Pakistan CSOs Communiqué on Government Response on COVID-19 Dated April 27, 2020

We the undersigned Civil Society Organizations, Networks, Human Rights Defenders and Community Based Organizations gathered through an online forum organized by Pakistan Development Alliance (PDA) and Parliamentarians Commission for Human Rights (PCHR) to discuss the ongoing situation of COVID19 pandemic in the country and its impacts on the marginalized communities, challenges and way forward.

The participants shared the following major observations;

• Parliament of Pakistan and other elected assemblies and forums across the country including A J & K and Gilgit Baltistan are not providing expected guidance and leadership during this time of need whereas none of the government response initiatives including Ehsaas Cash Grant Program as well as other packages on construction industry and small traders being implemented by government were passed through the inclusive process of collective and participatory decision making.

• Lack coordination among federal and provincial governments on the lock down policy and other emergency measures taken by them unilaterally that caused further mistrust and reflected political immaturity of our political fraternity

• Nonfunctional local governments and underutilization of the potential of elected representatives at district level causing serious challenges in delivery of emergency relief and mass sensitization on this critical situation under COVID19 regime.

• Lack of Personal Protection Equipment (PPEs) for the front line service providers including Doctors, Paramedics, police, military and officials of other government and non-government organizations

• Price hike of vegetables, fruits, staple foods and other daily consumable items as the governments control over the markets is weak

National Secretariat: Pakistan Development Alliance House # 288, Street 87, Services Society, E-11/2, Islamabad. Phone # +92-51-2305233-34, Mobile +92-3006301215
• Farmer community in Pakistan is busy in harvesting without having any precautionary measures regarding protection from COVID19. They are also facing challenges as the rental charges of necessary machinery required for proper harvesting are gone up due to the lack of attention by the authorities.

• Most vulnerable communities like transgender, people living with disabilities, older people and religious minorities and women headed families are suffering much more than others. Most of them are deprived of Ehsaas Cash Grants because most of them do not have Computerized National Identity Cards (CNICs) so do not fulfill the eligibility criteria. Some of them do have CNICs but unable to have mobile numbers in their name and those who have mobile numbers are illiterate therefore unable to send and read responses of the messages by the registration authorities.

• Religious minorities are severely deprived of food and other relief items as charity organizations are instructed by the donors to give Zakat (religious giving) only to Muslims. In some areas relief provision is linked with recitation of Kalma by religious-charity groups.

• Corona testing and quarantine facilities across the country are far less than needed and lack of coordination among federal and provincial governments are further aggravating the concerns of concerned citizens and civil society.

• Non serious attitude of the government towards appropriate handling of COVID 19 challenge also reflects in the response of masses as social distancing and lock down obligations are being violated in every nook and corner of the country.

• Besides the secondary and tertiary hospitals at district headquarters level there is a dire need to focus on the primary health care centers known as Rural Health Centers (RHCs) and Basic Health Units (BHUs) as well which are providing most basic services to the patients at grassroots level. However, their medical staff are also vulnerable to Coronavirus due to the non-availability of PPEs. Many participants informed that BHU/RHC and OPDs in most of the district hospitals are closed therefore many needy patients are facing challenges to get access to appropriate healthcare services.

• Media messages and public sector sensitization campaigns on COVID 19 lack inclusiveness as people living with disabilities particularly hearing impaired and amaurotic / blind people.

• Severe violations of safety protocols are observed during Ehsaas Cash Grants distributions across the country whereas reports of corruption are also shared by the participants.

• People at worship places particularly in mosques are also violating the safety protocols therefore creating vulnerabilities for the spread of COVID19.

• Sexual and gender based violence is reported to be increased in many communities.

• People are severely suffering from mental health issues particularly anxiety, depression and intolerances. Instances of community violence and unrest are also shared by some participants.

• Teletaleem / Taleem Ghar TV is very effective source of education during the closures of schools however many poor households do not have televisions in their homes. People living in the border areas do not have access to TV channels thus deprived of educational opportunities.
Data available to the government under the Ehsaas programme lacks information on various groups of informal workers, including home based workers, piece rate workers and domestic workers. Absence of updated data as in some cases, a male head of the household may have passed away but the information is not updated so the widow is unable to seek government assistance.

Therefore, we demand;

- Government should immediately hold joint session of Parliament to discuss current situation of COVID19 pandemic and measures taken by the governments at different levels. The Parliamentarians should devise a comprehensive emergency plan to deal with the social, economic and geo-political aspects and impacts of Coronavirus in Pakistan. The Parliament should also ponder upon the issues listed above in the current communique.
- A formal mechanism of engagement between the government and CSOs must be developed so that CSOs can work with provincial and district governments to ensure effective delivery of services.
- District Disaster Management Authorities (DDMAs) should be made functional and strengthened further by ensuring the appropriate representation of CSOs
- All worship places including mosques should be shut down and people be advised to pray in their homes
- Local governments should be activated and strengthened further to lead the relief activities at grassroots level with the engagement of local CSOs.
- State institutions be ordered to facilitate CSOs in imparting relief and support services as well as highlighting gaps and challenges for taking appropriate measures both by public and private sectors.
- Appropriate PPEs be provided to all front line service providers including doctors, paramedics, security agencies and staffs, police, military staffs, sanitary workers and post men etc.
- Helplines should be initiated to report sexual and gender based violence
- Mobile health services with complete safety protocols be initiated at grassroots level to provide pre and post natal services for women and to facilitate elderly people, people living with disabilities.
- Special measures be taken to facilitate those who are deprived of Ehsaas Cash Grants due to lack of CNICs and other challenges

The communique is consolidated by:

Zia Ur Rehman Chair Pakistan Development Alliance
Chaudhary Muhammad Shafique Executive Director Parliamentarians Commission for Human Rights

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This communique is endorsed by:

**Organizations from Islamabad**
1. Mr. Asif Chishti - Voluntary Services Overseas (VSO) Pakistan
2. Mr. Hassan Hakim-SDGs Secretariate
3. Ms. Huma Aziz-Umang
4. Khalid Naeem – SEDA-Pakistan
5. Ms. Mariam Amjad Khan – Ujala Network
6. Ms. Munazza Gillani – Sightsavers Pakistan
7. Ms. Samina Nazir- Potohar Organization for Development Advocacy (PODA)

**Organizations from AJ & K**
8. Mr. Raja Iftikhar- Area Development Organization

**Organizations from Balochistan**
9. Mr. Mr. Pervez Safi & Mr. Aman Ullah- Water Environment Sanitation Society
10. Mr. Naseer Ahmed Channa- Bright Star Development Society

**Organizations from Gilgit Baltistan**
11. Mr. Wazir Ejaz-Baltistan Culture and Development Foundation

**Organizations from Khayber Pakhtunkhaw**
12. Mr. Aziz Ur Rehman- Al-Dua Organization
13. Mr. Aamir Sohail Saddozai- SAHARA VSWA
14. Mr. Hazrat Ali & Mr. Rafi Ullah- Khapal Kore Organization
15. Mr. Inam Ullah- Sada-e-Thal Welfare Organization
16. Mr. Muhammad Shoaib- Dehi Tarqiay Tanzeem
17. Mr. Muhammad Zahir- Allai Development Organization
18. Ms. Rubina Massey- Integrated Community Development Initiative
19. Ms. Rakshanda- Noor Education Trust
20. Mr. Malik Akbar-Aurat Association

**Organizations from Punjab**
21. Mr. Abdul Rub Farooqi- Jag Welfare Movement
22. Mr. Albert Patras- Society for Empowering People
23. Mr. Amjad Hussain- Development for Health Education Work and Awareness (DHEWA)
24. Mr. Fsahat-Youth Advocacy Network (YAN)
25. Mr. Mustafa Chohan-Alka Theatre Group
26. Mr. Maaz Asghar Mastoi- Neelab Children and Women Development Council
27. Mr Syed Naeem Abbas- Brooke Pakistan
28. Ms. Ume Laila-HomeNet Pakistan

**Organizations from Sindh**
29. Mr. Anis Danish & Malik Tahir Advocate -Legal Rights Forum (LRF)
30. Mr. Anwar Ali- National Advocacy for Rights of Innocent-NARI Foundation
31. Mr. Ali Hassan Maher-Village Development Organization
32. Ms. Bilquis Rehman- Council for Participatory Development
33. Mr. Deedar Ahmed Mirani- Pahel Pakistan
34. Mr. Fiaz Hussain-Mehran Welfare Trust
35. Mr. Gul Buliedi- Shifa Welfare Association
36. Mr. Krishan Sharma- District Development Association Tharparkar
37. Mr. Muhammad Yaqub- Takhleeq Foundation
38. Mr. Shahzado Malik- Advocacy, Research, Training and Services (ARTS) Foundation

**National Secretariat: Pakistan Development Alliance** House # 288, Street 87, Services Society, E-11/2, Islamabad. Phone # +92-51-2305233-34, Mobile +92-3006301215
39. Mr. Panjal Khan Sangi- Mehran Welfare Trust