

On the Coronavirus, Pakistan's Government is Missing in Action

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During a televised broadcast on March 22, Pakistani Prime Minister Imran Khan expressed his hesitancy in imposing a nationwide lockdown in response to the coronavirus pandemic, explaining that such a move would have devastating economic consequences for the poor.

"Twenty-five percent of Pakistanis are below the poverty line," Khan said. "Today if I impose a complete lockdown, then my country's rickshaw drivers, pushcart vendors, taxi drivers, small shopkeepers, daily wage earners ... all of them will be shut in their homes."

In Pakistan, where around 30 percent of the population lives in grave poverty, avoiding catching the coronavirus isn't the only thing on people's minds. Staving off hunger often comes first.

The coronavirus pandemic and the economic recession the International Monetary Fund predicts will follow it have imperiled the food security of many Pakistanis, and a broader economic collapse and escalating rates of unemployment would only add to the country's poverty.

Pakistan's citizens are nevertheless coming together to tackle this pandemic the best way they know how—through the act of charity. Given that Pakistan is a state whose tenets are rooted in the Islamic faith, many of its citizens believe that the best way to combat this crisis is through the spirit of altruism.

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The government has launched its own initiatives, including the Ehsaas Program, which has been providing cash assistance of 12,000 rupees (approximately \$75) to low-income families. Within a few weeks, the government managed to disburse 55 billion rupees (about \$344 million) to 4.6 million families that registered for the program through a text-message service.

On April 1, Khan also set up a COVID-19 relief fund; the premier urged citizens via Twitter to donate funds to help those made destitute by the lockdown.

Meanwhile, local volunteer organizations and ordinary citizens have been using WhatsApp and various social media platforms to make appeals for donations and food—especially essential grocery items including sugar, oil, flour, lentils, and tea, a list that nowadays also includes sanitizer, masks, and soap.

The Human Development Foundation Pakistan, one of the oldest nonprofit development organizations based in the capital, Islamabad, has set out to support 5,000 impoverished families, according to the foundation's CEO, Azhar Saleem. So far, the organization has provided rations to approximately 14,000 people.

Even ordinary citizens have stepped up to the plate, including Omair Shakil, a Pakistani physician and public health expert based in Boston. Shakil told Foreign Policy that by leveraging the power of social media, he managed to raise over \$12,000 within two weeks.

He then proceeded to work with vetted organizations and individuals to distribute cash, ration bags, and personal protective equipment to public and private hospitals in need.

But despite their best intentions, community relief efforts and government schemes such as the Ehsaas Programme and the COVID-19 relief fund will have limited results.

Reports from those working on the ground indicate that most food and medical aid distribution has been limited to areas near major cities, depriving those living in rural areas. The latter, whose workers make up most of Pakistan's informal sector and are dependent on daily wages, are more likely to be affected by the stringent lockdown measures.

Further, cash assistance programs like Ehsaas can become vectors of disease transmission, because they require in-person interactions. As Shakil noted, "The requirement for beneficiaries to collect their allotted monies from cash distribution centers carries the risk of community spread of the very disease that the program is meant to curb."

Moreover, Ehsaas, which only provides monetary assistance to those who register via text message, is not particularly user-friendly, given that many rural families do not own smartphones and don't always know how to claim the relevant benefits. Such programs only cater to people who can read and understand text messages written in Urdu.

In most regions of the country, Urdu is not the first language and Pakistan's low literacy rate of 58 percent means that, without assistance, many non-Urdu readers will be unable to access the benefits of Ehsaas.

"Overall, community organization efforts can only work if citizens and NGOs have the support of the local administration," argued Ahsan J. Pirzada, a lawyer who—by his count—raised over 7 million rupees (\$44,000) through various online platforms and has been delivering ration packets to marginalized groups in Pakistan, including Christians, the transgender community, and slum-dwellers.

"The government could at the very least pass an ordinance which makes it easy for community organizations and citizens like me to register and open a bank account where people can donate," Pirzada said.

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While community relief efforts have provided temporary relief to the poor, they may not be a sustainable option given the protracted length of this pandemic and the uncertainty of future vaccine development.

For a nation that struggles with a weak health care infrastructure and still faces preventable deaths from polio and diarrhea, managing the COVID-19 crisis has been a major challenge.

The Khan administration's blasé attitude came to light when Pakistan's minister of health, Zafar Mirza, erroneously declared on Feb. 19, that the nation's health care facilities were adequately resourced to tackle any outbreak, just as the pandemic was making its way around the world.

At the time of writing, there are over 30,000 confirmed coronavirus cases in Pakistan with 667 reported deaths. It's clear that the preservation of national pride and the government's reputation was the greater priority at the time.

The skyrocketing of cases caused by the mishandling of pilgrims returning from Iran in mid-March revealed the complacency of the leadership. The faulty testing of the pilgrims, who were kept in quarantine near the border with Iran, allowed them to return to their hometowns, where they spread the coronavirus. Given that Pakistan shares borders with China, Iran, and India—three countries with a high number of reported cases—there was a dire need for effective cross-border cooperation and active health surveillance along the borders.

When the lockdown came, implementation was delayed or piecemeal, exposing the government's lack of swift decision-making. Even after the application of strict social distancing guidelines, children and young adults—who can be an asymptomatic vector of transmission—continue to line the country's streets playing cricket and socializing at roadside shops.

Meanwhile, health care workers are refusing to come to work, condemning the lack of personal protective equipment provided by the government. Many health care workers at public hospitals are reportedly paying out of pocket to procure protective gear for themselves, hospital cleaners, and security staff. Without adequate testing and protective equipment, there has been a mass undercounting of cases, which has allowed for a faster spread of infections.

Neha Maqsood

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