Pakistan Coronavirus CivActs Campaign

Situations like the coronavirus pandemic can quickly become a catalyst for social conflict due to misinformation, rumors and fake news, as we've seen in the past. Every day we continue to see more false information shared throughout communities, confusing citizens and leaving them unsure as to who can answer their questions.

The **Pakistan Coronavirus CivicActs Campaign (CCC)** captures rumors and perceptions among communities to eliminate information gaps between the government, media, humanitarian agencies and citizens. By providing the public with facts, these coronavirus bulletins aim to create a better understanding of needs regarding coronavirus and to debunk rumors before they can do more harm.
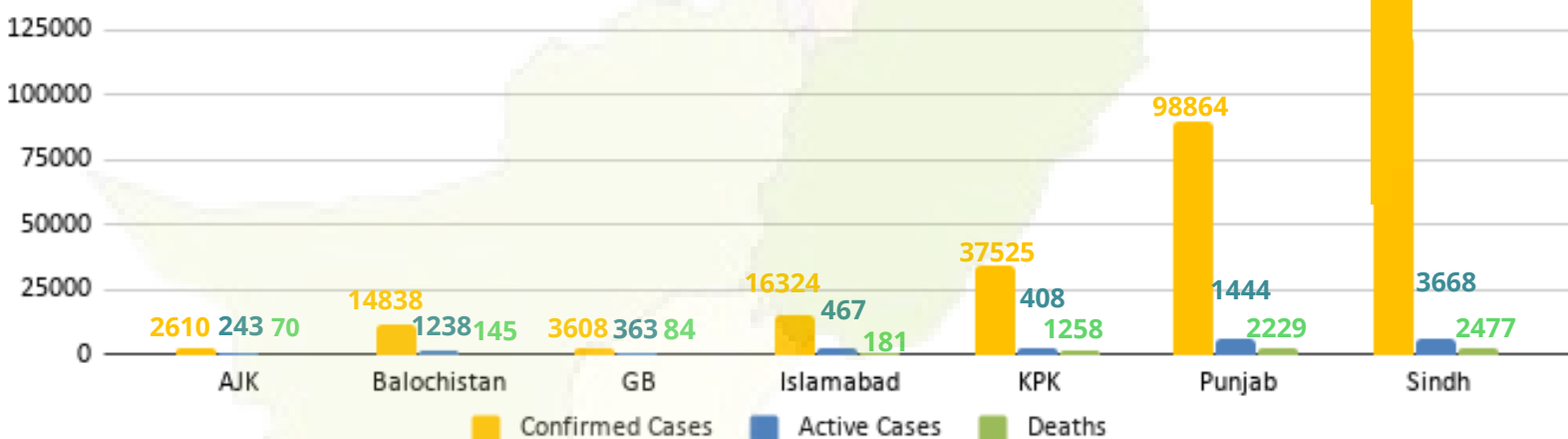
Current Situation of COVID-19 in Pakistan

Total Confirmed Cases	Total Active Cases	Total Deaths	Total Recoveries
309,015	7,831	6,444	294,740

COVID-19 Cases status in provinces of Pakistan

Province	Confirmed Cases	Active Cases	Deaths
AJK	2610	243	70
Balochistan	14838	1238	145
GB	3608	363	84
Islamabad	16324	467	181
KPK	37525	408	1258
Punjab	98864	1444	2229
Sindh	135246	3668	2477

To receive our regular updates through WhatsApp

1. Add our number **+27 60 080 6146** as a contact.
2. Send the word **"Pakistan"** as a message on WhatsApp.

Challenges faced by COVID-19 Mobile Teams

As the pandemic spread, hospitals across the country faced three times the volumes of patients than they were receiving before COVID-19. Hospitals quickly began reaching their full capacities and had to work with limited access to resources and staff. As a result, the state and federal authorities emphasized the importance of having facilities available for COVID-19 positive patients who were depicting severe symptoms of the virus, rather than those who were showing moderate or minute symptoms.

The latter were to be provided care facilities and testing services at the convenience of their homes through monitoring teams.

Threatened for Helping

"Upon tracking a patient's history, we came to realize that the COVID-19 infected person had come into contact with a few people who we had to track down and test as well. With the list of names and addresses in hand, my team of five, consisting of health workers, swab collectors, a counselor and a driver headed towards the locations.

After carrying out the tests in four households, we were left with just two more houses. When we reached the next house and rang the doorbell, a man came outside asking who it was. He hadn't opened the main gate yet but was communicating through a partition at the side of the entrance. When he found out about the reason behind our arrival, he told us to leave. As we insisted on carrying out the test and explained the importance of testing, the man started to become aggressive and began shouting. A few seconds later, four more members of the house began abusing our team. Since it was a small and congested street, other residents came outside because of the commotion. My team and our vehicle were then attacked as the people began throwing sticks and rocks at us."
(Sindh)

A High-Risk Job

"The process of swab sample collection does not take more than 30 to 40 seconds, but it is a high risk job. We work for three days and then remain self-quarantined for 14 days. For almost 12 hours, we have to keep wearing the personal protective equipment (PPE) and amidst the fast-paced work, we do not even get a chance to drink water. We need to finish the work in a short time to avoid contact with patients and also with those who come to give their swab samples. Before the person coughs or sneezes, we need to finish sample collection.

At times they need to counsel suspected patients as some of them think they don't have the infection, but carry a fear in mind. Some of the people think the test is something different and dangerous. But, we explain the procedure to them so that there should be no need to collect another sample from the person. The nurse and other accompanying staff also need to stay alert as the swab samples are to be sealed immediately and kept in a proper storage facility, so there is no scope for mistake."
(Punjab)

Challenges faced by COVID-19 Mobile Teams

Rising Misconceptions

"We received a call stating that an elderly person was facing respiratory issues and upon interrogation we found that the person was COVID-19 positive, based on the symptoms their family members stated. With the hospitals reaching their capacity, the federal authorities had stated that the public who were in suspicion of having the virus or who were facing moderate symptoms would be tracked and given facilities at home to reduce the rush at the hospital and further spread of the virus.

When we arrived at the specified address, our team headed inside to test the patient. She was a woman in her late 70's, who was not only COVID-19 positive but was showing severe symptoms. She was to be immediately admitted to the hospital and provided with an oxygen-ventilator. Upon sharing this with the other members of her family, they refused, stating that the paramedics these days would have patients admitted to hospitals who are then given poisonous injections, after which the patient would die. And the hospital and related staff would then be given incentives. When we heard this, a sense of fear came over us, as we tried to digest what we had just heard. We were shocked at what people were saying about us. Here we were trying to provide the best care for the patient and trying to ease their health issue but in return, we were being blamed for selling dead bodies."

(KPK)

What steps can be taken to overcome this issue?

COVID-19 mobility teams are at a high risk of catching the viral infection. They should be provided with appropriate personal protective equipment. The teams also face threats and are exposed to violence. For example, people suspected of carrying the virus may violently object to screening or quarantining. Government institutions should make sure of their safety while they are carrying out their field work.

The monitoring teams should be given forms for giving their feedback and then government institutions should use feedback and complaints mechanisms where these are functioning well and increase their capacity. They should also collate feedback across teams and look for potential trends that all sectors can address together.

If someone from the team is feeling ill, or has had contact with someone who has confirmed Covid-19 symptoms, stay at home, isolate and take care of them.

Coronavirus symptoms Include:

- Fever
- Dry Cough
- Shortness of Breath
- Tiredness

Contact your doctor or the coronavirus helpline at 1166

Where can I get tested?

Karachi
Aga Khan University Hospital
Stadium Road, Karachi
Civil Hospital
DOW University Campus
Mission Road, Karachi
Dow Medical Hospital
Ojha Campus
Suparco Road, Karachi
Indus Hospital
Opposite Darussalam Society, Korangi Crossing, Karachi

Lahore
Punjab AIDS Lab
PACP Complex
6 - Birdwood Road, Lahore
Shaukat Khanum Memorial Hospital
7A Block R-3 M.A. Johar Town, Lahore

Islamabad
National Institute of Health
Park Road
Chak Shahzad, Islamabad

Rawalpindi
Armed Forces Institute of Pathology
Range Road
CMH Complex, Rawalpindi

Multan
Nishtar Hospital
Nishtar Road,
Justice Hamid Colony, Multan

For more cities visit the
COVID-19 Health Advisory Platform

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