring)	1b (Health Instituti on Benefic iary Feedba ck)	1c (Focal Person Doctor & Parame dics)	2a (Vaccina tion Center Focal Person & Observa tion)	2b (Vaccina tion Center Benefici ary)	3 (SOP Compli ance in Public Spaces)	4 (Local Journa list)	5 (ED O Heal th)	6 (Loca l MPA)	8 (Dengu e)	Over all
Sindh	Baanh Baeli	Mirpurkhas	Jhudo	2	N/A	1	2	4	1	1		1	1	13
Sindh	Baanh Baeli	Sujawal	Mirpur Bathoro	1	N/A	1	2	2	1	1		No Data	1	9
Sindh	Baanh Baeli	Tharparkar	Dahli	2	N/A	No Data	1	2	1	1		1	No Data	8
Sindh	Baanh Baeli	Thatta	Mirpur Sakro	2	N/A	1	2	4	1	1		1	1	13
Sindh	Baanh Baeli	Umerkot	Kunri	2	4	1	2	4	1	1		1	1	17
		60	59**	101	145	58	109	203	59	59	5	50	54	843

ANNEX IV: TEST POSITIVITY RATE PER ESTIMATED POPULATION

S. No.	Province	Estimated Population (2021)	Confirmed Cases	Recoveries	Tests Performed	Deaths	Death Rate	Test Positivity Rate	Tests per million population
1	Khyber Pakhtunkhwa	39,681,516	21,885	24,765	260,374	246	1.1%	8.4%	6,562
2	Punjab	119,664,455	22,641	44,610	558,295	322	1.4%	4.1%	4,666
3	Sindh	52,637,147	25,616	49,186	365,038	238	0.9%	7.0%	6,935
4	Balochistan	14,083,862	935	24,765	14,602	7	0.7%	6.4%	1,037
	Total	226,066,980	71,077	143,326	1,198,309	813	1.2%	5.5%	5,301

Note: The estimated provincial population figures for 2021 are calculated from the 2017 census data.