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Editor: Saleem Khilji
COVID-19 Pandemic
From Isolation to Normalcy

Dr Abid Qaiyum Suleri

Isolation for 25 days, even in my own study, made me extol the strong nerves of those who face solitary confinement or house arrests. It is certainly not an easy task, I believe.

Down with COVID-19, I remained in isolation for the whole month of June. It didn’t turn me into a pandemic expert – just as a diabetic person does not become an expert of diabetes. Having survived this disease, however, I believe I can make certain observations and suggestions that might help other patients.

First, the COVID-19 symptoms may be different in different patients. According to the United States Centers for Disease Control and Prevention (CDC), fever or chills, sore throat, cough, congestion or runny nose, shortness of breath or difficulty in breathing, fatigue, muscular or body aches, headache, sudden loss of taste or smell, nausea or vomiting, and diarrhea are so far the known symptoms of the disease.

In my case, I suffered a sore throat followed by a mild fever. Initially, I opted for self-medication, administering myself with antipyretic, anti-allergy and antibiotic pills for four days before a physician friend asked me to get my complete blood profile test done. That test rules out—or confirms—bacterial infections. My test result came out normal; I was not infected with any bacteria, so the next step was the COVID-19 PCR test. On the fifth day after the onset of the above-mentioned symptoms, the test revealed that I was coronavirus positive.

The second most important thing to do is to avoid being a spreader of the virus. To alert all those who might have interacted with me during the 10-12 days before I tested positive, I posted on my social media accounts very clearly that I had been infected with the virus. Instead of waiting for the test results, I isolated myself, which saved my family and friends from being infected. Though none of my immediate family members showed any symptoms, all of them quarantined themselves for the next two weeks.

I will, therefore, suggest that anyone showing any of the COVID-19 symptoms should immediately go into isolation. If it is logistically not possible, then wearing a mask even indoors and keeping a physical distance from other family members can help contain the infection.

Third comes the treatment, which varies with the symptoms. In the beginning, I had recurring fever and a dry cough. I was regularly monitoring my temperature and oxygen level in the blood. My physician gave me antipyretic, anti-allergy and antibiotic medicines that I used until the fever and dry cough ended. I also took non-steroid painkillers to get relief from muscular and body aches as well as a blood thinner to avoid formation of blood clots, as COVID-19 tends to increase blood coagulation. On top of all, regular steam inhalation with table salt and baking soda was quite helpful for soothing nasal and chest congestion.

The medicine was supplemented by immunity boosting minerals (especially zinc), vitamins (A, B & C), fruits (especially mango and apricot) and chicken soup. I also took a lot of ginger and honey tea but completely avoided tea made of Senna Maki, a herb often used as laxative. It can cause severe dehydration and added fatigue, so COVID-19 patients should avoid using it. As I would stay indoors all the time, I also took vitamin D capsules to compensate for the lack of exposure to the sun.

The fourth factor is your psychological strength. Isolation for 25 days, even in my own study, made me extol the strong nerves of those who face solitary confinement and house arrests. It is certainly not an easy task, I believe. To avoid an emotional breakdown, I kept myself busy reading, watching PTV’s old comedy shows and listening to my favorite music on YouTube. On top of all, gossips with old friends on phone helped me stay positive and emotionally healthy.
All that psychological and emotional support may still leave a COVID-19 patient bereft of energy to do anything. For instance, I felt extremely tired – to the extent that my back and shoulders ached for two days – after I wrote an opinion piece during isolation. The last week of the disease was also quite discomforting. I had no fever or cough, but my body experienced weird sensations. I had severe chills running down my spine but at the same time my feet would be burning and my calves aching.

Lastly, COVID-19 patients in Pakistan must remain extremely wary of any public health sector facilities being offered to them as well as the medical advice they get.

When I found out that I was COVID-19 positive, I was expecting a text message or a call from the district health authorities so as to ensure that I was in isolation and was not spreading the disease around. My expectation was based on the fact that the private laboratory where my test was conducted had taken a picture of my CNIC and noted down my phone number. I did receive an automated message for quarantine – but a good 10 days after my test result. If it takes that long for the administration in the federal capital to collect information from private laboratories and contact COVID-19 patients, one may imagine the level of coordination in peripheral and remote districts.

Until I tested positive, I used to think our health authorities were not doing enough screening and testing. After my personal experience, I realized that they are also not doing enough to stop the way of virus to spread further. They are similarly making no effort to inform patients about the criteria for discontinuing their isolation. This has only resulted in confusion. While some patients discontinue their isolation as soon as their symptoms disappear, others keep on paying hefty test charges at private laboratories until their test results show that they have been rid of the virus.

My own experience has been no different. On the 17th day of my isolation, I turned asymptomatic (experiencing no fever and cough even while taking no medicine). I availed the home sample collection service of a private laboratory for a test and found myself virus positive yet again. After another week (the 24th day of my isolation), I started enquiring about the protocols to discontinue my isolation. A majority of physicians in my contact list who were dealing with COVID-19 patients in private hospitals advised me that I should first test negative for the virus before discontinuing my isolation. On the contrary, those dealing with COVID-19 patients in public-sector hospitals, were of the opinion that no test was required, in my case, for the discontinuation of isolation after turning asymptomatic.

In a state of confusion, I started browsing the internet and found out that as per CDC USA, WHO, NIH Islamabad, and government of Sindh guidelines, “isolation can be discontinued in asymptomatic patients after 10 days from the COVID-19 positive test result. Whereas patients with symptoms, in order to discontinue isolation, must wait for another three days after the resolution of symptoms, provided a minimum 10 days have passed between resolution of symptoms and the time when symptoms first appeared”.

The exceptions to this rule are healthcare workers, immunocompromised patients and the people participating in congregations. They require two consecutive negative tests 24 hours apart to discontinue their isolation.

According to these guidelines, I was good to discontinue my isolation. However, for my own satisfaction I did get my COVID antibodies test done before discontinuation of isolation and now with sufficient levels of antibodies I can be a plasma donor if it can save someone’s life.

At the end, I hope that my suggestions are taken just as what they are suggestions. Anyone showing any remote symptoms of the disease must seek competent medical advice and follow that completely.

- (Courtesy The News on Sunday)
E- Learning and Development during COVID-19 Era and Beyond

Brig. Mohammad Yasin (Retired)

“Technology will never replace great teachers, but technology in the hands of great teachers is transformational.” George Couros

The ongoing pandemic has brought about a sudden paradigm shift in education and adult capacity development. Although virtual education cannot match the face-to-face learning and development, but it seems that the world is set to live with the uncertain situation. The World Health Organization (WHO) has warned that there may not be post-COVID-19 era because the pandemic may become a part of our life. It’s not a happy message, that’s why things must be seen in their true perspective.

Distant/online learning goes with significant opportunities and challenges. On the plus side, it is less costly, is flexible because it’s possible to globally enroll students which means saving travelling and lodging and other administrative costs. Similarly, faculty can be engaged from within and from outside the country. Because of these important factors, the world trend is now changing from face-to-face learning to virtual one. According to various studies, e-learning market will reach US $ 325 billion by 2025. Software companies are set to earn US $ 13 billion in the next three years. Universities, educational institutions and other capacity development organizations are now deeply engaged in acquiring necessary technology, knowledge and skills and switching to virtual classrooms. A significant number is already in the field.

However, switching to online learning and development is not as easy as it appears. It poses the following challenges to academic and capacity development institutions:

1. **Readiness:** It would mean converting conventional face-to-face educational facilities to virtual or online learning centres by acquiring high technology platforms with the required apps. Imparting skills to operating staff on Learning Management Systems (LMS). Developing capacity of the faculty members to become online educationists and capacity builders. Conventional teachers or trainers cannot overnight become online educationists.

2. **Boredom and Distractions:** Online learning is boring and monotonous. It’s difficult to remain glued to a laptop, tablet or smart phone without organized fun and jollification. While at home, there are many distractions and disruptions. Physical activity and close interaction with the teacher/trainer and among the students/participants is likely to be very rare.

3. **Body Language and Non-Verbal Cues:** It would be an uphill task for the teacher/trainer to judge the students’/trainees’ reactions during the ongoing sessions. Similarly, it would not be easy for the participants of training sessions to understand non-verbal communication of the teacher/trainer. As is well-known, verbal communication is only 15 per cent of the intended message, remaining 85 per cent is the body language. It’s important what is said but, it’s more important how it is said.

4. **Universal Connectivity:** For effective e-learning, reliable connectivity is a major problem in Pakistan. Responsive Internet connectivity is available to about 37 million people. According to the Pakistan Telecom Authority, in December 2019, the number of cell phone subscribers stood at 152 million whereas only 55 million owned smart mobile phones. The problem is acute in rural areas where the Internet service is indifferent. Many students do not have laptops or tablets.

5. **Assessments:** The normal practice of assessing students has been through ranking or grading (A, B, C,
etc.). These grades were important to judge merit for admission in universities. Will this system continue in online learning or it will it be changed to pass/fail?

These are some of the challenges when we think of completely switching to virtual or online learning. What are the solutions, then?

1. First and foremost is to acquire readiness. This involves mastering Learning Management System (LMS). An appropriate digital learning platform with requisite apps should be made operational.
2. Teachers and trainers are to be trained in delivering online courses and workshops. Even the best of face-to-face teaching faculty cannot be effective online unless trained to design and deliver online courses, power point slides, exercises and how to engage students/trainees. A strong team of educational specialists, course designers and media specialists will be the need of the hour.
3. Online sessions should be short. These should be fun and frolics. Power point slides should be crisp, easy to understand and eye-catching. Throughout the session, instructors’ attitude should be friendly and helpful.
4. In adult leaning, registrants’ expectations (training needs assessment) should be obtained, analyzed and course should be designed accordingly.
5. Learning and development institutions should map out the potential beneficiary organizations and advocate own expertise for online courses.
6. Universal penetration of reliable internet connectivity will be essential. The students/trainees should be in possession of high-quality laptops, tablets and mobile phones.

Keeping in view the sensitivity of the pandemic, distance learning and online learning has become an indispensible need not only in the current scenario but also beyond the COVID era. There has been a significant paradigm shift and the world is now moving toward high technology digital platforms and creating appropriate teams for the purpose. Let me conclude by quoting George Couros, who said:
“Technology will never replace great teachers, but technology in the hands of great teachers is transformational.”
Working Online amid Pandemic - A New Challenge

Khansa Naeem

The COVID-19 pandemic has not only drastically transformed the normal ways of working, communication and socialization, but also left the world with the challenge of adopting these changes within a couple of days at an unprecedented level. Despite putting forth the Standard Operating Procedures (SOPs), the educational institutes and the majority of businesses have shut down globally amid employees’ protests. Though virtual learning and working has opened up innovative ways for the world, consequences to services industry and a few manufacturing industries too is unknown as they are unable to cope with the modern transformations due to their nature of work. Owing to these reasons, millions of employees have lost their jobs amid pandemic and trillions of employees are trying to cope with multiple challenges in order to remain part of their respective fields.

Source: Author’s own design based on ILO,2020.

Virtual work environment with virtual problems

The initial challenge appeared with abrupt alteration at the workplace. Though working from home is a usual practice in many leading companies, it cannot be the choice of people with limited or no experience of work from home as this practice causes substantial challenges. For instance, due to schools closure, the children acquire time from parents, who are working from home. Similarly, it has changed the home’s environment; disruption in electric supply and internet also affects the quality of research work, corresponding communication, virtual meetings, trainings, etc.

Feelings of disconnectedness and isolation

Another challenge of work from home is the intense feeling of disconnect and isolation. Though social distancing policy is the demand of time to stop the spread of the virus, it is important to realize that social distancing only limits physical activities and is not meant to stop social activities. A strong social connection amid pandemic is very important for employees’ good mental health, efficient performance, and effective outcomes.

To keep connected the digitally-naïve employees, the organizations need to play a proactive role by making virtual offices and teams. For instance, during lockdown in Wuhan, people kept themselves connected by various
mediums, like ‘cloud clubbing’, ‘home karaoke station’, and online workout groups (Wright 2020).

Reshaping Future

In the pre-COVID world, the rise of artificial intelligence, automation, and machine learning have already augmented the importance and speed of work (Centre for the Future of Work 2020). Though the pandemic is perceived to reshape the future of work with the incremented speed of change, the world is uncertain about the intensity of speed of change and no one is sure that whether at the end of this pandemic, people would be able to get back to their traditional workplaces or not.

Similarly, from the employer side, the leadership has to plan their strategies to cope with the present challenges as well as for preparing themselves and their workers for an unseen future too. In the past, the business had high interdependency on globalization, supply chain management, and lean production, but as pandemic has affected the global manufacturing in waves, so the global interdependency is seeming to have long-lasting effects.

A silver lining

Work from home has introduced new lexicons such as virtual office, virtual meetings, and e-learning among newbie workers, who were initially not familiar with these terms and practices. Over the past few months, work from home has become an organizational norm with the strong commitment to adopt more strategic remote work policies (Choudhury et al. 2019) and forcing millions of newbies to learn and implement remote working strategies as part of their routine work. The remote working is helping organizations to bring real changes in redesigning work and helping newbies in enhancing their professional learning.

References

Implications of COVID-19 on Mental Health and Psycho-social Wellbeing

Sana Malik

The World Health Organization has declared COVID-19 outbreak as a matter of international public health emergency. The pandemic has had a profound impact in the health and economic domains; it has also found its way to affect the mental health and psychosocial well-being of individuals and societies at large. The psychological implications are a matter of grave concern as even though the impact is immediate and pervasive; it will have lasting effects for years to come and as such no one (including future generations) will be left unaffected by this pandemic.

Moreover, there are risks based on uncertainties about the origin, nature, and the governments’ ability to contain the spread of infection. Weak health care systems to deal with patients also pose massive cause for apprehension. In particular for Pakistan, which already has preexisting problems like infectious diseases, hunger, poverty, overpopulation, hygiene and sanitation, etc. the cost of a lockdown becomes exponential. Additionally, a worrisome matter is that psychological distress is manifested in different ways in different people – meaning that each individual will behave differently. Their anxieties will be expressed and manifested either through anger, stonewalling, increased sense of insecurity, panic attacks or depression. And what aggravates the problem further is not having strong support system around and/or if the mental health issue remains unaddressed or delayed.

The dire and pervasive reasons and consequences for psycho-social distress are ample and involve a combination of factors, which have disrupted daily living. First and foremost, restrictions on interactions through social distancing result in isolation. People, who are either quarantined due to illness or fear of contracting the virus lose social connections. As a result, feelings of loneliness prevail and anger may rise. The economic burden and financial losses due to unemployment cause immense worry amongst an already poverty-stricken Pakistani population. Especially for those in the informal sector, decrease in salaries has burdened people regarding loss of livelihood and basic essentials for day to day subsistence. In addition, the impacts are believed to be felt differently among different population groups. In the current scenario, children are a group who will be most impacted. School closures, limited learning, inaccessibility to socialization, play and physical contact mandatory for their psychosocial development is being heavily compromised. Children consequentially may feel confused leading to frustration and anxiety. Public health emergencies also demonstrate that there are risks of increase in violence and abuse, including gender-based and domestic violence. In the current scenario, victims of violence might further face obstacles in seeking help and having access to their support systems. The psychosocial implications on elderly, their caregivers, psychiatric patients, disabled and other marginalized communities will all be doubly affected by this pandemic.

Another group facing increased levels of stress comprises of health-care workers at the forefront, who mainly consist of females. They are often considered to be potential hosts of the contagion and are ghastly feared. Their personal fight against becoming infected as they are at a higher risk, fear of death, increase in hygiene and sterilization procedures and avoidance behaviours create an environment of anxiety and depression. All this adds to experiencing psychological outcomes, which may manifest in the form of burnout, anxiety, depression, substance abuse and/or PTSD.

As a result of the aforementioned and many other contributing factors which were not considered in this write up due to limitation of size and space, the pandemic has caused universal psychosocial impact. The massive fear of COVID-19 has been termed as “coronaphobia”. This has increased the number of psychological and mental health issues across the different strata of the society. Giving rise to acute panic, anxiety, obsessive behaviours, hoarding, paranoia, depression, and post-traumatic stress disorder (PTSD) in the long run. To make matters worse, this is further fueled by an ‘infodemic’ due to different platforms on social media. Although social and mainstream media can be the great sources of real time information, at the same time lack of information and misinformation can cause excessive fear; in many cases they are being used to spread false and exaggerated fears. Fear in itself has the potential of owning devastating and long-term effects. It is a scientifically proven fact that constant state of fear can reduce immunity and make people susceptible to various infections and other diseases. The fear during times of COVID-19 has many faces such as the fear of getting ill, the fear of dying, the fear of spreading it amongst family, and also the fear of not having enough consumables during restricted movements all have their own implications.

Psychosocial well-being sets ground for the personality and the coping capacity of an individual. In this difficult time, a recommendation would be to try to alleviate the effects of COVID-19 on those identified as requiring the most protection. We need to understand in depth the various ways in which mental health is compromised in these difficult times and the
psychosocial aspects of this outbreak. The government ought to formalize a cohort of mental health experts with credible professionalism who provide advice, support and leadership on how to mitigate the psychological trauma on our social system in these difficult times. As much as we know that we need to be physically robust in our fight against the pandemic at the same time the importance of psychological and emotional wellness cannot be overemphasized.

Challenges to Women in Remote Working amid COVID-19

Sadia Satti

As a large number of professionals around the globe has started working from home due to the fear of spread of COVID-19 pandemic, working women in Pakistan are experiencing bother. Social and serious fragments have decreased the number of women entering the development advance. Women are accomplishing more work at home, confronting more employment misfortunes and accomplishing a greater amount of basic work during this pandemic.

As of now, acknowledgment of working women is exceptionally low in Pakistan, and now in the hour of pandemic when women are working online, they are confronting numerous difficulties. Work from home brings a lot of distractions. With more individuals working remotely at the present time, a significant number of us have encountered a video conference hindered by woofing dogs or hungry children requesting food, household chores keep calling you, even constant notifications on your phone can distract you and affect your work from home productivity - we're living it, as well.

In any case, women feel burdened the most. Women in hetero double profession family units are multiple and are more likely than their spouse to have essential obligation regarding childcare, where single working moms bear a significantly greater amount of childcare load. In addition, women in Pakistan are more likely to take days off from work than men to care for a sick child, even though over half of them are not paid for that time. Remote working presents extra difficulties for women who are regularly neglected, hindered or overlooked in meetings.

At the point when you work online, transparency is compromised. You no longer have the opportunity to proceed to check with your colleagues, discuss the projects over short tea breaks. Working from home is challenging for women. The office work environment gives confidence and acknowledgment to women, which is rewarding and motivating. When they work from home, they have to function on their intrinsic motivation. Unemployment hits women harder than men. Over a quarter of women working in different sectprs have been terminated or suspended from their jobs.

Despite the fact that more organizations are permitting employees to work online, it is difficult for parents to direct and screen the training of their kids while proceeding to be beneficial at their employments. What's more is that it's much additionally trying for parents who have employments that can't be performed remotely and who can't manage alternate care arrangements. We need to consider how to create a blend of work and child rearing that works, since children matter too. Their psychological wellness matters and their need of help and action, planning and even just consideration is significant for their own wellbeing and improvement.

It is imperative to find out about different approaches to maintain a strategic distance from interruption when working from home since it makes an undeniably huger test than most office labourers accept. These are extraordinary and testing times for everybody, and difficulties faced by organizations and people are overwhelming. School terminations will without a doubt hit lower-pay and industrial specialists the hardest, and we have to see solid activity from governments and organizations to facilitate the agony.
Social protection and financial inclusion should go side by side

Mobeen Ali

Social Protection is featured as a target in at least five Sustainable Development Goals (SDGs), which are vital to achieve Agenda 2030. However, previously social protection programmes have been scaled back depending on both the government’s priorities and fiscal space.

Pakistan’s pro-poor initiative - the Ehsaas Programme - aims to provide unconditional cash transfers of Rs 12,000 each to 12 million households. So far, 9.7 million beneficiaries have been accessed with a total of Rs 117.5 billion disbursed. Assuming an average size of 6 per household, this tallies up to 48 million people expected to be reached from the programme.

To expand the database further, National Database Regulatory Authority (NADRA) has developed a web-based portal that is accessible to Deputy Commissioners office in each district except for the districts in the Punjab where only the provincial focal person has an access to the portal. This exercise aims to identify applicants not included in the current databases after data analytics and verifications by NADRA. These applicants are estimated to be around four million making this the largest unconditional transfer in the history of Pakistan with its reach extending up to 100 million people.

In the FY 2019-20, an amount of Rs 190.6 billion was allocated for social protection, which was 80 times more than the budget estimates of FY 2018-2019. Owing to COVID-19, the actual expenditure under social protection increased to Rs 245.02 billion. For the FY 2020-21, the government has allocated Rs 230.91 billion for social protection. Pakistan Economic Survey 2019-20 states that the provisional growth rate for the FY2020 is estimated at -0.38 per cent, which is bound to affect tax collection adversely regardless of the government’s ambitious estimates. Additionally, the debt moratoriums are also expected to end by 31st December 2020 further increasing fiscal pressure in the next calendar year making the current ambitions difficult to realize.

Microfinance, an important component of social protection, is considered an important tool to manage liquidity for households and microenterprises. According to Pakistan Economic Survey 2019-20, statistics from the Pakistan Microfinance Network projected a very positive outlook.

<table>
<thead>
<tr>
<th>Details</th>
<th>Micro-Credit</th>
<th>Micro-Savings</th>
<th>Micro-Insurance</th>
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<td>Active Borrowers</td>
<td>Value (Rs Million)</td>
<td>Active Savers</td>
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<td>2018*</td>
<td>6,936,554</td>
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<td>Increase/Decrease (Net)</td>
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<td>5%</td>
<td>11%</td>
<td>35%</td>
</tr>
</tbody>
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*Calendar Year
Source: Pakistan Microfinance Network (PMN)

This data only takes into account the calendar year up to 2019 and completely excludes the effects which the pandemic will have on microenterprises and their capability to repay loans. This will consequently have an impact on the liquidity and survival of microfinance institutions themselves. The survey does not address this serious challenge of survival of microfinance institutions and microfinance enterprises dependent on these institutions especially women-owned businesses.

Pakistan Microfinance Network (PMN) is a national association for retailers in the microfinance industry with a membership of 46 microfinance providers. These include microfinance banks that are regulated by the State
Bank of Pakistan (SBP). Others are non-bank microfinance companies which are regulated by the Securities and Exchange Commission of Pakistan (SECP). While the SBP itself is serving as the secretariat for the National Financial Inclusion Strategy and its Extended Action Plan 2023, microfinance banks form only a small portion of the total microfinance institutions. Having two regulators can create problems especially in current times where decisions such as restricting banks from paying dividends to shareholders can be made by SBP that will be considered unpopular, but can essentially save microfinance institutions as they are very crisis-prone. Placing the regulatory framework of microfinance institutions under the State Bank can help provide customers of microfinance institutions with more proactive measures, an oversight that is beyond pure financial gains and more focused on consumer protection.

Despite the government’s continuous efforts, financial inclusion in Pakistan remains staggeringly low. According to the World Bank as of 2017, only 24.6% Pakistani adults had an account with a financial institution. This is quite low in comparison with the South Asian average of 73.3% and the lower middle-income countries average of 61.1%. In these tight liquidity conditions, the importance of financial inclusion also needs to be emphasized in a broader socio-economic and political context due to its effect on the tax net and domestic resource mobilization as a whole. It is also noteworthy that financial inclusion is a target in eight of 17 goals and found to be an enabler of other SDGs.

After the pandemic, it could be possible to use the updated National Socio-economic Register and allow the beneficiaries of unconditional cash transfers to use these transfers as collateral to obtain microfinance loans and promote a ‘bottom-up’ approach towards development. Linking social protection with financial inclusion can help Pakistan greatly in achieving sustainable development.

Online Shopping amid COVID-19: A Gradual Shift towards E-commerce

Asif Javed

The lockdown imposed to contain coronavirus (COVID-19) halted almost all the trading activities in Pakistan. Closure of shops especially in the month of Ramazan was all painful, as people, in this month, usually go for Eid shopping for their children and families. The restrictions were, however, lifted later on, but the specific timings for businesses opening and fear of dealing with COVID-19 existed among masses and businesses. As a result, business and people shifted their inclination towards online shopping as many shopkeepers even from the smaller units attempted to provide services through online platforms. It is perhaps the formal launching of e-commerce in the country that the pandemic provided.

If we look at e-commerce globally, USA stands out as the leading economy. This is mainly because of ease of doing business and better logistics infrastructure. Around 79% of the total population in USA did online shopping in 2018; China has the highest number of online shoppers, i.e. around 1 billion and the highest number of cross border online shoppers, i.e. 149.4 million. In India, e-commerce is quite established, as over 120 million people did online shopping in 2018. In Pakistan, people also opted for online shopping, as the percentage of youth population is also on the higher side which is a positive indicator considering that youths are more inclined towards using new technologies. The government has devised an e-commerce policy with the aim to promote the e-commerce and consequently to create around 130 million employment prospects for the youth in next 30 years.

Online shopping is not only an ease for customers and a trend that might be followed more intensely in near future, but also an industry in itself which possesses potential for business growth and employment creation. The government should pay attention towards promoting the sector and should take necessary measures to develop the e-commerce. Besides, businesses should also look at it as an opportunity to expand their trading activities and consider it a viable option for business growth. Once big a business started providing online retail services, customers’ confidence will boost and they will attract towards it.
SDPI & ACEF sign MoU
Knowledge Partnership, Joint Research & Capacity Building

Dr Mahmood A. Khwaja and Rubab Syed

Last year, Director, Department of Public Interest Activities & Program, All China Environment Federation (ACEF) Mr Wang Jiajia, visited SDPI with ACEF-GPEA team, initiated and promoted by Ms Lining Yao, presently, Senior Program Officer, ACEF Department of International Cooperation and Exchanges. Follow up to the visit, ACEF desired a joint ACEF – SDPI meeting to discuss and explore opportunities for cooperation and collaboration towards joint research activities and programmes in areas of mutual interest. The online meeting was held on May 14, 2020. ACEF was represented by Ms GAO Xiaoyi, Director, Ms NI Yao, Deputy Director, Department of International Cooperation and Exchanges, Ms Lingling Yao and Mr Wang Jiajia. SDPI participants for the meeting were Dr Vaqar Ahmed, Dr Mahmood A. Khwaja, Ms Rubab Syed & Mr Mobeen Ali.

During the meeting, the focus of discussion was - as given in the figure below - Actual status/local needs and expectations to facilitate green development along Belt & Road could be from perspectives of either of government enterprises, local communities, think tanks or NGOs.

ACEF also expressed the desire to look into having an MoU between the two institutions to facilitate joint research activities and program.

Later, ACEF and SDPI, through follow up meetings and discussion, finalized and agreed to the text of the ACEF-SDPI MoU, signed online on June 23, 2020. Mdm. XIE Yuhong, Secretary General, ACEF and Dr. Abid Suleri, Executive Director, SDPI signed the MoU on behalf of their respective organizations. Ms Lingling Yao and Dr Mahmood A. Khwaja are the respective focal persons for ACEF and SDPI respectively.

ACEF-SDPI Memorandum of Understanding is for establishing a knowledge partnership, to conduct research jointly, policy analysis, capacity-building, and outreach, and both ACEF & SDPI are desirous of entering into collaboration and with expression of their interest in cooperating with each other, to launch new research, trainings.
and regional integration initiatives. The proposed areas of cooperation include any activity that shall be mutually agreed upon by ACEF & SDPI. However, subject to financing requirements, ACEF & SDPI have agreed to collaborate and cooperate in the following areas:

- Research including the development of joint research proposals, activities and publications
- Sharing info/research data and other research resources
- Capacity Building including training courses, study tours, and joint leadership events
- Seminars, conferences, workshops, and meetings
- Develop a sustainable quality assurance/monitoring and evaluation frameworks in joint research work
- ACEF/SDPI wish to carry out
- Outreach and networking with stakeholders
- ACEF-SDPI researchers exchange and interns/internships
- Strategic and knowledge partnership towards hosting annual Sustainable Development Conference (SDC) and other conferences, as agreed in Pakistan and China.
- Best practices/case study communications.
- Any other programme, projects and activities as may be mutually agreed upon by the ACEF & SDPI.

On agreeing to a joint activity/activity of mutual interest, ACEF & SDPI would develop specific terms of reference (ToRs).

Some of the priority thematic areas/issues of interest as proposed by ACEF (but not limited to) are enterprise/industry matchmaking/interaction/experience sharing on green technology; CSR and environmental risk management; local communities’ sustainable development; people to people communication & understanding.; policy communication and CSO capacity building.

Presently, SDPI preferred thematic areas/issues shared with ACEF are CPEC, special economic zones (SEZs), sustainable industrial development, socio-cultural impacts of CPEC, infrastructural and energy projects, environment impact assessment, food security, agriculture and economic growth.

ACEF-SDPI MoU shall become effective upon signatures by the Secretary-General, ACEF or his nominee and SDPI Executive Director or his nominee and shall continue in full force for five years from the date of signing and will be extendable if so/as agreed by the two parties.

- (Dr Mahmood A. Khwaja; khwaja@sdpi.org)