





# THE IMPACT OF COVID-19 ON RELIGIOUS & SOCIAL INEQUALITIES

A case from the marginalized areas of Lahore, Pakistan









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Pakistan

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#### Executive Director's Note

The COVID-19 pandemic has had an unprecedented impact in recent years, significantly affecting marginalized populations. In response to this situation, Bargad, in partnership with GIZ-PaRD, conducted a comprehensive study to evaluate the effects of COVID-19 on religious and social inequalities, taking a case of marginalized areas in Lahore, Pakistan. The study sought to gather evidence on the daily experiences of marginalized communities and generate insights to strengthen local governance, inclusive development, community access to public sector opportunities, and post-pandemic recovery efforts, focusing on the most vulnerable groups at the grassroots level. The strategic aim is to promote preventive public health approaches and inclusive planning in local governance during normal times.

It is crucial to acknowledge that effective public service delivery requires decentralization, increased investment in human and financial resources at the local union council level, inclusive planning processes, reliable data collection, and cross-sectoral coordination. The prevailing notion that marginalized areas receive insufficient attention and funding from the public sector must be discarded. Equality and inclusion of citizens should be embraced as fundamental principles within the local government planning process and operations. This can be achieved through positive representation of women in the curriculum, life-skills-based education, public awareness campaigns, and pro-poor measures during emergencies. A key recommendation of the study is for the government, in collaboration with civil society organizations, to launch youth-led awareness campaigns aimed at connecting communities with existing social protection programs and entrepreneurship services and opportunities. Additionally, the study puts forth measures for the government and civil society to facilitate the socio-economic recovery of marginalized communities.

The insights gained from this study hold significant value and can be applied to other regions in Pakistan where religious minorities are concentrated. It sends a powerful message to the government, donors, civil society organizations, and the private sector, emphasizing the importance of collaboration in mitigating religious and social vulnerabilities and fostering resilient, inclusive, and cohesive local communities.

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#### INTRODUCTION

#### The impact of Covid-19 in Pakistan

The Covid-19 pandemic has taken a heavy toll globally, prompting governments to respond quickly. Pakistan, with its dense population, has been hit hard, suffering significant impacts on both its people and economy. According to official sources, 1,574,938 people in Pakistan were confirmed to have

contracted the virus, of whom 30,630 died and 1,495,220 recovered between January 31, 2019, and October 31, 2022. In response to the pandemic, 132,138,764 people in Pakistan have been fully vaccinated, with a total of 300,798,574 vaccine doses administered (Government of Pakistan 2020).

The ripple effects of this crisis have extended far beyond public health, with the economy taking a significant hit as well. In March 2020, the

Corona virus: health statistics from Pakistan									
	Confirmed Cases	Deaths	Recoveries						
Pakistan	1,574,938	30,630	1,495,220						
Sindh	595,269	8,249	567,237						
Punjab	523,003	13,616	491,786						
Khyber Pakhtunkhwa	224,642	6,372	212,886						
Islamabad	139,588	1,031	134,140						
Azad Jammu & Kashmir	44,333	793	42,517						
Balochistan	36,025	378	35,108						
Gilgit Baltistan	12,078	191	11,546						
D	l f l 21	2010 0-4-1	21 2022						

Data extracted from Jan 31, 2019- October 31, 2022 Source: https://covid.gov.pk/stats/pakistan

Pakistani government introduced a Rs1,200 billion relief package to combat the pandemic, including a Rs100 billion emergency fund, Rs12,000 per month for four months to 20.2 million low-income individuals, and an additional Rs200 billion for daily-wage earners and labourers. The package, which also included the abolition of a 2% tax on imported pulses and dry milk, allocated Rs50 billion for the purchase of medical supplies and Rs280 billion for the procurement of wheat (Khan 2021).

Pakistan has suffered significant economic losses as a result of the pandemic, including rising unemployment, imbalances in imports and exports, declines in GDP growth and per capita income, reductions in remittances, decreases in production and manufacturing, and setbacks in agriculture. The pandemic has also had far-reaching impacts on other areas such as education, with long-term implications for the country's human resource development as students' learning has been disrupted. The pandemic has brought public life to a standstill, exacerbating the economic and social impacts of the crisis.

To support households coping with the impact of Covid-19, the government expanded social protection programmes like Ehsaas - Benazir Income Support Programme (BISP),<sup>1</sup> which currently benefits 14.66

<sup>1</sup> Ehsaas (Compassion) - Benazir Income Support Programme is a social protection and poverty alleviation programme of the government launched in March 2019. It was continued and renamed version of the Benazir Income Support Programme (BISB) started in July 2008. Its name has again been reverted to BISP after the change of government in 2022. It targets cash transfers to vulnerable and deserving women and their families from the poorest households across the country irrespective of political affiliations, racial identity, geographic location, and religious beliefs. The long-term objectives include meeting the targets of the United Nations Sustainable Development Goals (SDGs) on eradicating extreme and chronic poverty and empowering women. The BISP operates nationwide through a network of 385 tehsil offices, 33 divisional offices, six regional offices, and its headquarters in Islamabad. For details, see website of the Programme: https://bisp.gov.pk/.

million individuals. The programme covered 43% of households in Pakistan until December 2020, providing the poorest 20% with 15.2% of their monthly income and the poorest 40% with 8.4%. It is supported by 134 policy initiatives under 34 federal and provincial bodies (Markhof Dec 2020).

#### Support from the international community

The USA provided relief financing of USD 2 billion to Pakistan and pledged an additional USD 15 million to address the pandemic's impacts (Express Tribune, 2020b). The UAE sent a plane carrying 14 metric tonnes of medical and food supplies to Pakistan, while China promised its support, assuring that Pakistan would not face shortages in medical equipment (The News International, 2020b). Japan contributed USD 4 billion in direct budget support in mid-May, on top of the USD 3,410,000 already provided to Pakistan through INGOs. The World Bank offered initial support of USD 240 million in new financing and repurposed its existing financing to assist Pakistan's urgent health response, social safety nets, distance learning, and food security (The Express Tribune, 2020). It is scaling up to provide over USD 2 billion in new financing and up to USD 1 billion in repurposed funds, including USD 130 million in grant funding, over the next 15 months. In June, the World Bank granted Pakistan an additional USD 500 million in loans to combat the pandemic. The Asian Development Bank (ADB) extended grant assistance worth USD 2.5 million and repurposed USD 50 million from the National Disaster Risk Management Fund (NDRMF) for pandemic and health needs at the national and provincial levels. The ADB also approved USD 500 million worth of countercyclical support facility and USD 300 million in emergency assistance lending in May. Moreover, the International Monetary Fund (IMF) provided USD 1.4 billion, and the European Union provided USD 150 million to Pakistan to combat Covid-19."

Extracted from Food and Agriculture Organization (FAO) of the UN. "National agrifood systems and Covid-19 in Pakistan. Effects, policy responses, and long-term implications," Policy Brief. Oct 2020. Available at

While much has been written on the impact of Covid-19 on health and economic indicators, little attention has been paid to how the pandemic has affected socio-economic marginalization, religious minorities, and inclusive development. This report seeks to fill that gap by examining whether Covid-19 has disproportionately impacted members of religious minority communities.

#### Research aim and objectives

This study explores the everyday Covid-19 experiences of marginalized communities living in suburban areas of Lahore, Pakistan, where there are sizable clusters of religious minorities. The aim is to examine how religion and economic risks and vulnerabilities affected both majority and minority communities differently during the pandemic and where their issues converged.

It also takes into account discriminatory practices towards minorities and poor households from their own perspectives and explores risks and vulnerabilities they are faced with. The study assesses what has worked and what interventions have not been effective in response to the pandemic, focusing on five key themes:

- Government and community responses to Covid-19
- Impact on employment status
- Rates of mortality
- Access to basic services including public health, education and food
- Social stigma and discrimination: how these different biological and medical variables intersect with ethnicity, race, religion, disability and socio-economic status

Taking into account the perceptions and perspectives of marginalized citizens, the study concludes by recommending how the lessons learned from the Covid-19 crisis can be applied to mitigate risks and vulnerabilities through legislative measures and long-term development programming.

The study is expected to assist government institutions in achieving their planned targets for SDGs 10 and 16, which seek to reduce inequality and promote inclusive societies for sustainable development. By sharing evidence-based perceptions about Covid-19, Bargad can promote helpful information, prevent and reduce fear and stigma, lessen inequalities in service delivery, offer reassurance to communities, and promote inclusive development in Pakistan. Bargad and its youth network are integrated into their communities through service and compassionate networks and are often able to reach the most vulnerable with assistance and identify those most in need. Religious leaders are a critical link in the safety net for vulnerable people within their faith-based and wider communities.

#### Literature review

The literature on the Covid-19 pandemic in Pakistan is largely focused on discussing economic and financial fallout, considering the pandemic as a national emergency that has disrupted life in different sectors. Much of this literature aims to assess the damage and prescribe remedies, highlighting various forms of resource busting such as unemployment, import and export imbalances, sectoral and infrastructure damages and losses, and declines in national GDP growth and per capita income, remittances, production, and manufacturing.

Amir Khan, in his policy brief, deliberates on the impact of Covid-19 on Pakistan's trade and foreign remittances. Using a Computable General Equilibrium (CGE) framework, he estimates the costs of control actions (i.e., restrictions on transportation, less labour mobility, and closure of workplaces) and risks of a possible second wave of the pandemic on the Pakistani economy. He advises the government to facilitate exporters halting disruption of supply chains. (M. A. Khan 2021).

An ADB brief examines lockdowns and the locust invasion to assess the pandemic's impact on agriculture by analyzing data from a cross-sectional survey administered to 400 farmers in Punjab. It finds a loss of earnings in about one-third of farm households and the return of 22 percent of the surveyed family members from urban centres. It also indicates a greater disruption in the food supply chain of high-value agricultural products (vegetables, fruits, and milk) and farm inputs, but the wheat harvest and marketing in Punjab have been less affected.

In October 2020, the Food and Agriculture Organization (FAO) conducted a study on the national Agrifood system, highlighting its effects, policy responses, and long-term implications, and advocating for a dialogue on managing the food system to prevent a health crisis from turning into a food security and nutrition emergency.

Other authors have conducted Social Accounting Matrix (SAM) multiplier analyses on various macroeconomic variables, finding that the agriculture sector has been resilient during the pandemic and that higher-income quartiles have lost more than lower-income ones (Moeen, et al., December 2020). KPMG Taseer Hadi and Company has also collated the impact of Covid-19 on 13 sectors of Pakistan and suggested recovery measures according to seven variables of "embracing the new norm" (KPMG Taseer

Hadi and Company, May 2020). Asif Javed (August 2020) offers an economic analysis of the pandemic's impact on Pakistan's services sector and advocates for the promotion of information technology and ecommerce to support the entrepreneurial activities of small and medium-sized enterprises (SMEs).

Yannick Markhof stands out with an adequacy analysis of Pakistan's social protection response, mapping out the Ehsaas programme and its coverage, benefit value, selection and delivery mechanism, and prescribing required policy and governance measures (Markhof, December 2020).

For framing religious inequalities, a number of studies mainly focused on religious discrimination in Pakistan were reviewed. Al-Saba's briefing, which has a global focus, looks at underlying issues that have developed and sustained experiences of discrimination and increased vulnerabilities of minorities and indigenous peoples during the pandemic (Al Saba, 2020). Many scholars see the state and its frameworks as a key driver for discrimination, such as the constitution (Din, December 2019), gaps in the implementation of laws (Tahir and Tahira, December 2016; Mustafa, Ahmad, and Arslan, June 2020), blasphemy laws (Rumi, 2018), and more. Others examine aspects of religious discrimination emanating from societal sources and mobilizing agencies, such as forced conversion and identity politics (Schaflechner, 2017; Ali, autumn 2015; Fuchs and Fuchs, 2020), as targets of violent extremism (M. M. Khan, January-June 2017), and media reporting (Rehmat and Alam, 2019).

However, little work has been done on the marginalization of minorities in their developmental needs and access to social services (Naveed, Munir, and Saeed, 2014). This perspective is focused on the lived experience that most members of religious minorities have as second-class citizens.

## Technical approach

The Covid-19 pandemic, an extraordinary health emergency, has impacted the economy, society, and governance, exposing the risks and vulnerabilities of marginalized communities. It has raised questions of inclusive development and highlighted religious and socioeconomic inequalities. Despite the positive efforts of social protection programmes like the Ehsaas - BISP, the coping capacities of marginalized segments of society are quite limited. Any response to the Covid-19 situation that is ad hoc, reactive, and emergency-oriented will not deliver in the longer run unless development policies and programming are geared towards a systemic direction. For that, the Covid-19 impacts need to be viewed thoroughly from the everyday perspectives of the most vulnerable segments at the micro level to understand the perceptions and practices of people as they have lived through the pandemic and link it with development thinking.

We were also required to identify a location with significant clusters of religious minorities, where the majority community has a comparable economic status to ensure a comprehensive understanding of the social and economic dynamics in the area.

# Methodology

This study has used both quantitative and qualitative data gathered through three major means.

To begin with, we conducted a literature review and identified five key themes that mapped out the impact of Covid-19 on marginalized communities. Next, we selected two Union Councils (176 and 177) in Lahore as our research location. These suburban areas have sizable clusters of religious minorities, predominantly from the Christian community, who are socio-economically equal, mostly relying on informal economy and daily wages, and have been settled in the area since Pakistan's independence in August 1947, without much internal migration to Lahore.

With this review and selection in mind, we prepared two research instruments: one for in-depth interviews and the other for a community survey. Subsequently, we collected primary data through 10 in-depth interviews with five youth influencers, three religious clerics, one representative of Faith-based Organizations, and two from government departments. These interviews provided valuable insights and helped us refine our research tools.

Finally, we conducted an extensive community survey, using a randomized sample of 390 respondents. However, we included 399 respondents to enhance the validity of our findings. To ensure adequate representation of religious minorities, we aimed to have at least 80 percent of respondents from this group. Additionally, we made sure to include women, youth, religious leaders, faith communities, journalists, and teachers in our survey sample. [Respondent profiles are provided in the data analysis section ahead.]

Our guiding principle was to present clear and accurate data on the impact of the pandemic, specifically regarding religious inequalities. Our working hypothesis was that the absence of a robust local government system can result in religious inequalities, which are often perceived as a result of societal conflicts between religious groups. We conducted a multivariable analysis that considered factors such as religious affiliation, age, perception patterns, education level, gender, and religious profiles for a comprehensive understanding of the complex interplay between religious inequalities and the pandemic, as well as the socio-economic factors that may contribute to these disparities.

This report is divided into three chapters:

The first chapter introduces the context including the impact of Covid-19 in Pakistan, the research aims and objectives, technical approach, methodology, organization, and limitations of the study.

The second chapter provides data, interprets, and discusses the results of the community survey, which comprised 25 questions.

The final chapter concludes the study by giving a research brief and making recommendations.

#### **Key findings of the study**

The study at hands reveals several key findings:

**Vaccination status:** The majority of individuals (65.2%) have received the coronavirus vaccine, while 34.8% have not been vaccinated. Additionally, only 0.8% of respondents reported contracting the coronavirus, with 80.5% remaining unaffected by the virus. The respondents held mixed opinions about the quality of service delivery at Covid-19 facilitation centers.

**Financial impact**: An overwhelming majority (82.5%) experienced salary or wage cuts due to Covid-19, while 17.5% did not face such repercussions. Furthermore, 66.2% of respondents witnessed job losses among their acquaintances, while 33.8% did not observe any such losses. Among those affected, 78.2% reported enduring salary/wage cuts, with 31.6% experiencing cuts lasting for three months and 10.5% enduring them for seven months. Despite these challenges, 66.7% of respondents managed to continue working. To cope with financial constraints, a significant number of respondents (46.1%) reduced their household spending. Unfortunately, access to public transport services during the pandemic was limited, with only 25.8% of respondents having such access.

**Mortality and impact on neighborhood:** In terms of mortality, 31.8% of respondents witnessed deaths in their neighborhoods due to Covid-19, while 68.9% did not. Similarly, 31.6% of respondents experienced strict lockdowns in their neighborhoods, while 68.4% did not face such restrictions. The ratio of respondents who consistently wore masks stood at 36.3%, while 31.3% rarely wore masks, and the remaining respondents fell into other categories. Additionally, only 5.8% of respondents believed they witnessed more deaths in their areas compared to other regions, while 71.7% did not share this perception.

Quality of service delivery: The respondents expressed general dissatisfaction with the quality of health services in their areas. On the other hand, awareness about Covid-19 was relatively high, with 55.9% of respondents being extremely informed about the virus. Television emerged as the primary source of information for Covid-19, utilized by 71.9% of respondents, followed by radio (6.6%) and other sources. The respondents had mixed responses regarding the effectiveness of the government's Covid-19 campaign.

Stigma and social response: A notable finding was that 57.1% of respondents believed that doubts regarding the reality and influence of Covid-19 still persisted. Discrimination in health services was experienced by 11.3% of respondents, primarily of a religious nature during ration distribution. However, a significant number of respondents (46.4%) witnessed community support, and 52.6% reported witnessing donations from other areas during the pandemic. Conversely, 79.4% of respondents did not witness local groups and outfits working in their localities during the pandemic. Lastly, 24.9% of respondents were directly involved in volunteering during the pandemic.

#### Limitations

The study was conducted in a suburban and densely populated area where, despite differences in religious affiliations, the population was almost equal in terms of socio-economic status. Though the study may not be representative of other parts of Punjab, it does provide valuable insights into both the religious and socio-economic vulnerabilities of marginalized communities, enabling us to better understand the sources of marginalization.

#### DATA ANALYSIS AND DISCUSSION

#### Profile of the respondents

Among the 399 respondents surveyed, the largest proportion (36.1%) fell within the age range of 39 to 50 years, closely followed by individuals aged 25 to 38 years, who accounted for 35.6% of the respondents. The percentage of respondents aged 50 to 74 was 16.0%, while those between 18 and 24 years old constituted 10.8% of the total. Only 1.5% of the respondents were aged 75 or above. Therefore, individuals aged up to 50 years comprised 82.5% of the total survey participants.

In terms of gender identity, 68.7% of the survey population identified as male, while the remaining 31.3% identified as female. The majority of respondents identified as Christians (83.5%), with Muslims representing 16.5% of the survey participants.

Regarding educational attainment, the majority of respondents reported being illiterate and having no formal education, constituting 56.1% of both the Christian and Muslim communities combined. The trend for educational attainment from primary to matriculation level was nearly identical, with only 4.3% of respondents having completed their intermediate education. University education accounted for 2.3% of the respondents, and individuals with other degrees (such as nursing, medicine, etc.) represented 2.8% of the total.

Upon analyzing educational attainment within the Muslim and Christian communities separately, the illiteracy rate among Muslims was 34.8%. From primary to intermediate levels, the trend ranged from 12% to 16%. In the Christian community, the percentage of illiterate individuals was even higher at 60.1%. From primary to intermediate levels, this trend did not exceed 11%, decreasing to 2.7% at the intermediate level and 2.1% for those with a university degree. However, the percentage of respondents with other degrees (professional training, etc.) was higher in the Christian community at 3.0%, compared to 1.5% in the Muslim community.

In terms of religious affiliation, 83.5% of the respondents identified as Christians, while the remaining 16.5% identified as Muslim. Detailed figures about the profile of the survey respondents are provided in the tables below:

Respondents by Age											
Age Frequency Percent											
18-24 Years	43	10.8									
25-38 Years	142	35.6									
39-50 Years	144	36.1									
50-74 Years	64	16.0									
75 Years & above	6	1.5									
Total	399	100.0									

by Education									
Education	Frequency	Percent							
No formal education	222	55.6							
Primary	48	12.0							
Middle	47	11.8							
Matric	45	11.3							
Intermediate	17	4.3							
University Degree	9	2.3							
Others	11	2.8							
Total	399	100.0							

by Gender									
Gender	Frequency	Percent							
Male	274	68.7							
Female	125	31.3							
Total	399	100.0							

by Religion										
Religion	Frequency	Percent								
Islam	66	16.5								
Christianity	333	83.5								
Total	399	100.0								

Education Level of the Respondents by Religion and Age									
Dospondon				Educatio	on of the F	Responde	nt		
Responden ts by Religious Identity	Age Group	No formal educatio n	Prima ry	Midd le	Matric	Inter- mediat e	Universit y Degree	Others	Total
	18-24 Years	0	2	2	1	4	1	0	10
	25-38 Years	5	2	8	9	4	1	0	29
	39-50 Years	15	3	2	1	0	0	1	22
Muslims	50-74 Years	3	2	0	0	0	0	0	5
	Sub Total	23	9	12	11	8	2	1	66
	%age of Sub Total	34.8	13.6	18.2	16.7	12.1	3.0	1.5	100.0
	%age of Grand Total	6.0	2.2	3.0	2.7	2.0	0.5	0.2	16.7
	18-24 Years	11	4	6	8	3	1	0	33
	25-38 Years	57	22	16	12	2	2	2	113
	39-50 Years	86	9	8	9	2	4	4	122
Christians	50-74 Years	39	4	5	5	2	0	4	59
Christians	75 Years & above	6	0	0	0	0	0	0	6
	Sub Total	200	39	35	34	9	7	10	333
	%age of Sub Total	60.1	11. <i>7</i>	10.5	10.2	2.7	2.1	3.0	100.0
	%age of Grand Total	49.9	9.7	8.7	8.5	2.2	1. <i>7</i>	2.5	83.3
	Grand Total	223	48	47	45	17	9	11	399
	Cumulative %age	56.1	12.0	11.8	11.3	4.3	2.3	2.8	100.0

#### The status of Covid-19 vaccination:

When asked about their Covid-19 vaccination status, respondents aged 25-38 and 39-50 years had higher vaccination rates compared to others. Overall, 65.2% of the total population had received the vaccine, while 34.8% had not. In the Muslim community, 66.7% had been vaccinated, while 33.3% had not. Among Christians, 64.9% had been vaccinated, while 35.1% had not. A common trend among both groups was that people aged 18 to 24 or above 50 were less likely to have been vaccinated.

#### Prevalence of Corona Virus:

When asked if they had contracted Covid-19, the majority of survey participants, 80.5%, reported that they had not been affected. A significant proportion, 12.3%, were unsure if they had contracted the virus or not, and 6.5% suspected that they had the virus but had not been tested. Among Muslims, 77.3% had not been affected, 9.1% were unsure, and 13.6% suspected they had the virus. Among Christians, 81.1% had not been affected, 12.9% were unsure, and 4.3% suspected they had the virus. Only a small percentage, 0.8%, had tested positive for the virus. A large number of respondents was unsure if they had contracted Covid-19 or not. This could be due to a lack of testing due to poverty, a lack of symptoms, or not being aware of the virus's symptoms, and/or resilience.

#### **Service delivery at the Covid-19 Vaccination Centre:**

The respondents were also asked to rate their experience of the Covid-19 vaccination centre on a scale of 0 to 9, with 9 being the highest positive rating. The responses varied, with a rating of 5 being the most common, followed by ratings of 8, 2, 4, and 6, with percentages of 18.5, 13.3, 13.0, 11.0, and 10.0 respectively. Overall, the responses were positive. People aged 39-50 years, 25-38 years, 50-74 years, and 18-24 years rated the service delivery most positively, indicating that they were generally satisfied with the services provided.

#### Decrease in monthly income due to Covid-19:

The survey found that Covid-19 had a significant impact on the income of respondents, with 82.5 percent reporting a decline in their monthly income, while only 17.5 percent said their income had not been affected. Among Christians and Muslims, 17.5 percent and 19.7 percent respectively reported that their income had remained the same. The age groups of 39-50 years and 25-38 years were the most affected, while the active age group of 18-24 was the least affected, followed by 50-74 years. This trend may be attributed to high youth unemployment rates, which are estimated to be around 50 percent of the country's young people between the ages of 10 and 24 (32.4 million) who are not in education, employment, or training, according to a 2020 UNICEF study. Marginalized sections of society may experience triple exclusion, leading to the least impact on the monthly income of youth in these sections. This pattern is also evident in other survey findings.

#### Loss of employment in family/friends:

Another crucial question asked in the survey was whether the respondents, their family, or their friends lost their jobs due to Covid-19. The responses revealed that 66.2 percent of the survey participants experienced job loss during the pandemic, resulting in a decrease in their income. The remaining 33.8 percent were able to keep their jobs. The percentage of Christians and Muslims affected by job loss was roughly equal, with only a 1 percent difference in their ratios. Job loss was most commonly reported by the following age groups in descending order: 39-50 years, 25-38 years, 50-74 years, and 18-24 years.

#### Salary/ wage cut? For how many months?

To further explore employment issues, respondents were asked about their awareness of employers cutting salaries or wages during the pandemic. The results indicate that 78.2 percent of the total population reported a reduction in their wages, while 21.8 percent reported working on the same remuneration. The ratio of those whose salaries or wages were cut is almost the same for both religious communities, with over 78 percent affected. Of those who experienced a period of financial hardship, the largest group, comprising 31.6 percent, reported being underpaid for 4 to 5 months. This was followed by 18.3 percent of people who remained underpaid for 2 to 3 months, 13.3 percent for 10 to 12 months, 10.5 percent for 6 to 7 months, 9.8 percent for 8 to 9 months, and 6.0 percent for only one month. These ratios of being underpaid can have an immense impact on poor households given the economic status of the respondents and are hard to fathom.

#### **Disruption in work:**

Asked if they continued working during the pandemic, 66.7 percent of survey respondents said they continued working, while 33.3 percent said they were unable to keep their jobs. The highest percentage of respondents (35.6 percent) were out of work for 20 to 30 days, followed by 23.1 percent who were out of work for two months and 14.3 percent who did not have work for 10-19 days. 11.0 percent indicated that the question was not applicable to them, and 10.3 percent were not sure for how many days they were without work. 5.8 percent were absent for around 5 to 9 days during the Covid-19 pandemic. This question sheds light on the severity of the pandemic and the extent to which work activities were disrupted.

#### Financial management of monthly household expenditures:

During the Covid-19 pandemic, it was crucial to understand how households managed their expenditures, especially when many individuals lost their jobs, had their salaries reduced, or were unable to work for a certain period. To a question aimed to determine if they continued spending the same amount of money as before, spent less, took loans from family or friends, or received charity, the responses showed that 46.1% of respondents spent less than usual, while 27.7% took loans from relatives, and 16% from friends. About 7.51% of individuals relied on charity, Zakat, or other means to complete their resources, and only 4.7% of respondents claimed their spending remained the same as before the pandemic.

The results suggest that households had to reduce their expenses during the pandemic and relied on various means to obtain resources to run their households. It is evident that families, including extended families, and friends provided financial support, serving as a source of social capital to provide resources when needed.

#### Availability of transportation for work:

In response to a question about transportation availability during Covid-19 for work, the results indicate that 66.7% of respondents did not have access to transportation during that time. Only 25.8% of people had access to transportation through their work. When comparing the Christian and Muslim

populations, 27.9% of Christians had transportation as against 63.7% who didn't have it and 15.2% of Muslims had access to transportation facilities available to them as against 81.8% who didn't have it.

#### Any death in the neighbourhood?

The survey also included a question about whether people knew of any deaths in their neighborhood due to Covid-19. 31.1 percent of respondents indicated that they had knowledge of such deaths, while 68.9 percent responded negatively.

For the Christian and Muslim population, the response rates were 68.2 percent and 72.2 percent, respectively, for those who had no knowledge of deaths. For those who did know of deaths, the response rates were 26.6 percent and 27.3 percent, respectively.

The age groups with the highest reporting of mortality knowledge were the 39-50 years and 25-38 years age groups, respectively.

#### Frequency and severity of lockdowns:

When asked about the frequency and severity of lockdowns during the Covid-19 pandemic, respondents indicated that they did not experience more significant restrictions compared to other areas. Approximately 31.6% of the respondents believed they endured the most severe lockdowns, while the remaining 68.4% expressed satisfaction in not having faced such stringent measures.

Among the Muslim population, 47.0% believed the lockdowns were frequent, whereas 28.5% of Christians shared the same perspective. However, 53.0% of Christians and 71.5% of Muslims had different perceptions regarding the imposition of strict lockdowns during the pandemic. These varying responses often mirror the challenges encountered throughout the pandemic. The primary reason is linked to professions predominantly practiced by Christians, such as healthcare, hygiene, and sanitation work. Individuals in these professions needed to commute to their workplaces regardless of the restrictions, and law enforcement authorities allowed them to leave their neighborhoods to perform their duties.

#### Wearing masks:

Regarding the respondents' attitudes towards safety measures against Covid-19, the majority reported wearing masks. Among them, 36.3 percent reported using masks habitually all the time, which was the highest proportion. Another 31.1 percent reported using masks quite often, while 31.1 percent reported wearing masks rarely. Only 1.3 percent reported never wearing masks.

People aged 25 to 38 were more likely to wear masks than other age groups. However, there was a significant difference in behavior between religious communities, with 37.2 percent of Christians and 31.8 percent of Muslims reporting following standard operating procedures (SOPs) by wearing masks. This may be due to a higher prevalence of Christians in health and hygiene-related professions, which may have influenced their adherence to safety measures.

#### **Death rate in neighbourhood:**

To a question about people's perceptions of the death rate in their area compared to other areas, only 5.8 percent of respondents felt that their area had a higher death rate, while 71.7 percent believed that the death rate in their area was not significantly higher than in other areas, and 22.6 percent were unsure. The responses were similar in the Christian and Muslim populations, with 4.5 percent and 6.0 percent, respectively, reporting a higher death rate in their area. The majority of both groups, 69.7 percent of Muslims and 72.1 percent of Christians, reported no deaths in their communities.

#### **Health services in the neighbourhood:**

The next question was about the health services available in the area during the pandemic, and respondents were asked to rank the services. The data reveals that 28.3 percent of people ranked the services as zero, indicating significant dissatisfaction with the overall health services available in the area. This contrasts sharply with the positive responses given about the services provided by Covid-19 vaccination centres.

In addition to the negative ranking, 8.5 percent, 4.0 percent, and 5.0 percent of the population ranked the services as 1, 2, and 3, respectively. 18.0 percent of the population gave an average rank of 5, but 13.8 percent were highly satisfied with the service at a rank of 8.

The gap between satisfaction with Covid-19 vaccination centres and overall health services in the area is likely due to several macro factors, including health service coverage, government spending, and infrastructure. For example, in the Punjab province, there are only a little over 3,000 health facilities available for a population of 110 million people. Additionally, national healthcare spending declined by 7.8 percent in 2019, with only 3.38 percent of Pakistan's GDP allocated to healthcare. This allocation was higher than that of India (3.01%) and Bangladesh (2.48%), but lower than Sri Lanka (4.08%), Nepal (4.45%), Maldives (8.04%), and Afghanistan (13.24%).

Pakistan's official sources reported that per capita current health expenditures in 2019-20 were \$40.7 or Rs6,432, which was lower than \$48.1 or Rs5,283 in 2017-18. Furthermore, according to the National Health Account, 52.8 percent of total health expenditures in 2019-20 were paid out of pocket by individuals. In contrast, federal, provincial, tehsil, and district governments spent Rs468.228bn, while people's spending increased by around Rs775.412 billion.

In rural areas, families are under increasing pressure to bear the cost of health services. The concentration of health facilities in larger cities, as well as their distance from rural neighborhoods, adds to the burden. From the government's perspective, the growing population and resource limitations make it challenging to efficiently deliver health services to everyone. As a result, the dissatisfaction reflected in the ranking of health services could indicate how marginalized areas are neglected in normal times, suggesting less attention to such areas in regular development planning.

#### Awareness about dangers of Covid-19:

This graph indicates that a majority of people, primarily those between the ages of 25-38, were well-informed about the Covid-19 pandemic and its implications, with 55.9 percent reporting full awareness.

Additionally, 38.4 percent of respondents reported being somewhat aware, while 5.8 percent had no knowledge of the pandemic's dangers. This pattern was consistent across both Christian and Muslim populations, with 57.6 percent of Muslims and 55.6 percent of Christians indicating full awareness. However, the remaining population demonstrated only partial or no awareness of the pandemic's implications, suggesting the need for further education and outreach efforts.

#### Sources of information about Covid-19:

A question in the study aimed to determine the sources of information about Covid-19. Results revealed that television was the primary source for 71.9 percent of respondents who had access to TV news. The next most common sources were friends and relatives (22.7 percent) and newspapers (21.1 percent). Other sources included various websites and radio broadcasts.

While the Christian and Muslim populations accessed information from the same sources, there were notable differences in the rates. For example, 21.1 percent of Christians reported using newspapers as a source of information, compared to only 12.1 percent of Muslims. This difference may be attributed to disparities in educational background between the two groups.

Finally, social media was a source of information for 16.4 percent of respondents, indicating its growing role in disseminating information about Covid-19.

#### Ranking of the Government's awareness raising campaigns:

The survey included a question about the effectiveness of the government's efforts to raise awareness about Covid-19 in respondents' neighbourhoods. The question was rated on a scale of 0-9, with 0 being the lowest and 9 being the highest rating. The question sought to assess how successful the government's messaging was for marginalized groups, such as the poor, illiterate, and minority members.

Surprisingly, 33.3 percent of the respondents gave the lowest rating of 0, indicating a high level of criticism towards the government's awareness campaign. However, the remaining respondents gave varied ratings, with 19.0 percent giving an average rating, 12.8 percent giving an excellent rating, and 3.5 percent giving a highly satisfactory rating of the government's information policies.

The government played a significant role in coordinating efforts to combat the pandemic, including packaging information and releasing directives to prevent the spread of the virus. The National Emergency Core Committee was established in mid-January 2020, before the first diagnosis of Covid-19 on February 26, 2020. The National Coordination Committee (NCC), led by the Health Minister, was established as an operational arm and founded the National Command and Operation Centre (NCOC). The government also developed a National Action Plan for Covid-19 in Pakistan, which included a section on risk communication outlining 13 key points, such as proactive media engagement, community engagement, education, planning and SOPs, guidelines, and training.

Private TV channels were the main source of information for the respondents, their responses suggest.

#### Suspecting the Covid-19's reality:

There was a prevalent belief that some people did not consider Covid-19 to be a real threat, which was probed in a question to gauge people's perceptions. 57.1 percent of respondents believed that many people doubted the severity of Covid-19, while 26.1 percent thought that some people held these beliefs. Only 10 percent of respondents believed that few people thought this way, and 6.3 percent reported that no one held these beliefs.

Both Muslim and Christian respondents expressed their views on this issue, with 59.1 percent of Muslims and 56.8 percent of Christians indicating that many people had no idea about the risks of Covid-19. Only 6.0 percent and 7.6 percent from both sides respectively reported that no such people existed who doubted the reality of the virus.

These responses reveal a significant problem of mistrust in the mainstream narrative regarding the dangers of Covid-19. The circulation of misinformation about the virus was widespread, leading the government of Pakistan to dedicate a section on its website to dispel myths about Covid-19 (www.covid.gov.pk). Some myths ranged from regarding the virus as "just the flu, drink water" to labeling it as a conspiracy or even "God's wrath." Some people were advised to pray to get rid of it, while others suggested home remedies.

Criticism was especially aimed at restrictions on religious practices, which were seen by some as evidence of a conspiracy. However, the proliferation of conspiracy theories could also indicate general mistrust in the government.

## Discrimination in the health service delivery during the pandemic:

The survey included a direct question on whether respondents had experienced or observed discrimination based on their gender, religion, or social status during the Covid-19 pandemic. While the results showed that discrimination did occur, it was reported in relatively smaller numbers. Among the Christian population, people aged 39-50 experienced more discrimination, while people aged 25-38 years from the Muslim population faced such behavior within their community. Discrimination was mostly reported during ration distribution by private operators, with only 11.3 percent of respondents experiencing it. The remaining 88.7 percent reported no such experiences. There was a slight difference in discriminatory experiences faced by Muslim and Christian respondents, with the latter reporting 0.8 percent more differentiation based on their religious affiliation. The discrimination was done by private individuals, and no discrimination from public duty bearers was reported in this regard.

Despite the relatively low numbers, the results point to serious gaps in the implementation of constitutional guarantees of equal citizenship and the social exclusion that prevails in society at large. It raises questions about the government's seriousness and willingness to confront inequality and assert the equal treatment of all citizens. If the constitution provides equal rights to all citizens, then why are they being denied in communities? Condoning discrimination as a 'social issue' is not acceptable. The government must take active measures to ensure that no religious discrimination occurs. Although the reported discrimination in the survey area was done by private individuals, similar events were reported

elsewhere in the country where organizations denied rations to members of minority communities. No legal action against these elements has been reported.

Minority groups already live in impoverished states and poor neighborhoods, and actions like discrimination in ration distribution can only add to the polarization of society.

#### People helping and supporting each other in the community:

According to the survey, a significant portion of the population did not provide any help or support to others during the Covid-19 pandemic. Almost half, 46.4 percent, did not extend any assistance, while 40.1 percent reported some level of support. Only 13.6 percent of respondents provided a significant or substantial amount of help during this challenging time.

There was a slight difference in the response between Muslim and Christian communities regarding providing help to others during the pandemic. The difference was 0.8 percent, with 47.0 percent of Muslims and 46.2 percent of Christians not reporting any help. However, around 40 percent of both communities acknowledged that some level of assistance was provided from within their respective communities. Additionally, 12.1 percent of Muslims and 13.6 percent of Christians reported providing quite a lot of help to others during the pandemic.

#### Help or donation of things from other areas:

Building on the previous question, another inquiry was made regarding the provision of help or donations of goods within the neighborhood. According to the respondents, 52.6 percent of people reported no help or donation of goods in their neighborhood, while 36.3 percent reported that it was done to some extent, and 8.0 percent indicated quite a lot of help. Among them, 3.0 percent reported extreme help or donation of goods in their area.

#### Local organizations working on community service:

Based on the survey, it was found that only 20.6 percent of respondents reported the presence of local organizations or groups that provided services in their community during the Covid-19 pandemic. The vast majority (79.4 percent) did not feel that such organizations existed. Of those who did report the presence of local organizations or groups, 15.2 percent were Muslim and 21.6 percent were Christian. However, 78.4 percent of Muslims and 84.8 percent of Christians denied the existence of such groups in their communities.

#### **Volunteerism among the respondents:**

The final question in the survey sought to know the personal involvement of the respondents in any voluntary services during the Covid-19 pandemic. The results indicate that 24.1 percent of the respondents from both religious communities were directly involved in volunteer work, while 67.2 percent did not engage in any activity at all. Another 8.8 percent were indirectly involved, with 4.5 percent from the Muslim community and 9.6 percent from the Christian community.

#### CONCLUSION

As the acute phase of the Covid-19 pandemic has passed, micro studies such as this one can provide valuable insights for reflection and further action in favour of marginalized communities. First, the emergency approach must shift to focus on risk, vulnerability, and preparedness modes. People who face religious and socioeconomic disadvantages have fewer resources to cope with the pressures of a pandemic, and their geographic location often lacks affluent areas that could serve as a source of private support and help. Thus, these areas rely heavily on public service provision, making it an effective point to assess how well the government is delivering services.

Second, people's low ratings of basic service delivery, despite an efficient vaccination drive, indicate a disconnect between local duty-bearers and citizens. This distrust was frequently raised during in-depth interviews and is also evident in the survey results.

Third, it is concerning that people look towards charity rather than the state machinery itself as a regulator of public life. Finally, discriminatory practices based on religion during the distribution of rations by private actors, reported by 11 percent of respondents, require addressing the social and exclusionary aspects of the crisis. Civil society can play a crucial role in this.

The survey revealed that NGOs were almost non-existent in the surveyed areas, other than faith-based local organizations that served people of their own faiths.

#### Recommendations

The following measures can help mitigate the aftershocks of the pandemic and improve the situation of marginalized sections during normal times, enabling them to benefit from development planning, investment, and implementation processes in other parts of the country:

#### **Governance:**

Decentralization is a crucial measure to mitigate pandemic aftershocks and improve the situation of marginalized communities. The administration and implementation of social services and protection should be decentralized and devolved to the micro-level. Dealing with citizens on the basis of equal citizenship rather than religious affiliations can promote community ownership and local accountability. During in-depth interviews, concerns were raised about the selection process for expanding the coverage of the Ehsaas programme in Union Councils due to the absence of local people in those consultations, which has sparked suspicions of opacity over the process. Public service delivery must be devolved for efficient execution and community ownership, with greater investment in human and financial resources of local union councils. Streamlining planning processes and data collection from the Union Council level is also necessary to depart from the tradition of uneven development heavily working against marginalized areas.

Cross-sectoral coordination is another governance-related suggestion, as overlapping and duplication of services is a general problem across many fields. The government should focus on facilitating intersectoral and inter-departmental integration of its services and linkages with the local community, social, and private sector operators to prevent wastage of resources and efforts.

#### **Inclusive development:**

- Local government officials must prioritize equality and inclusion as fundamental principles in their planning process and operations. It is crucial to instill confidence and promote equal citizenship, regardless of individuals' identities, such as religion, gender, caste, color, creed, or class.
- Government programming should ensure that the portrayal of women and minorities in the curriculum is gender-sensitive and inclusive. It should be an integral component of the curriculum.
- The curriculum should incorporate life-skills-based education, especially in light of the events in district Kasur that underscored the importance of child protection. The government must take a firm stance on this issue and raise awareness about crucial topics such as recognizing inappropriate touch. Many young people lack the knowledge to navigate uncertain situations, making them susceptible to harm. It's important to note that male children are also vulnerable to sexual abuse, not just females.
- Public awareness campaigns should promote community-friendly services and highlight the
  roles and functions of union council offices in a manner that eliminates stigma. Every
  community panel and body should include representatives from diverse backgrounds, including
  persons with disabilities, minorities, and transgender individuals.
- During the Covid-19 pandemic, the provincial and federal governments implemented a strict lockdown from early May to the end of June 2020, which included the closure of non-essential sectors except for food and healthcare. Inter- and intra-city/province transportation was also restricted. However, this had a significant impact on daily wage earners, necessitating intelligent measures and community-level awareness to minimize the economic repercussions. Any decision-making during such situations should convey the message that the well-being of marginalized people is a priority.

#### **Community linkages to existing opportunities:**

The government, in partnership with civil society organizations, should launch youth-led awareness campaigns to improve access to social protection and entrepreneurship services and opportunities in the community. These initiatives could include Punjab Information Technology Board-PITB's e-Rozgaar, Plan 9 and Plan 10 programs, promotion of technical education under the Technical and Vocational Training Authority (TEVTA), health services under the primary health and population welfare departments, minority quotas in education and scholarships for minority students initiated by the Human Rights and Minority Affairs Department, sectoral trainings by the Livestock & Dairy Development Department, extension services of the agriculture department, and Clean and Green Pakistan campaigns.

There are good opportunities for community women in the form of anti-harassment and women's property rights under Punjab's Women Ombudsperson Office, Women Safety Helpline, and App. However, information dissemination in communities with the help of youth and civil society organizations is needed to make the best use of these initiatives.

Youth engagement and local networking would also promote volunteerism in raising awareness and preventing discriminatory practices. Youth councilors, student societies, and young people can take the lead in such an endeavor.

#### **Socio-economic recovery:**

To recover income losses, the government can extend local businesses a number of measures such as easing loan repayment conditions or providing loan waivers. Additionally, implementing financing measures can offer support. However, for individuals with specialized technical skills, reliance on contractors who provide job opportunities can hinder their ability to sustain employment. To overcome this challenge, local-level initiatives focused on soft skills can be instrumental in teaching marketing, branding, and sales techniques. This approach can also empower local women in business. Civil society can play a crucial role in contributing to these efforts, while government initiatives and services such as Kamyab Jawan, TEVTA job bank, PITB, Sanatzar, and Punjab Skill Development Council can be effectively utilized by establishing strong links and sharing information with the community. This can enhance awareness of social services through community mobilization and campaigns. Collaborating with NGOs can revitalize community employment work without requiring substantial funds.

Given the significant impact of the pandemic on education, the government can pro-actively organize an enrollment drive in partnership with the civil society and utilize its cash transfer programs to encourage children's enrollment or re-enrollment. Improving access to remote learning is also crucial in ensuring educational continuity.

In our rapidly evolving digital age, where technological advancements render things obsolete quickly, the government must consider facilitating the local communities in future-oriented initiatives such as the Future of Work program, which encompasses automation, digitization for youth, freelancing opportunities, as well as addressing climate change and mental health concerns. By actively preparing for these challenges, communities can better adapt to the changing landscape and empower their members for future success.

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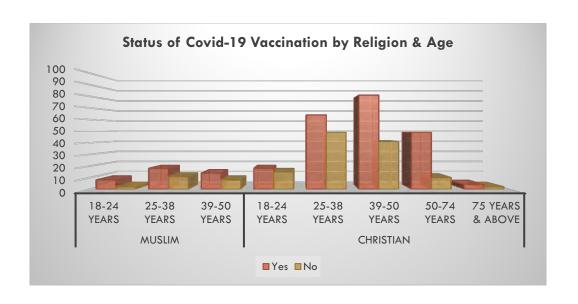
#### **ANNEXURES**

# **Annexure 1: Tables and charts of the survey results**

# The status of Covid-19 vaccination

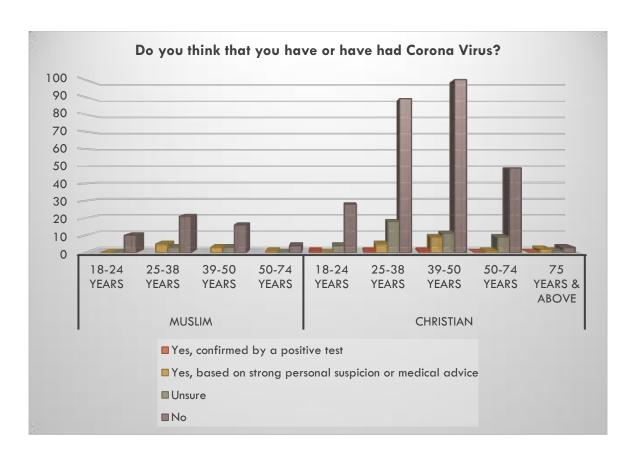
Q 1: Have you done with your Covid-19 vaccination?

Have you done with	your Covid-19 vacci	nation?	Frequency	Percent		
	260	65.2				
	139	34.8				
	Total					
Status o	f Covid-19 Vaccir	nation by Religious	Identity & A	\ge		
Religious Identity	Age	Status of Covid-19 v	accination?	Total		
Religious Identity	Age	Yes	No	Ioiai		
	18-24 Years	8	2	10		
	25-38 Years	18	11	29		
	39-50 Years	14	8	22		
	50-74 Years	4	1	5		
Muslims	Sub Total	44	22	66		
	%age of Sub Total	66.7	33.3	100.0		
	%age of Grand Total	11.0	5.5	16.5		
	18-24 Years	18	15	33		
	25-38 Years	64	49	113		
	39-50 Years	81	41	122		
	50-74 Years	49	10	59		
Christians	75 Years & above	4	2	6		
	Sub Total	216	117	333		
	%age of Sub Total	64.9	35.1	100.0		
	%age of Grand Total	54.1	29.3	83.5		
Grand	Total	260	139	399		
	Cumulative %age	65.2	34.8	100		



# Prevalence of Corona Virus:

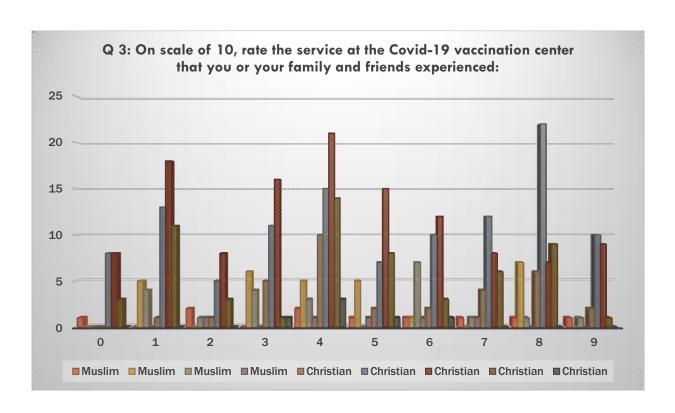
	Q 2: Do you th	ink that you have	e or have had Co	orona Viru	ıs?							
		Do you think the	Do you think that you have or have had Corona Virus?									
Religious Identity	Age	Yes, confirmed by a positive test	Yes, based on strong personal suspicion or medical advice	Unsure	No	Total						
	18-24 Years		0	0	10	10						
	25-38 Years		5	3	21	29						
	39-50 Years		3	3	16	22						
Muslims	50-74 Years		1	0	4	5						
	Sub Total		9	6	51	66						
	%age of Sub Total		13.6	9.1	77.3	100.0						
	%age of Grand Total		2.3	1.5	12.8	16.5						
	18-24 Years	1	0	4	28	33						
	25-38 Years	1	5	18	89	113						
	39-50 Years	1	9	11	101	122						
	50-74 Years	0	1	9	49	59						
Christians	75 Years & above	0	2	1	3	6						
	Sub Total	3	17	43	270	333						
	%age of Sub Total	0.9	5.1	12.9	81.1	100.0						
	%age of Grand Total	0.8	4.3	10.8	67.7	83.5						
	Grand Total	3	26	49	321	399						
	Cumulative %age	0.8	6.5	12.3	80.5	100.0						



# Service delivery at the Covid-19 Vaccination Center:

			exp	erier	iced:							
Religious	Age					Sco	ale					Total
Identity	Age	0	1	2	3	4	5	6	7	8	9	1010
	18-24 Years	1	0	2	0	2	1	1	1	1	1	10
AA!!	25-38 Years	0	5	0	6	5	5	1	0	7	0	29
Muslims	39-50 Years	0	4	1	4	3	0	7	1	1	1	22
	50-74 Years	0	0	1	0	1	1	1	1	0	0	5
	Sub Total	1	9	4	10	11	7	10	3	9	2	66
	%age of Sub Total	1.5	13.6	6.1	15.2	16. <i>7</i>	10.6	15.2	4.5	13.6	3.0	100.0
	%age of Grand Total	0.3	2.3	1.0	2.5	2.8	1.8	2.5	0.8	2.3	0.5	16.5
	18-24 Years	0	1	1	5	10	2	2	4	6	2	33
Charlast and	25-38 Years	8	13	5	11	15	7	10	12	22	10	113
Christians	39-50 Years	8	18	8	16	21	15	12	8	7	9	122
	50-74 Years	3	11	3	1	14	8	3	6	9	1	59
75 Years & abo	75 Years & above	0	0	0	1	3	1	1	0	0	0	6
	Sub Total	19	43	17	34	63	33	28	30	44	22	333

Grand Total	20	52	21	44	74	40	38	33	53	24	399
Cumulative %age	5.0	13.0	5.3	11.0	18.5	10.0	9.5	8.3	13.3	6.0	100.0

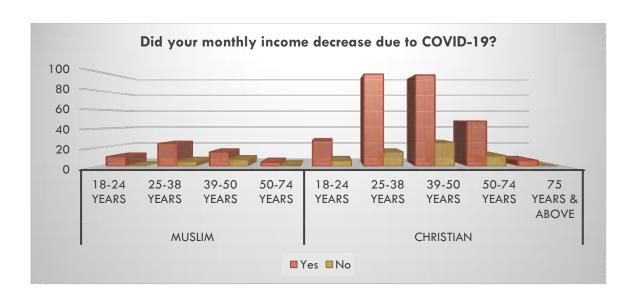


# Decrease in monthly income due to Covid-19:

Q 4: Did your monthly income decrease due to COVID-19?

Religious Identity	Age	Did your mo	Total	
Identity		Yes	No	
	18-24 Years	10	0	10
	25-38 Years	24	5	29
	39-50 Years	15	7	22
Muslims	50-74 Years	4	1	5
	Sub Total	53	13	66
	%age of Sub Total	80.3	19.7	100.0
	%age of Grand Total	13.3	3.3	16.5
	18-24 Years	27	6	33
	25-38 Years	98	15	113
Christians	39-50 Years	97	25	122
	50-74 Years	48	11	59
	75 Years & above	6	0	6

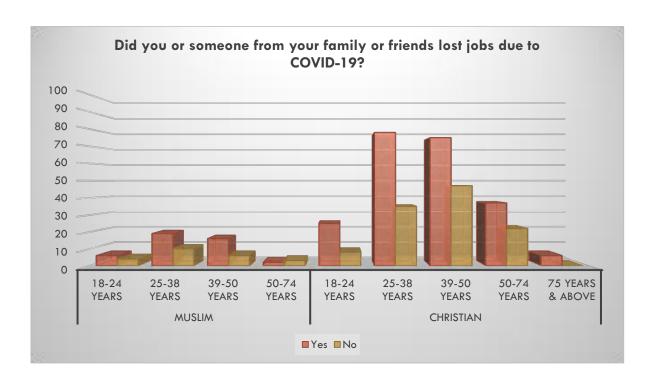
	Sub Total	276	57	333
	%age of Sub Total	82.9	1 <i>7</i> .1	100.0
	%age of Grand Total	69.2	14.3	83.5
	Grand Total		70	399
Cumulative %age		82.5	1 <i>7</i> .5	100.0



# Loss of life in family/friends:

Religious Identity	A	Lost Jobs	due to COVID-19	Total
	Age	Yes	No	i ofai
	18-24 Years	6	4	10
	25-38 Years	19	10	29
	39-50 Years	16	6	22
Muslims	50-74 Years	2	3	5
	Sub Total	43	23	66
	%age of Sub Total	65.2	34.8	100.0
	%age of Grand Total	10.8	5.8	16.5
	18-24 Years	25	8	33
	25-38 Years	78	35	113
	39-50 Years	75	47	122
Christians	50-74 Years	37	22	59
	75 Years & above	6	0	6
	Sub Total	221	112	333
	%age of Sub Total	66.4	33.6	100.0

	%age of Grand Total	55.4	28.1	83.5
Grand Total		264	135	399
Cumulative %age		66.2	33.8	100.0



# Salary/wage cut? For how many months?

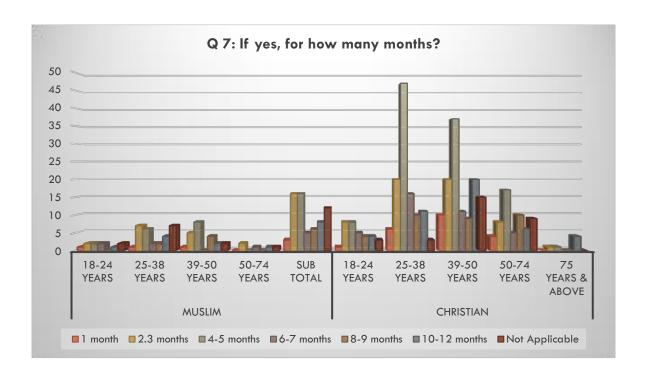
Q 6: Did th	ne employers cut salary during th	/wages of y e COVID-19	-	or friends
Religious Identity	Age	Did the en salary/wage family or frie COV	Total	
		Yes	No	
	18-24 Years	8	2	10
	25-38 Years	22	7	29
	39-50 Years	18	4	22
Muslims	50-74 Years	4	1	5
	Sub Total	52	14	66
	%age of Sub Total	78.8	21.2	100.0
	%age of Grand Total	13.0	3.5	16.5
	18-24 Years	25	8	33
Christians	25-38 Years	95	18	113
	39-50 Years	94	28	122

	50-74 Years	41	18	59
	75 Years & above	5	1	6
	Sub Total	260	73	333
	%age of Sub Total	78.1	21.9	100.0
	%age of Grand Total	65.2	18.3	83.5
G	rand Total	312	87	399
	Cumulative %age	78.2	21.8	100.0



		If ye	es, for ho	w many	months?	•			
		If yes, for how many months?							
Religious Identity	Age	1 month	2.3 months	4-5 months	6-7 months	8-9 months	10-12 months	Not Applica ble	Total
	18-24 Years	1	2	2	2	0	1	2	10
	25-38 Years	1	7	6	2	2	4	7	29
	39-50 Years	1	5	8	0	4	2	2	22
Muslims	50-74 Years	0	2	0	1	0	1	1	5
	Sub Total	3	16	16	5	6	8	12	66
	%age of Sub Total	4.5	24.2	24.2	7.6	9.1	12.1	18.2	100.0
	%age of Grand Total	0.8	4.0	4.0	1.3	1.5	2.0	3.0	16.5
	18-24 Years	1	8	8	5	4	4	3	33
Christians	25-38 Years	6	20	47	16	10	11	3	113
Christians	39-50 Years	10	20	37	11	9	20	15	122
	50-74 Years	4	8	1 <i>7</i>	5	10	6	9	59

75 Years & above	0	1	1	0	0	4	0	6
Sub Total	21	57	110	37	33	45	30	333
%age of Sub Total	6.3	1 <i>7</i> .1	33.0	11.1	9.9	13.5	9.0	100.0
%age of Grand Total	5.3	14.3	27.6	9.3	8.3	11.3	7.5	83.5
Grand Total	24	73	126	42	39	53	42	399
Cumulative %age	6.0	18.3	31.6	10.5	9.8	13.3	10.5	100.0

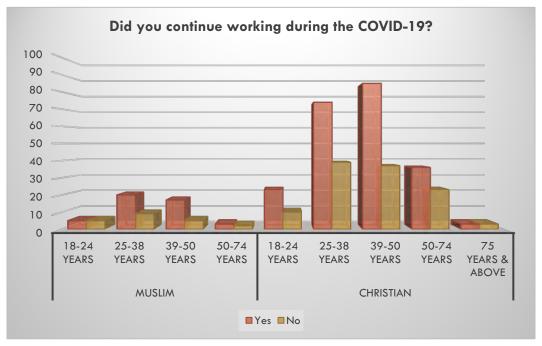


# Disruption in work:

Q 8: Did you continue working during COVID-19?

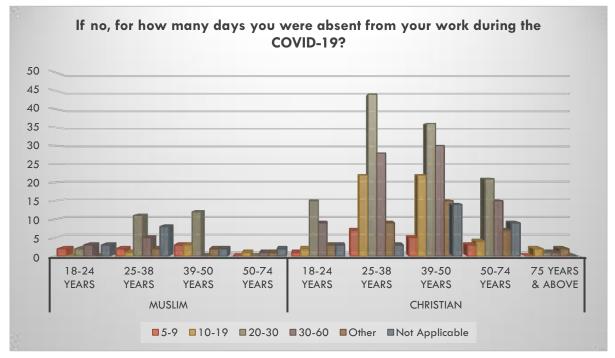
Religious Identity	Age	Did you o working dur 19	Total	
		Yes	No	
	18-24 Years	5	5	10
	25-38 Years	20	9	29
	39-50 Years	1 <i>7</i>	5	22
Muslims	50-74 Years	3	2	5
	Sub Total	45	21	66
	%age of Sub Total	68.2	31.8	100.0
	%age of Grand Total	11.3	5.3	16.5
Christians	18-24 Years	23	10	33
Cilifoliulis	25-38 Years	74	39	113

39-50 Years	85	37	122
50-74 Years	36	23	59
75 Years & above	3	3	6
Sub Total	221	112	333
%age of Sub Total	66.4	33.6	100.0
%age of Grand Total	55.4	28.1	83.5
Grand Total		133	399
Cumulative %age	66.7	33.3	100.0



Q 9:	If no, for how many	days y	ou were	absent fr	om your	work du	ring COVID-	.19?
Religious		If no, for how many days you were absent from your work during COVID-19?						
Identity	Age	5-9	10-19	20-30	30-60	Other	Not Applicable	
	18-24 Years	2	0	2	3	0	3	10
	25-38 Years	2	1	11	5	2	8	29
	39-50 Years	3	3	12	0	2	2	22
Muslims	50-74 Years	0	1	0	1	1	2	5
	Sub Total	7	5	25	9	5	15	66
	%age of Sub Total	10.6	7.6	37.9	13.6	7.6	22.7	100.0
	%age of Grand Total	1.8	1.3	6.3	2.3	1.3	3.8	16.5
	18-24 Years	1	2	15	9	3	3	33
Christians	25-38 Years	7	22	44	28	9	3	113
	39-50 Years	5	22	36	30	15	14	122

50-74 Years	3	4	1	21	15	7	9	59
75 Years & ak	pove 0	2	2	1	1	2	0	6
Sub Tota	al 16	5	2	117	83	36	29	333
%age of \$	ub Total 4.8	3 15	5.6	35.1	24.9	10.8	8.7	100.0
%age of Gra	nd Total 4.0	) 13	3.0	29.3	20.8	9.0	7.3	83.5
Grand Total	23	5	7	142	92	41	44	399
Cumulative	e %age   5.8	3 14	.3	35.6	23.1	10.3	11.0	100.0

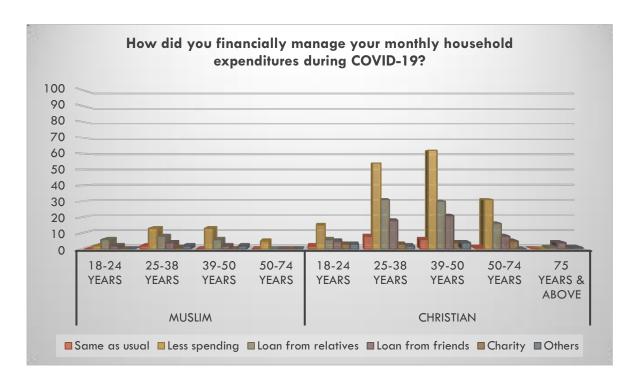


# Financial management of monthly household expenditures:

Q 10: How did you financially manage your monthly household expenditures during COVID-19?

Religious Identity	Age	Same as usual	Less spending	Loan from relatives	Loan from friends	Charity	Others	Total Respondents
	18-24 Years	0	2	6	2	0	0	10
	25-38 Years	2	11	8	4	1	2	29
	39-50 Years	0	13	6	2	0	2	22
Muslims	50-74 Years	0	5	0	0	0	0	5
	Sub Total	2	31	20	8	1	4	66
	%age of Sub Total	3.0	46.9	30.3	12.1	1.5	6.1	100.0

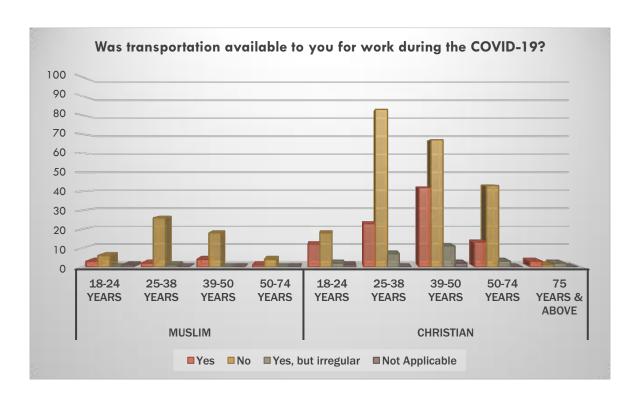
Christians	18-24 Years	2	15	6	5	3	3	33
	25-38 Years	8	51	31	18	3	2	113
	39-50 Years	6	58	30	21	4	4	122
	50-74 Years	1	27	16	8	5	0	59
	75 Years & above	0	0	1	4	0	1	6
	Sub Total	1 <i>7</i>	151	84	56	15	10	333
	%age of Sub Total	5.1	45.3	25.2	16.8	4.5	3.0	100.0
Grand Total		19	182	104	64	16	14	399
Cumulative %age		4.7	46.1	27.7	16.0	4.0	3.5	100.0



# Availability of transportation for work:

Q 11: Was transportation available to you for work during COVID-19?							
Religious Identity	A	Was tran	<b>-</b>				
	Age	Yes	No	Yes, but irregular	Not Applicable	Total	
Muslims	18-24 Years	3	6	0	1	10	
	25-38 Years	2	26	1	0	29	
	39-50 Years	4	18	0	0	22	
	50-74 Years	1	4	0	0	5	
	Sub Total	10	54	1	1	66	

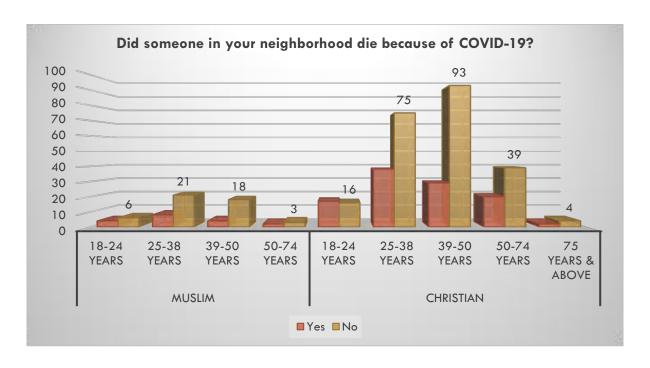
	%age of Sub Total	15.2	81.8	1.5	1.5	100.0
	%age of Grand Total	2.5	13.5	0.3	0.3	16.5
	18-24 Years	12	18	2	1	33
	25-38 Years	23	83	7	0	113
	39-50 Years	42	67	11	2	122
Christians	50-74 Years	13	43	3	0	59
Christians	75 Years & above	3	1	2	0	6
	Sub Total	93	212	25	3	333
	%age of Sub Total	27.9	63.7	7.5	0.9	100.0
	%age of Grand Total	23.3	53.1	6.3	0.8	83.5
	Grand Total		266	26	4	399
Cumulative %age		25.8	66.7	6.5	1.0	100.0



# Any death in neighbourhood?

Q 12: D	Pid someone in your i	neighborhood die	e because of CO	VID-19?
Religious Identity	Age	Did someone in you because of	Total	
,		Yes	No	
Muslims	18-24 Years	4	6	10

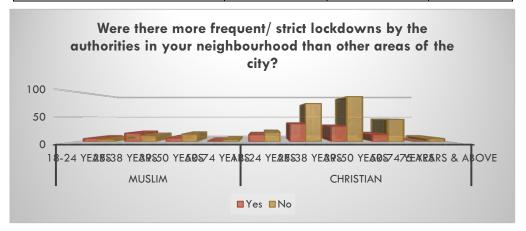
	25-38 Years	8	21	29
	39-50 Years	4	18	22
	50-74 Years	2	3	5
	Sub Total	18	48	66
	%age of Sub Total	27.3	72.7	100.0
	%age of Grand Total	4.5	12.0	16.5
	18-24 Years	17	16	33
	25-38 Years	38	75	113
	39-50 Years	29	93	122
Christians	50-74 Years	20	39	59
Christians	75 Years & above	2	4	6
	Sub Total	106	227	333
	%age of Sub Total	31.8	68.2	100.0
	%age of Grand Total	26.6	56.9	83.5
	Grand Total	124	275	399
	Cumulative %age	31.1	68.9	100.0



### Frequency and severity of lockdowns:

Q 13: \	<u>-</u>	ent/ strict lockdowns by the aut d than other areas of the city?	horities in
Religious Identity	Age	Were there more frequent/ strict lockdowns by the authorities in your neighborhood than other areas of the	Total

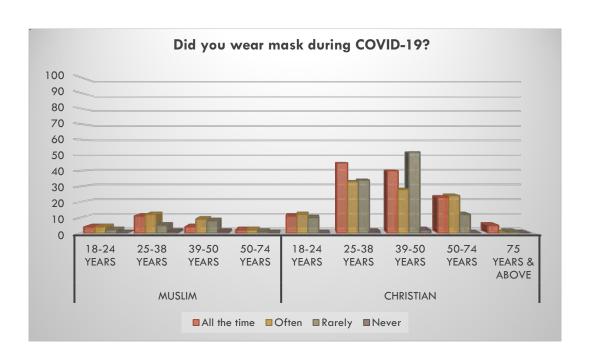
		cit	ty?	
		Yes	No	
	18-24 Years	6	4	10
	25-38 Years	1 <i>7</i>	12	29
	39-50 Years	7	15	22
Muslims	50-74 Years	1	4	5
	Sub Total	31	35	66
	%age of Sub Total	47.0	53.0	100.0
	%age of Grand Total	7.8	8.8	16.5
	18-24 Years	14	19	33
	25-38 Years	36	77	113
	39-50 Years	31	91	122
Christians	50-74 Years	14	45	59
Christians	75 Years & above	0	6	6
	Sub Total	95	238	333
	%age of Sub Total	28.5	71.5	100.0
	%age of Grand Total	23.8	59.6	83.5
	Grand Total	126	273	399
	Cumulative %age	31.6	68.4	100.0



### Wearing masks:

Q 14: Did you wear mask during COVID-19?

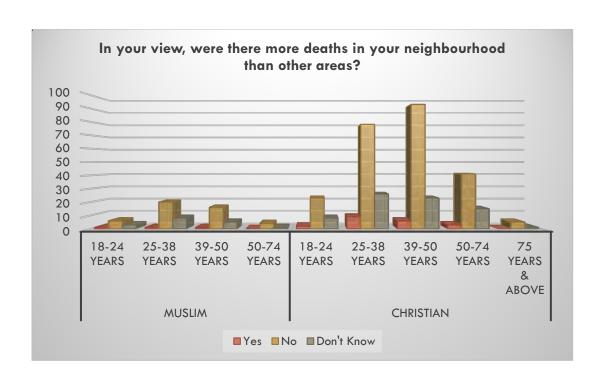
Religious	<u> </u>	Did y	ou wear mask	during COVID-	.19?	Total
Identity	Age	All the time	Often	Rarely	Never	
	18-24 Years	4	4	2	0	10
	25-38 Years	11	12	5	1	29
	39-50 Years	4	9	8	1	22
Muslims	50-74 Years	2	2	1	0	5
	Sub Total	21	27	16	2	66
	%age of Sub Total	31.8	40.9	24.2	3.0	100.0
	%age of Grand Total	5.3	6.8	4.0	0.5	16.5
	18-24 Years	11	12	10	0	33
	25-38 Years	45	33	34	1	113
	39-50 Years	40	28	52	2	122
Christians	50-74 Years	23	24	12	0	59
Christians	75 Years & above	5	0	1	0	6
	Sub Total	124	97	109	3	333
	%age of Sub Total	37.2	29.1	32.7	0.9	100.0
	%age of Grand Total	31.1	24.3	27.3	0.8	83.5
	Grand Total	145	124	125	5	399
	Cumulative %age	36.3	31.1	31.3	1.3	100.0



# Death rate in neighbourhood:

Q 15: In your view, were there more deaths in your neighborhood than other areas?

A						Tatal
Age	١	'es		No	Don't Know	Total
18-24 Years		1		6	3	10
25-38 Years		1		20	8	29
39-50 Years		1		16	5	22
50-74 Years		0		4	1	5
Sub Total		3		46	17	66
%age of Sub Total	4.5			69.7	25.8	100.0
%age of Grand Total	0.8			11.5	4.3	16.5
18-24 Years		2		23	8	33
25-38 Years		9		78	26	113
39-50 Years		6		93	23	122
50-74 Years		3	41		15	59
75 Years & above		0		5	1	6
Sub Total		20		240	73	333
%age of Sub Total		5.0		72.1	21.9	100.0
%age of Grand Total		5.0		60.2	18.3	83.5
Grand Total		23	286 90		399	
Cumulative %age					22.6	100.0
	25-38 Years 39-50 Years 50-74 Years  Sub Total  %age of Sub Total  %age of Grand Total 18-24 Years 25-38 Years 39-50 Years 50-74 Years 75 Years & above  Sub Total  %age of Sub Total  %age of Sub Total  Grand Total	Age  18-24 Years  25-38 Years  39-50 Years  50-74 Years  Sub Total  %age of Sub Total  %age of Grand Total  18-24 Years  25-38 Years  39-50 Years  50-74 Years  75 Years & above  Sub Total  %age of Sub Total  %age of Sub Total  %age of Grand Total  Grand Total	Your neight         Yes         18-24 Years       1         25-38 Years       1         39-50 Years       1         50-74 Years       0         Sub Total       3         %age of Sub Total       4.5         %age of Grand Total       0.8         18-24 Years       2         25-38 Years       9         39-50 Years       6         50-74 Years       3         75 Years & above       0         Sub Total       20         %age of Sub Total       6.0         %age of Grand Total       5.0         Grand Total       23	Your neighborh           Yes         Yes           18-24 Years         1           25-38 Years         1           39-50 Years         1           50-74 Years         0           Sub Total         3           %age of Sub Total         0.8           18-24 Years         2           25-38 Years         9           39-50 Years         6           50-74 Years         3           75 Years & above         0           Sub Total         20           %age of Sub Total         6.0           %age of Grand Total         5.0           Grand Total         23	Age         your neighborhood than of Yes           Yes         No           18-24 Years         1         6           25-38 Years         1         20           39-50 Years         1         16           50-74 Years         0         4           Sub Total         3         46           %age of Sub Total         0.8         11.5           18-24 Years         2         23           25-38 Years         9         78           39-50 Years         6         93           50-74 Years         3         41           75 Years & above         0         5           Sub Total         20         240           %age of Sub Total         6.0         72.1           %age of Grand Total         5.0         60.2           Grand Total         23         286	Yes       No       Don't Know         18-24 Years       1       6       3         25-38 Years       1       20       8         39-50 Years       1       16       5         50-74 Years       0       4       1         Sub Total       3       46       17         %age of Sub Total       4.5       69.7       25.8         %age of Grand Total       0.8       11.5       4.3         18-24 Years       2       23       8         25-38 Years       9       78       26         39-50 Years       6       93       23         50-74 Years       3       41       15         75 Years & above       0       5       1         Sub Total       20       240       73         %age of Sub Total       6.0       72.1       21.9         %age of Grand Total       5.0       60.2       18.3         Grand Total       23       286       90

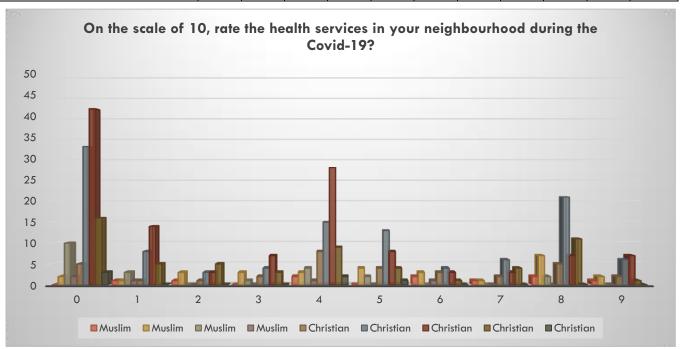


### Health services in the neighbourhood:

#### Q 16: On the scale of 10, rate the health services in your neighborhood during the Covid-19?

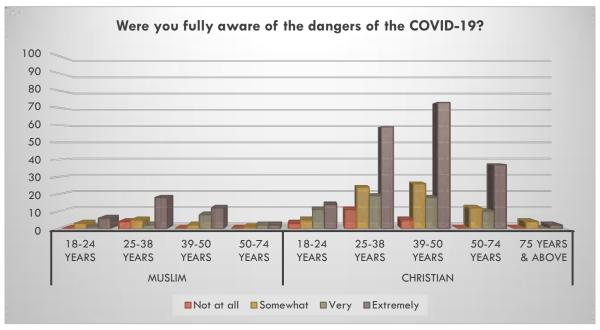
Religious	Age	On the	On the scale of 10, rate the health services in your neighborhood during the Covid- 19?									
Identity	<b>J</b>	0	1	2	3	4	5	6	7	8	9	
	18-24 Years	0	1	1	0	2	0	2	1	2	1	10
	25-38 Years	2	1	3	3	3	4	3	1	7	2	29
	39-50 Years	10	3	0	1	4	2	0	0	2	0	22
Muslims	50-74 Years	2	1	0	0	1	0	1	0	0	0	5
	Sub Total	14	6	4	4	10	6	6	2	11	3	66
	%age of Sub Total	21.2	9.1	6.1	6.1	15.2	9.1	9.1	3.0	16.7	4.5	100.0
	%age of Grand Total	3.5	1.5	1.0	1.0	2.5	1.5	1.5	0.5	2.8	0.8	16.5
	18-24 Years	5	1	1	2	8	4	3	2	5	2	33
	25-38 Years	33	8	3	4	15	13	4	6	21	6	113
	39-50 Years	42	14	3	7	28	8	3	3	7	7	122
	50-74 Years	16	5	5	3	9	4	1	4	11	1	59
Christians	75 Years & above	3	0	0	0	2	1	0	0	0	0	6
	Sub Total	99	28	12	16	62	30	11	15	44	16	333
	%age of Sub Total	29.7	8.4	3.6	4.8	18.6	9.0	3.3	4.5	13.2	4.8	100.0
	%age of Grand Total	24.8	7.0	3.0	4.0	15.5	7.5	2.8	3.8	11.0	4.0	83.5

Grand Total	113	34	16	20	72	36	17	17	55	19	399
Cumulative %age	28.3	8.5	4.0	5.0	18.0	9.0	4.3	4.3	13.8	4.8	100.0



### Awareness about dangers of Covid-19:

	Q 17: Were you fu	lly aware	of the dang	ers of CO	VID-19?						
Religious	A	Were you f	Were you fully aware of the dangers of COVID-19?								
Identity	Age	Not at all	Somewhat	Very	Extremely	Total					
	18-24 Years	0	3	1	6	10					
	25-38 Years	4	5	2	18	29					
Muslims	39-50 Years	0	2	8	12	22					
	50-74 Years	0	1	2	2	5					
	Sub Total	4	11	13	38	66					
	%age of Sub Total	6.1	16.7	19.7	57.6	100.0					
	%age of Grand Total	1.0	2.8	3.3	9.5	16.5					
	18-24 Years	3	5	11	14	33					
	25-38 Years	11	24	19	59	113					
	39-50 Years	5	26	18	73	122					
Christians	50-74 Years	0	12	10	37	59					
Christians	75 Years & above	0	4	0	2	6					
	Sub Total	19	71	58	185	333					
	%age of Sub Total	5.7	21.3	17.4	55.6	100.0					
	%age of Grand Total		17.8	14.5	46.4	83.5					
	Grand Total	23	82	71	223	399					
	Cumulative %age	5.8	20.6	17.8	55.9	100.0					



### Sources of information about Covid-19:

Q 18: Which of the following sources of information do you use to stay informed about Covid-19?

					Sourc	e of Inform	ation				
Religious Identity	Age	Newsp apers	Radio	TV	Website	Govt. Website s	NGOs	Govt. Adverts	Family, Friends or Colleag ues	Social Media	Total
	18-24 Years	2	0	9	2	2		2	4	1	10
AA!*	25-38 Years	4	1	24	0	5		2	7	6	29
Muslims	39-50 Years	2	3	16	1	2		2	6	3	22
	50-74 Years	0	1	5	1	0		2	2	1	5
	Sub-Total	8	5	54	4	9		8	19	11	66
	%age of Sub Total	12.1	7.6	81.8	6.1	13.6	0.0	12.1	28.8	16.7	100.0
	18-24 Years	6	4	23	3	6	0	3	7	4	33
Chairman	25-38 Years	22	2	87	6	19	6	9	28	16	113
Christians	39-50 Years	27	9	79	5	5	5	17	22	22	121
	50-74 Years	12	6	47	3	6	3	7	18	12	58
	75 Years & above	3	1	2	0	0	0	0	0	0	6
	Sub-Total	70	22	238	17	36	14	36	75	54	331
	%age of Sub Total	21.1	6.6	71.9	5.1	10.9	4.2	10.9	22.7	16.3	100.0
G	Frand Total	78	27	292	21	45	14	44	94	65	397

Q18: Frequencies

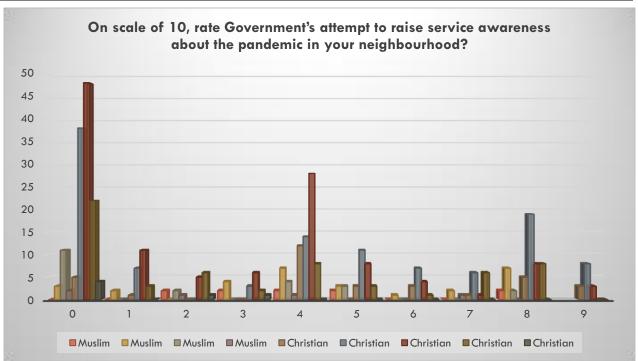
	Resp	onses	Percent of
	Z	Percent	Cases
<ul> <li>Newspapers</li> </ul>	<i>7</i> 8	11.5%	19.6%
• Radio	27	4.0%	6.8%
• TV	292	42.9%	73.6%
<ul> <li>Website</li> </ul>	21	3.1%	5.3%
<ul> <li>Govt. Websites</li> </ul>	45	6.6%	11.3%
<ul> <li>NGOs</li> </ul>	14	2.1%	3.5%
<ul> <li>Govt. Adverts</li> </ul>	44	6.5%	11.1%
<ul> <li>Family, Friends or Colleagues</li> </ul>	94	13.8%	23.7%
Social Media	65	9.6%	16.4%
Total	680	100.0%	171.3%

a. Group

### Ranking of the Government's awareness raising campaigns:

Q 19: On scale of 10, rate Government's attempt to raise service awareness about the pandemic in your neighborhood?

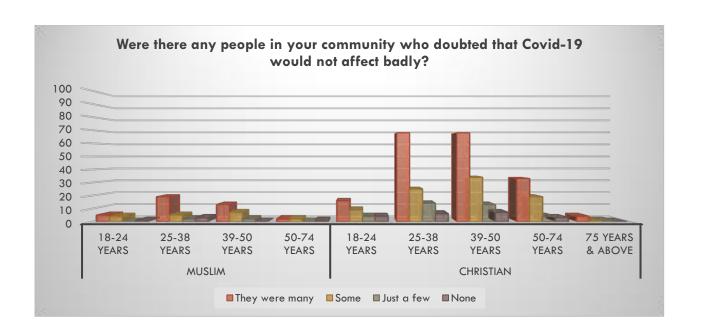
Religious		Or	scale		, rate (	Govern	ment's	attemp				
Identity	Age	0	warer 1	ness a	3	ne pand 4	emic in 5	your 6	neight 7	ornood 8	9	Total
	18-24 Years	0	0	2	2	2	2	0	0	2		10
	25-38 Years	3	2	0	4	7	3	1	2	7		29
	39-50 Years	11	0	2	0	4	3	0	0	2		22
Muslims	50-74 Years	2	0	1	0	1	0	0	1	0		5
	Sub Total	16	2	5	6	14	8	1	3	11		66
	%age of Sub Total	24.2	3.0	7.6	9.1	21.2	12.1	1.5	4.5	16.7	0.0	100.0
	%age of Grand Total	4.0	0.5	1.3	1.5	3.5	2.0	0.3	0.8	2.8	0.0	16.5
	18-24 Years	5	1	0	0	12	3	3	1	5	3	33
	25-38 Years	38	7	0	3	14	11	7	6	19	8	113
	39-50 Years	48	11	5	6	28	8	4	1	8	3	122
Christians	50-74 Years	22	3	6	2	8	3	1	6	8	0	59
Christians	75 Years & above	4	0	1	1	0	0	0	0	0	0	6
	Sub Total	117	22	12	12	62	25	15	14	40	14	333
	%age of Sub Total	35.1	6.6	3.6	3.6	18.6	7.5	4.5	4.2	12.0	4.2	100.0
	%age of Grand Total		5.5	3.0	3.0	15.5	6.3	3.8	3.5	10.0	3.5	83.5
	Grand Total		24	17	18	76	33	16	17	51	14	399
	Cumulative %age			4.3	4.5	19.0	8.3	4.0	4.3	12.8	3.5	100.0



### Suspecting the Covid-19's reality:

Q 20: Were there any people in your community who doubted that Covid-19 would not affect badly?

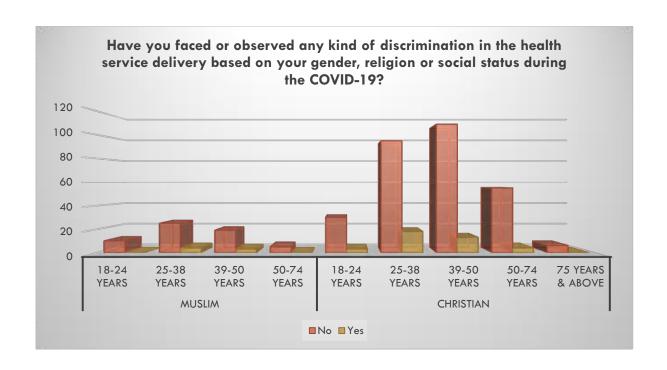
		Woold lioi	ance ba	, .		
Religious	<b>A</b>			in your comm would not affe	-	T
Identity	Age	They were many	Some	Just a few	None	- Total
	18-24 Years	5	4	0	1	10
	25-38 Years	19	5	2	3	29
	39-50 Years	13	7	2	0	22
Muslims	50-74 Years	2	2	0	1	5
	Sub Total	39	18	4	5	66
	%age of Sub Total	59.1	27.3	6.1	7.6	100.0
	%age of Grand Total	9.8	4.5	1.0	1.3	16.5
	18-24 Years	16	9	4	4	33
	25-38 Years	68	25	14	6	113
	39-50 Years	68	34	13	7	122
Christians	50-74 Years	33	19	4	3	59
Christians	75 Years & above	4	1	1	0	6
	Sub Total	189	88	36	20	333
	%age of Sub Total	56.8	26.4	10.8	6.0	100.0
%age of Grand Total		47.4	22.1	9.0	5.0	83.5
	Grand Total	228	106	40	25	399
	Cumulative %age	57.1	26.6	10.0	6.3	100.0



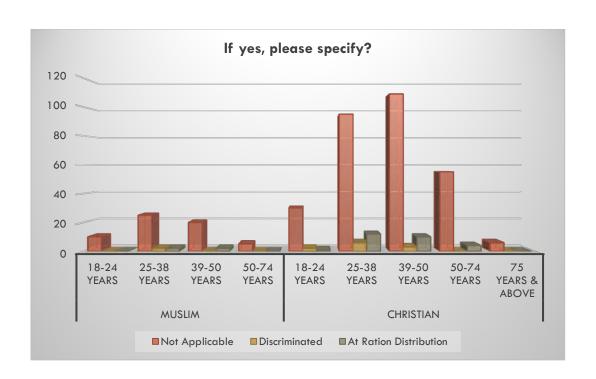
### Discrimination in the health service delivery during the pandemic:

# Q 21: Have you faced or observed any kind of discrimination in the health service delivery based on your gender, religion or social status during the COVID-19?

Religious Identity	Age	Observed any kind of d service delivery based o socia	Total	
,		No	Yes	
	18-24 Years	10	0	10
	25-38 Years	25	4	29
	39-50 Years	19	3	22
Muslims	50-74 Years	5	0	5
	Sub Total	59	7	66
	%age of Sub Total	89.4	10.6	100.0
	%age of Grand Total	14.8	1.8	16.5
	18-24 Years	30	3	33
	25-38 Years	95	18	113
	39-50 Years	109	13	122
<b></b>	50-74 Years	55	4	59
Christians	75 Years & above	6	0	6
	Sub Total	295	38	333
	%age of Sub Total	88.6	11.4	100.0
	%age of Grand Total	73.9	9.5	83.5
	Grand Total	354	45	399
	Cumulative %age	88.7	11.3	100.0



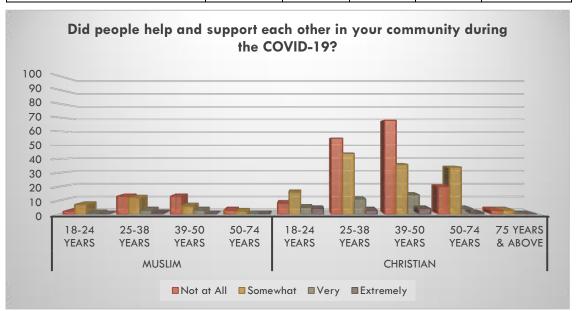
	Q 21	.1: If yes,	please specify	<b>'</b> ?	
Religious Identity	Age	Not Applicable	Discriminated	At Ration Distribution	Total
	18-24 Years	10	0	0	10
	25-38 Years	25	2	2	29
	39-50 Years	20	0	2	22
Muslims	50-74 Years	5	0	0	5
	Sub Total	60	2	4	66
	%age of Sub Total	90.9	3.0	6.1	100.0
	%age of Grand Total	15.0	0.5	1.0	16.5
	18-24 Years	30	2	1	33
	25-38 Years	95	6	12	113
	39-50 Years	109	3	10	122
	50-74 Years	55	0	4	59
Christians	75 Years & above	6	0	0	6
	Sub Total	295	11	27	333
	%age of Sub Total	88.6	3.3	8.1	100.0
	%age of Grand Total	73.9	2.8	6.8	83.5
	Grand Total	355	13	31	399
	Cumulative %age	89.0	3.3	7.8	100.0



### People helping and supporting each other in the community:

Q 22: Did people help and support each other in your community during the COVID-19?										
Religious	Age	Did people com								
Identity		Not at All	Somewhat	Very	Extremely	Total				
	18-24 Years	2	7	1	0	10				
	25-38 Years	13	12	3	1	29				
	39-50 Years	13	6	3	0	22				
Muslims	50-74 Years	3	2	0	0	5				
	Sub Total	31	27	7	1	66				
	%age of Sub Total	47.0	40.9	10.6	1.5	100.0				
	%age of Grand Total	7.8	6.8	1.8	0.3	16.5				
	18-24 Years	8	16	5	4	33				
	25-38 Years	55	44	11	3	113				
	39-50 Years	68	36	14	4	122				
Christians	50-74 Years	20	34	4	1	59				
Christians	75 Years & above	3	3	0	0	6				
	Sub Total	154	133	34	12	333				
	%age of Sub Total	46.2	39.9	10.2	3.6	100.0				
	%age of Grand Total	38.6	33.3	8.5	3.0	83.5				
	Grand Total	185	160	41	13	399				





### Help or donation of things from other areas:

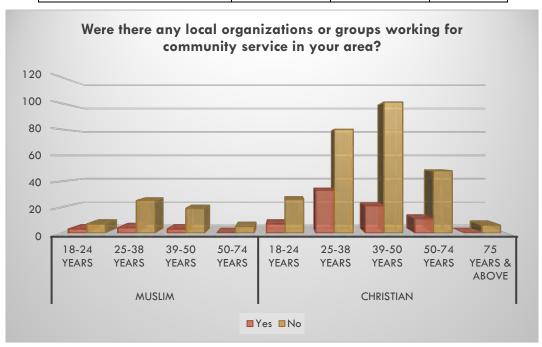
Q 23: Di	d people from other	areas hel	p or donate	things ir	your neigh	borhood?
Religious	Age	Did people	Total			
Identity	_	Not at All	Somewhat	Very	Extremely	
	18-24 Years	5	5	0	0	10
	25-38 Years	18	7	3	1	29
	39-50 Years	15	6	1	0	22
Muslims	50-74 Years	2	3	0	0	5
	Sub Total	40	21	4	1	66
	%age of Sub Total	60.6	31.8	6.1	1.5	100.0
	%age of Grand Total	10.0	5.3	1.0	0.3	16.5
	18-24 Years	12	13	4	4	33
	25-38 Years	60	44	7	2	113
	39-50 Years	73	35	10	4	122
Christians	50-74 Years	21	31	6	1	59
Christians	75 Years & above	4	1	1	0	6
	Sub Total	170	124	28	11	333
	%age of Sub Total	51.1	37.2	8.4	3.3	100.0
	%age of Grand Total	42.6	31.1	7.0	2.8	83.5
	Grand Total	210	145	32	12	399
	Cumulative %age	52.6	36.3	8.0	3.0	100.0



### Local organizations working on community service:

Q24: Were there any local organizations or groups working for community service in your area?

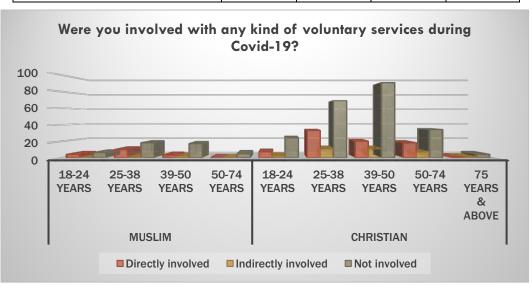
Religious Identity	Age	Were there any lo or groups working service in	Total		
,		Yes	No	İ	
	18-24 Years	3	7	10	
	25-38 Years	4	25	29	
	39-50 Years	3	19	22	
Muslims	50-74 Years	0	5	5	
	Sub Total	10	56	66	
	%age of Sub Total	15.2	84.8	100.0	
	%age of Grand Total	2.5	14.0	16.5	
	18-24 Years	7	26	33	
	25-38 Years	33	80	113	
	39-50 Years	21	101	122	
Christians	50-74 Years	11	48	59	
Christians	75 Years & above	0	6	6	
	Sub Total	72	261	333	
	%age of Sub Total	21.6	78.4	100.0	
	%age of Grand Total	18.0	65.4	83.5	
	Grand Total	82	317	399	
	Cumulative %age	20.6	79.4	100.0	



### Volunteerism among the respondents:

Q25: Were you involved with any kind of voluntary services during Covid-19?

Covid-19		Were you in			
Religious Identity	Age	voluntary s Directly involved	ervices during Indirectly involved	Covid-19?  Not  involved	Total
	18-24 Years	4	0	6	10
	25-38 Years	10	1	18	29
	39-50 Years	3	2	1 <i>7</i>	22
Muslims	50-74 Years	0	0	5	5
	Sub Total	17	3	46	66
	%age of Sub Total	25.8	4.5	69.7	100.0
	%age of Grand Total	4.3	0.8	11.5	16.5
	18-24 Years	7	2	24	33
	25-38 Years	33	11	69	113
	39-50 Years	20	11	91	122
Christians	50-74 Years	18	7	34	59
Christians	75 Years & above	1	1	4	6
	Sub Total	79	32	222	333
	%age of Sub Total	23.7	9.6	66.7	100.0
	%age of Grand Total	19.8 8.0		55.6	83.5
	Grand Total	96	35	268	399
	Cumulative %age	24.1	8.8	67.2	100.0



# Annexure 2: Survey form

### 1: Personal Info

Name	Age	Gender	Religion	Education
	(✔tick one)	(✔ tick one)	(√tick one)	(✔ tick one)
	☐ 18-24 years	☐ Male	☐ Muslim	□ No formal
	☐ 25-38 years	☐ Female	☐ Christian	education
	☐ 39-50 years	☐ Other	☐ Hindu	□ Primary
	□ 50-74 years		☐ Sikh	☐ Middle
	□ 75 years &		☐ Others:	☐ Matric
	above		(Please	□ Intermediate
			Specify)	☐ University Degree
				☐ Technical Education
				☐ Others
Contact Info:			UC:	- Olliers
☐ Yes  2. Do you think the ☐ Yes, confirm positive test	medical	<b>d Covid-19?</b> sed on strong □ Uns I suspicion or advice		2: Response to COVID-1
3. On scale of 10, friends experien	rate the service at the ced.	e Covid-19 vaccinatio	n center that you or y	our family and
l (poor)	2 3	4 5 6	7 8	9 10 (best)
				3: Employment
4. Did your month	y income decreased du	e to COVID-19?		
☐ Yes	□ No			
	eone from your family	or friends lost jobs du	e to COVID-19?	
☐ Yes [	] No			

6.	. Did the employers cut salary/ wages of you, your family or friends during the COVID-19?									
		☐ Yes ☐ No								
<b>7</b> .	. If yes, for how many months?									
	□ 1 □ 2-3 □ 4-5 □ 6-7	□ 8-9 □ 10-12								
8.	. Did you continue working during the COVID-19?	☐ Yes ☐ No								
9.	. If no, for how many days you were absent from your w	ork during the COVID-19?								
	□ 5-9 □ 10-19 □ 20-30	□ 30-60 □ Other:								
10.	0. How did you financially manage your monthly househo	old expenditures during the COVID-19?								
	☐ Same as ☐ Less ☐ Loan from ☐ usual spending relatives	Loan from □ Charity □ friends	Other:							
11.	1. Was transportation available to you for work during the	COVID-19?								
	☐ Yes ☐ No	☐ Yes, but irregular								
		4: Mortality								
12.	2. Did someone in your neighbourhood die because of CO	VID-19?								
13.	3. Were there more frequent/ strict lockdowns by the autlareas of the city?	horities in your neighbourhood than o	ther							
		☐ Yes ☐ No								
14.	4. Did you wear mask during COVID-19?									
	$\square$ All the time $\square$ often $\square$ rare	ly 🗆 Never								
15.	5. In your view, were they more deaths in your neighbour	hood than other areas?								
	□ Ye									
		es 🗆 No 🔲 Don't kr	ow							
		5: Service								
16		5: Service								
16.	6. On the scale of 10, rate the health services in your neigl	5: Service hbourhood during the Covid-19?	Delivery							
16.	6. On the scale of 10, rate the health services in your neigl	5: Service hbourhood during the Covid-19?								
	6. On the scale of 10, rate the health services in your neigh	5: Service hbourhood during the Covid-19?	Delivery							

18.			of the follogonal	owing s	ources	of inforn	natio	on do you	J US	e to sto	ay infor	med ab	out (	Covid-19 <sup>1</sup>	<b>?</b> (Tick	
	[		Newspape	ers 🗆	Radio			TV			Websi	tes		Govt. Website	es	
	[		NGOs		Govt.	Adverts		Family, Friends Colleag		or	Social	Media		Others		
19.			ile of 10, r	ate Gov	ernmen	t's attem	pt to	o raise se	rvic	e awaı	reness a	bout the	e pa	ndemic ir	n your	
		91112	1 (poor)	2	3		4	5		6	7		8	9	10 (best)	
														6: Stigm	a/ Social Res	ponse
21.		ır g No	you faced ender, reliq s:	gion or s	ocial st	atus dur	ing t	the COVI						very bas	ed on	
22.	Did	pe	ople help (	and sup	port eac	h other i	n yo	our comm	unit	y durii	ng the C	OVID-1	9?			
			Not at all			Somewl	hat			Very				Extreme	ly	
23.	Did	-	<b>ople from</b> Not at all		-	or done Somewl		hings in y		neigh Very		od?		Extreme	ly	
24.		re tl	h <b>ere any lo</b> es	ocal orgo	anizatio	_	oups	working	for	comm	unity se	rvice in	you	r area?		
25.	We		ou involve		any kin					uring c	ovid-19	?				
		D	irectly invo	lved		☐ Indi	irect	ly involve	d		□ N	Not invo	lved			



# THE IMPACT OF COVID-19 ON RELIGIOUS & SOCIAL INEQUALITIES

### A case from the marginalized areas of Lahore, Pakistan

This survey-based research delves into the everyday experiences of marginalized communities in Lahore, Pakistan, during the Covid-19 pandemic. It provides evidence-based insights on the discriminatory practices faced by minorities and impoverished households from their own perspectives. The report highlights the intersection of biological, medical, religious, vulnerability, and socio-economic factors in relation to the public health crisis caused by Covid-19.

By uncovering key trends and understanding the perspectives of marginalized communities, this report sheds light on various aspects, including the pandemic's impact on employment status, mortality rates, access to basic services such as healthcare, education, and food, government and community responses to Covid-19, as well as social stigma and discrimination.

With its clear and concise presentation, this report serves as a valuable resource for development and civil society practitioners, local government stakeholders, and policymakers. It not only provides a comprehensive overview of the survey findings but also offers actionable recommendations for interventions related to governance, inclusive development, community linkages, and socio-economic recovery from the effects of Covid-19 at the micro-level to mitigate vulnerabilities.

This report is an invaluable tool for professionals, local government officials, politicians, bureaucrats, academics, and anyone interested in exploring and advancing the discourse on vulnerability mitigation and preventive public health approaches at the micro level.



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