This brief summarizes the United Nations’ (UN) support for Pakistan’s Federal and Provincial Governments to address the COVID-19 crisis in September 2020.

The UN’s response to COVID-19 in Pakistan is about saving lives, protecting people, and recovering better. We are supporting the Government to do so in three key ways. First, our immediate health response is led by WHO to control the transmission of the virus, and reduce mortality by providing care for those affected. Guided by the UN Resident Coordinator, UN agencies are supporting country-level coordination, planning, and monitoring. We know that misinformation kills; this is why we need people to understand that COVID-19 is real, and that we can and must beat it together. Our risk communication and community engagement efforts are raising awareness of how to stay safe by engaging communities, young people, the media, leaders, and vulnerable groups nationwide. We are mobilizing different platforms to dispel myths – from helplines, to social media, television, and radio outreach. UN support for surveillance and case identification is pinpointing people suffering from COVID-19, to link them with the health care and support they need. Screening and capacity strengthening at points of entry aims to keep spikes at bay, while support for laboratories is enhancing testing. Infection prevention and control measures range from providing personal protective equipment (PPE), to building water, sanitation and hygiene (WASH) facilities, training frontline workers, administrators and decision-makers, and generating the data needed to inform effective decisions.

Second, our humanitarian response is addressing the humanitarian impacts of the COVID-19 pandemic on the most vulnerable groups in the country. This is especially vital as floods inundated Sindh in September.

Third, our socio-economic response is confronting the human crisis that COVID-19 has wrought, guided by the five pillars of the UN’s COVID-19 Pakistan Socio-Economic Framework. Our focus is keeping vital services accessible, households afloat, businesses solvent, supply chains functioning, institutions strong, public services delivering, and human rights at the forefront. Our first priority is health. We are supporting the health system to combat COVID-19 while continuing to deliver quality services for all, especially mothers, children, and people suffering from other illnesses. Social protection and basic services are our second pillar, centring on food security and nutrition, the continuity of learning and the safe reopening of schools, psychosocial support, and services for survivors of gender-based violence. Our third focus is economic recovery. The most at-risk workers – including women, daily wage labourers, and vulnerable groups – are at the heart of our efforts. Our fourth pillar promotes multilateral collaboration and macroeconomic response, while our fifth pillar advances social cohesion and community resilience by mobilizing Pakistan’s youth.

"The world has passed an agonizing milestone: COVID-19 has claimed 1 million lives worldwide. To come out of this crisis, we need a whole-of-society, whole-of-government, and whole-of-the-world approach. In Pakistan and around the globe, we need an approach driven by solidarity, grounded on our pledge to leave no one behind." – Julien Harneis
Resident and Humanitarian Coordinator
United Nations Pakistan

The UN thanks the generous donors who supported the COVID-19 response actions highlighted in this brief, including the European Union, the Government of Japan, the Government of the United States of America (USA), and the generous in-kind support provided by public donations and Unilever.

SUMMARY
COUNTRY-LEVEL COORDINATION, PLANNING AND MONITORING

The United Nations Resident and Humanitarian Coordinator (UNRC/HC) is leading the UN’s health, humanitarian and socio-economic response to the COVID-19 crisis in Pakistan, bringing the UN system together to support the Government.

WHO is supporting Pakistan with science, solidarity and solutions, focusing on coordination, testing, infection prevention and control, case management and surveillance.

- The Partners Platform, designed by WHO to support countries to fight the COVID-19 pandemic, was migrated to the hosting organization’s website. Pakistan was selected as a good practice example of Member State briefing for successfully tracking donor funding related to the COVID-19 response.

- UNICEF and the Global WASH Cluster helped the IPC-WASH sector develop an online dashboard on the 4Ws matrix analysis. It offers a visual showcase of progress by each partner, in each location. A joint training session was organized on the 4W matrix for members of Child Protection Sub-Working Groups in Sindh and Punjab on 12 August 2020.

- The National Nutrition Working Group uploaded information to the nutrition dashboard on: wasting case finding and referral; outpatient and inpatient treatment of severe acute wasting in stabilization centres; multi-micronutrient supplementation for young children and pregnant and lactating women; iron and folic acid supplementation for pregnant and lactating women; the promotion of infant and young child feeding (IYCF); and performance indicators on the treatment of severe acute malnutrition (SAM). To date, information has been provided from the provinces of Balochistan, Khyber Pakhtunkhwa, and Sindh. Data on the management of moderate wasting from all provinces, and a complete set of data from Punjab, are awaited to finalize and disseminate the dashboard.

- WHO coordinated a meeting between UN agencies and donor partners in August 2020, sharing updates on the state of COVID-19 in Pakistan and priority response activities for the coming months. Its sub-office in Khyber Pakhtunkhwa coordinated a health cluster meeting on 22 August to review the provincial situation and the Health Department’s plans for reopening educational institutions.

- UNHCR co-chaired the Protection Sector Working Group, assisting the National Disaster Management Authority (NDMA) and Provincial Disaster Management Authorities (PDMAs) to coordinate COVID-19 protection interventions. This involved identifying gaps, strengthening referral mechanisms, and monitoring the overall protection response.

- UNICEF chaired the Child Protection Sub-Working Group, enhancing members’ capacities to report on protection indicators related to the COVID-19 response. UNICEF and the Government also continued to coordinate the nutrition response at the federal, provincial, and district levels.
UNICEF organized the 16th online Expanded Programme on Immunization’s (EPI) weekly review meeting in Punjab. All key stakeholders participated, discussing plans for training vaccinators on COVID-19 Standard Operating Procedures (SOPs).

UNICEF and WHO participated in the meeting of the Regional Working Group on Immunization on 20 August 2020, alongside the Global Vaccine Alliance (GAVI). They agreed on the need to establish a national working group on the COVID-19 Tool Accelerator Pillar (COVAX Pillar), and discussed preparations for a COVID-19 vaccine cold chain.

UNICEF’s health team worked closely with the Ministry of National Health Services, Regulation and Coordination (MNHSR&C), provincial Health Departments, UN agencies, and development partners. It supported the Ministry to convene meetings of the Risk Communication and Community Engagement (RCCE) Task Force, and led the UN Communication Group on RCCE. To date, 25 RCCE Task Force meetings have taken place, as have 15 UN RCCE Group meetings, and six federal and provincial coordination meetings. Weekly provincial RCCE Task Force meetings were also held.

UNICEF coordinated with WHO and other UN agencies to provide support infection prevention and control (IPC) through the UN IPC Technical Working Group. UNICEF helped the Ministry of Climate Change convene virtual, bi-weekly water, sanitation and hygiene (WASH) sector coordination meetings at the federal level. These brought together over 70 representatives of organizations and governments from all four provinces, championing a focus on the WASH component of IPC. The meeting on 27 August 2020 centred on the safe reopening of schools and the Global Hand Hygiene Initiative. UNICEF also supported provincial Local Government Departments to hold weekly coordination meetings. All participating entities reported progress using the 4Ws matrix, which facilitates coordination and the efficient use of resources by avoiding duplication.

UNICEF-led education sector coordination meetings were held in all of Pakistan’s provinces. These focused on ways to expedite planning for the safe reopening of schools by 15 September. All four provinces agreed to use a phased approach modality for reopening schools.

UNESCO and the Pakistan Information Commission held a panel discussion on Access to Information During Times of Crisis on 28 September 2020 to launch the Online Appeal Management Information System (AMIS). UNESCO supported the development of this system and a new website for the commission to promote e-governance and uninterrupted service delivery in times of crisis, including COVID-19. This initiative directly contributes to SDG 16 (‘Peace, Justice and Strong Institutions’).

UNESCO organized a training session on how to integrate health and hygiene in teaching and learning. Held on 8 September, the session engaged teachers and representatives of Khyber Pakhtunkhwa’s Directorate of Curriculum, the Provincial Institution for Teachers’ Education (PITE), and the Regional Institution for Teachers’ Education (RITE).

UNDP, UNESCO, UNFPA, UNHCR and UNICEF held a meeting on their joint programme to engage adolescents and youth in the COVID-19 response. The gathering on 25 August reviewed the status of interventions’ implementation. Despite strong progress, they agreed to extend the programme’s deadline from October to December 2020.

UNOPS met with the Economic Affairs Division to provide an update on project progress and highlight close coordination with all project partners.

UNDP assisted the NDMA to improve inter-provincial coordination, supply chain management, and financial oversight mechanisms, while supporting human rights mechanisms and offering business continuity support to the Government of Khyber Pakhtunkhwa using UNDP core funds.

UNFPA continued to provide technical support to the NDMA through senior technical experts on gender-based violence (GBV) and sexual and reproductive health (SRH), in order to strengthen the national COVID-19 response from the perspective of women’s rights and health. The agency co-chaired the GBV Sub-Working Group with the NDMA to support coordination, technical backstopping, and oversight – all with a view to ensuring effective, timely multi-sectoral prevention, mitigation, and response protection services for women, girls, and other vulnerable groups.

UNFPA provided technical support to the Ministry of National Health Services, Regulation and Coordination by recruiting and deploying a senior public health expert, an epidemiologist, and consultants with expertise in strategic communications and data analysis, in order to strengthen COVID-19 response capacity.
RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

Led by UNICEF, the UN is supporting Pakistan’s RCCE Plan on responsive, empathic, transparent and consistent messaging in local languages through trusted communication channels, community-based networks, key influencers, and by building local capacities.

- **UNDP, UNICEF** and **UNFPA** published a *Youth and Adolescent Perception Study*, in which 10,000 young men and women participated. Its results are being used to enhance the targeting of future activities.
- **UNICEF** incorporated surveillance data in the 17th and 18th RCCE briefs, informed by combined analysis of the social and behavioural data, weekly social media sentiment data, records from the polio helpline (1166), and other available surveys. Key findings include:

1. Pakistan has recorded 293,711 COVID-19 infections and 6,255 deaths as of 25 August 2020. Since June, it has seen a steady decline in recorded cases and deaths.
2. More Pakistanis (41%) on social media felt positive about COVID-19 than who felt negative (8%), as of 17 August. Most (50%) remain neutral.
3. The resumption of tourism, and the opening of shopping centres and restaurants, are the key drivers of this positive sentiment. Inadequate testing of the vaccine announced by Russia is a driver of negative sentiment.
4. Parents from low and middle-income households are more likely to support sending their children back to school. This may be because they perceive a low risk of COVID-19 infection in schools, or simply because they need to go to work.
5. Parents from middle and high-income households are less likely to support sending their children back to school. This is likely because they perceive a high risk of COVID-19 transmission through schools, and as they have access to alternative, digital learning tools.
6. Parents from all socio-economic backgrounds support sending older children back to school, as they believe they will be more likely to adhere to preventive measures.
7. Parents question whether preventative actions will be physically possible in schools, such as social distancing in crowded classrooms or during physical activity, the continuous use of facemasks by young children, and handwashing in schools with limited WASH facilities.
8. Parents are concerned about school preparedness in terms of their capacity to ensure adequate COVID-19 screening and safety measures for teachers and staff, as well as the lack of a ‘Plan B’ if COVID-19 cases are identified in schools.
9. The perceived threat of COVID-19 decreased substantially after Ramadan. This is because of growing complacency, underpinned by: the Government’s easing of lockdown restrictions, the reported decline in COVID-19 cases and deaths, conspiracy theories and myths that suggest that the novel coronavirus is not real or not dangerous, and the misconception that religion or home remedies will protect people from COVID-19.
10. Regular handwashing has decreased significantly, particularly in settings with limited access to water, such as urban slums. People are reverting back to pre-COVID-19 behaviours.
11. People only wash their hands if water is easily available. If it is not, they do not make an effort to seek it out or use hand sanitizers. This is particularly true among low-income families, who consider sanitizers non-vital items that they can ill afford on a limited budget.
12. There is a need to follow public health guidance on COVID-19-safe during Muharram gatherings (majalis) and processions (juloos). Both the Government and the Pakistan Medical Association (PMA) have cautioned that the lack of adherence to this guidance during could provoke a sharp increase in new COVID-19 cases and deaths.
13. There may be an increase in stigma, and potentially violence, against Shi’a communities, who may be blamed for early COVID-19 cases in Pakistan. Existing socio-religious conflicts may escalate, with minorities persecuted in the context of public anxiety about COVID-19.
14. There are public concerns about the quality and safety of the facemasks available in markets, according to community feedback during national radio programmes on COVID-19.
15. People who have not been personally affected, or whose families have not been affected by COVID-19, perceive the threat of the virus as being very low. Their threat perception immediately becomes high if they or their family members become infected.
16. Low threat perception is leading to low community resilience against COVID-19 and increasing stigma for COVID-positive persons.
• **UNICEF** and VIAMO launched a longitudinal behaviour survey tool on RCCE. This seeks to improve trend analysis by highlighting obstacles and what support is needed to take forward recommended behaviours. The nationally representative survey engaged 3,325 respondents – 53% of whom are men, and 47% are women, and 63% of whom are from urban centres, while 37% are from rural areas. The survey’s key findings are:

1. More than 60% of respondents have not adopted preventive practices as they felt these would put their jobs or relationships at risk.
2. While 45% of the respondents who adopted precautions did so to protect themselves from COVID-19, the remaining 35% did so to protect people around them.
3. 16% of respondents sent their children to work because of a loss of income caused by the pandemic.
4. 65% respondents have had to borrow money because of a loss of income during the pandemic.
5. Half of the respondents received first aid or psychological counselling in the last 30 days.

• **UNICEF** developed information, education and communication (IEC) materials on social distancing, using facemasks, and handwashing. The agency also developed messages for parents and schools to ensure that preventive measures are adopted. These efforts will support federal and provincial government SOPs on the safe reopening of schools, and the RCCE strategy formulated with messages for students, teachers, school administrations, parents, and communities.

• **UNFPA** has printed 324,000 IEC materials since March 2020, with messages on hygiene, pregnancy, breastfeeding, and maternal care in the context of COVID-19. There were handed over to federal and provincial authorities. With UNFPA’s support, its partners are printing and disseminating IEC materials on sexual and reproductive health across Pakistan’s provinces.

• **UNDP’s** Strategic Communication Unit (SCU) helped design SOPs for educational and training institutions to raise mass awareness of COVID-19 and preventive measures. The unit also developed SOPs for District Education Officers and school administrations, highlighting preparatory and precautionary measures for the reopening of schools.

• **UNDP, UNICEF** and Khyber Pakhtunkhwa’s Education Department disseminated these SOPs. UNDP’s produced a video on the SOPs for school reopening to help students, school administrations, and parents understand and take precautions. It was shared with the provincial government for broader circulation. In addition, USAID approved four television commercials on COVID-19.

• **WHO** engaged with the Metropolitan Corporation of Islamabad (MCI) to develop awareness raising messages on hygienic practices for school children. These will be displayed on MCI-sponsored digital screens in front of educational institutions in Islamabad and Rawalpindi. Locations were identified, and banners, posters, streamers, and billboards were prepared. These will encourage students to wear masks, use hand sanitizer, and maintain physical distances to protect themselves, and others, from COVID-19.

• **FAO** continued to disseminate information on COVID-19 safety measures in September through Training of Trainers (ToT) sessions and the use of different communication channels, including What’sApp and newspapers. The agency disseminated 3,000 flyers on preventative measures and conducted COVID-19 awareness raising sessions as part of all of its interventions.
- UNFPA’s digital awareness raising and social media campaign used videos, animations, and issue-based flyers to sensitize the public on stress, anxiety, GBV, and psychosocial support in the wake of COVID-19. The campaign has reached nearly 10,150,000 stakeholders since April 2020.
- UNICEF reinforced government SOPs on Muharram through social media and the mass media, highlighting key messages on preventive behaviours. Its partners reached out to audiences nationwide with messages on social distancing, the use of facemasks, and handwashing with soap.
- UNICEF promoted preventive behaviours in the run-up to Independence Day (14 August) through a short animated video developed with the Ministry of National Health Services. UNICEF Pakistan changed the colour of its logo to green on social media platforms to mark the day. The agency released infographics and video messages featuring children and adolescents encouraging their peers to stay safe by wearing facemasks. A series of short videos and infographics were released on social media to promote good nutrition for newborns and infants in the context of COVID-19.
- UNICEF’s advocacy, communications and polio platforms on social media reached over 633,263 people between 10 and 23 August 2020. These activities attracted 101.6 million impressions – 100.8 million through Facebook, 66,172 on Twitter, and 324,849 on Instagram. The number of impressions increased thanks to a dedicated social media campaign featuring an Independence Day hashtag. Social media engagement attracted 2,786,692 responses – including ‘likes’, ‘shares’ and ‘retweets’ – 2,762,550 through Facebook, 2,845 via Twitter, and 7,560 via Instagram. Another 4 million people were reached through WhatsApp.

- UNICEF disseminated a press release by its Regional Office for South Asia on the resumption of polio immunization campaigns in Pakistan and Afghanistan, which was covered by at least seven major Pakistani media outlets. It also shared content on polio immunization on its social media platforms.
- UNICEF continued to use WhatsApp, reaching 253,115 to date with behaviour change communication messages on COVID-19. Specific messages designed for health workers and health facilities, as part of the infection prevention strategy, will become part of the We Care campaign. Communication materials are being produced for each level of health facilities.
- UNICEF and UNDP posted content on two online events to mark International Youth Day and the launch of the Multidimensional Poverty Index Report 2020.

- UNICEF launched a series of 25 live radio programmes on 16 July through a contract with the Pakistan Broadcasting Corporation (PBC). These 50-minute programmes are being aired on 41 radio channels (17 FM and 24 MW channels) for a six-month period, from July to December 2020. Entitled Kadam Sehat (‘health at every step’), are aired every Thursday, reaching 83 million people nationwide. The programme aired on 20 August focused on preventing stigma and having empathy for people affected by COVID-19. The 27 August programme centred on the safe reopening of schools and government SOPs concerning the use of mask, social distancing, handwashing and hygiene. The programmes are being broadcast by other radio channels to increase their coverage.
  - FM 101 in Islamabad, Lahore, Faisalabad, Sargodha, Sialkot, Multan, Karachi, Hyderabad, Peshawar, Quetta, Bannu, Kohat, Abbottabad, Mithi, Khairpur, Larkana, Mirpur, and Bahawalpur.
  - FM 93 in Rawalpindi, Mianwali, Gawadar, Muzaffarabad, and Chitral.
  - MW channels in Islamabad, Karachi, Lahore, Peshawar, Multan, Hyderabad, Dera Ismail Khan, Larkana, Quetta, Khuzdar, Bahawalpur, Sibbi, Loralai, Turbat, Mirpur, Gilgit, and Skardu. Sectoral data shows that 10.4 million people have been reached through television and radio.
- UNFPA supported the design and dissemination of inclusive, targeted risk communication and awareness raising messaging. This includes key messages about the inclusion of persons with disabilities, especially women, in infection prevention and control efforts under the umbrella of social protection. Some 4,000 radio messages were aired in Islamabad Capital Territory, Khyber Pakhtunkhwa, and Sindh.
- UNFPA supported 16 radio programmes that included COVID-19 and sexual and reproductive health messages. These were part of the Neighbourhood Watch campaign (see below).

- UNICEF continued to support 85 of the 250 agents engaged at the national Polio Helpline (1166), which is being used for the COVID-19 response. Digital Pakistan supports the remaining agents. The helpline has received over 7 million calls and responded to more than 3.8 million. While 7.13% of the calls received concern medical conditions, 2.68% are about suspected cases, 2.18% concern hospitals and tests, 11.10% concern COVID-19 symptoms, 2.28% are about treatment, 0.18% concern plasma donations, and 5.32% are about other issues.
• **UNICEF** supported the use of mobile vans, rickshaws, and mobile floats, including through polio and health structures, to disseminate COVID-related messages to communities nationwide. Over 1.8 million loudspeaker announcements reached communities in high-risk areas with messages on physical distancing, preventive behaviours, handwashing, and hygiene. Overall, preventive messages reached 19.3 million at-risk people. Through civil society organizations, frontline workers and social mobilizers took part in community engagement to train and sensitize 92,180 people on social distancing and government SOPs. These engagement sessions were held in small groups of 5–6 people each.

• **UNICEF**’s RCCE team designed a context-specific approach to respond to different levels of COVID-19 infection across the country, while ensuring the optimal use of available resources, informed by the surveillance and social data. More than 54 UNICEF staff members and implementing partners were provided orientation on how to prioritize implementation in line with the RCCE strategy.

• **UN Women** sustained community engagement by training local volunteers on COVID-19 relief activities and sensitization them on the needs of vulnerable groups, including women and men with disabilities, among others. The agency also assisted Disabled Persons Organizations to identify and train local community volunteers. Forty volunteers were selected and trained in Karachi and Islamabad on the COVID-19 response, rights-based approaches, and gender-based violence.

• **UNFPA**’s Neighbourhood Watch project reached 300,000 people, raising awareness of COVID-19 and sexual and reproductive health in six districts of Karachi, Sindh. The project engaged 600 young people, transgender and women activist as volunteers. The helpline set up to link local women with SRH services received 4,000 calls. In tandem, 36 local rickshaws displayed messages on COVID-19.

• **UNDP**, and the Local Government Ambassadors (LGAs) it supports, assisted Tehsil Municipal Administrations in Khyber Pakhtunkhwa to reach out to communities through face-to-face communications on COVID-19. Together, Local Government Ambassadors and Tehsil Municipal Administrations conducted 287 awareness raising campaigns with religious leaders. Some 6,572 men and 3,378 women were approached through megaphone announcements, 590 awareness meetings were held with women-headed households, and 185 disinfection activities were organized. Local Government Ambassadors displayed 41 banners and helped install 52 handwashing water tanks in public places in the province’s Merged Districts. UNDP’s support was pivotal for maintaining hygiene and helping communities to adopt preventive measures. UNDP also finalized the script and storyboard of a COVID-19 awareness raising video for rural women.

• **UNHCR** intensified messaging to eliminate myths, misperception and stigma surrounding COVID-19 in refugee communities. Awareness raising through regular community interactions, messaging on social media platforms and telephone calls. A key focus was on messaging related to the phased opening of education facilities in refugee villages and other areas.

• **UN Women** actively used digital platforms, including social media to disseminate basic safety measures related to COVID-19, including for women and men with disabilities. These media packages are sensitive to the special needs of persons with disabilities, including the need to use sign language, and feature mitigation strategies to respond to their different preventive needs, including the needs of wheelchair users and people who are blind or visually impaired. Their content will also focus on addressing their increased vulnerability to gender-based violence during the pandemic.
SURVEILLANCE, RAPID RESPONSE TEAMS AND CASE INVESTIGATION

The UN is supporting the Government’s detection of COVID-19 cases, contact tracing and case identification.

• **WHO** supported the Ministry of National Health Services and the Planning Commission to develop a PC-1 to strengthen disease surveillance and response.

• **UNOPS**’ ongoing project with the NDMA and Khyber Pakhtunkhwa’s Department of Health enabled the emergency procurement of critical medical supplies, including COVID-19 testing equipment. As the need for mass testing increases, UNOPS will urgently procure and supply PCR machines, PCR testing kits, auto extraction kits, auto extraction machines, and virtual transport mediums (VTM) with swab kits.

• **UNDP** partnered with the Ministry of National Health Services and the telemedicine platform, Sehat Kehani, to provide intensive care training for 5,000 medical personnel across Pakistan, equipping them to better deal with the COVID-19 crisis. Training will be delivered through Sehat Kehani’s application, providing trainees with specialists’ guidance on dealing with unique cases, 24/7.

• **UN Women** and Shirkat Gah conducted a rapid assessment of the reality of life with COVID-19 for women and girls in 10 districts across Pakistan. It focuses on intra-family gender relations, diverse facets of gender-based violence, livelihood, food security, and economic opportunities, including income sources before the pandemic, during lockdown, and post-lockdown possibilities. While 90% of the assessment’s data has been collected, data cleaning and analysis is ongoing.
• UNDP supported the Government to making informed decisions by providing regular updates on COVID-19 data to the Office of the Minister of Health, and developing presentations on these updates for meetings with the National Command Operation Centre (NCOC). Support for Health Department’s included data analysis and daily situation reports to inform decisions on the lockdown. UNDP also presented a seroprevalence surveillance strategy to the Government to support timely decision making on testing, a ‘smart’ lockdown, and actions to respond to a second wave.

IV. POINTS OF ENTRY

The UN is strengthening capacities at point of entries to enhance the COVID-19 response.

• WHO continued providing technical and operational support for the Directorate of Central Health Establishments to ensure preparedness at major points of entry, as domestic and international travel is resumed. Support for strengthening reporting and surveillance at points of entry included the provision of IT equipment and the hiring of data entry operators.
• WHO supported the process of setting up hand hygiene stations, triage counters, and providing ambulances at six major airports and land crossings to strengthen case management and referral.
• WHO continued to deliver refresher trainings for staff at points of entry on case definition, screening SOPs, infection control and prevention, International Health Regulations (IHR), case management for referrals, and risk communication, including technical support for conducting drills and simulations.

LABORATORIES

The UN is supporting efforts to strengthen laboratory capacities in Pakistan.

• WHO donated 30,000 polymerase chain reaction (PCR) tests to the NDMA which will be distributed to Pakistan’s provinces and regions. Moreover, 10,000 RNA and real-time PCR tests were donated to support COVID-19 testing at the National Institute of Health in Islamabad.
• WHO deployed laboratory specialists to support laboratory systems in Balochistan, Islamabad Capital Territory, and Pakistan Administered Kashmir. These specialists support capacity building and training of the laboratory workers, while assisting biosafety and quality assurance.
• A joint WHO-National Institute of Health mission in Balochistan assessed laboratories’ COVID-19 diagnostic capacity and quality assurance. It highlighted areas that need to be strengthened in terms of infrastructure, equipment, re-agents, kits, staff capacity and competency, and reporting.

INFECTION PREVENTION AND CONTROL (IPC)

The UN is supporting IPC efforts in communities and health facilities to enhance awareness, good hygiene practices, and disease prevention and control.

• FAO arranged the transfer of 1,303 personal protection equipment (PPE) kits to the Department of Plant Protection of the Ministry of National Food Security and Research in September 2020.
• UNICEF provided basic PPE – including gloves, sanitizers, and face masks – to 75,481 frontline workers.
• WHO deployed IPC experts to support Pakistan’s provinces and Islamabad Capital Territory to improve infection prevention and control.
• **UNHCR** and its partners built and rehabilitated 15 toilets in seven schools in Balochistan, and 24 toilets in 21 maternal and child health centres in Khyber Pakhtunkhwa. They supported community water facilities in Balochistan by repairing and rehabilitating 100 hand pumps. A new water borehole is being drilled, and the repair of small water schemes is underway. UNHCR also provided hand sanitizers and disinfectants in schools and health facilities in refugee villages.

• **UNICEF** has rehabilitated and installed WASH facilities 567 health care facilities to date – 70 in Balochistan, 373 in Punjab, 86 in Khyber Pakhtunkhwa, and 38 in Sindh. These feature ultraviolet (UV) water filters, toilets, and handwashing stations. As a result, 1.4 million people have gained access to safe drinking water and sanitation in these facilities, while reducing the risk of COVID-19 infection among health workers. Hygiene promotion services, including IPC information, have benefitted over 7.6 million people. More than 3.8 million people have used the 1,320 communal handwashing stations set up with UNICEF’s support.

• **UNICEF** and WASH sector partners, under the leadership of the Ministry of Climate Change, provided WASH services in 924 health care facilities, reaching more than 3.9 million people, and installed 1,841 handwashing stations. Hygiene promotion services – including information on COVID-19 prevention and control – benefitted more than 20.59 million people. A mobile application enabled two-way communication between young people and champions of the Clean and Green Pakistan initiative. Some 119,000 young people have registered on the system and 50,000 acknowledged COVID-related social and behaviour change communication messages on hand hygiene.

• UNICEF distributed detergents and disinfectants to health facilities to ensure effective cleaning and the disinfection of surfaces, thereby reducing the risk of infection among health workers, patients, and caregivers. With UNILEVER’s support, UNICEF distributed 8,000 bottles of bleach and 140,000 bars of soap to 38 health care facilities, 18 in Punjab and 20 in Sindh. It distributed another 60,000 bars of soap to at-risk communities in Punjab.

• **UNICEF** has supported the training of 5,629 frontline sanitary workers to date, enhancing their capacities on WASH and IPC in health facilities and in high-risk communities.

• **WHO** continued to support a strategic approach to improved infection prevention and control in 14 health care facilities. These were identified as demonstration sites for capacity building on IPC, in consultation with government counterparts. Plans are underway to train IPC teams, train health care professionals on case management, establish a triage system, strengthen intensive care units (ICU) at these sites, and provide essential ICU equipment and ambulances.

• **WHO** trained 75 Nutrition Stabilization Centre health care providers on infection prevention and control in Sindh, conducting three online training sessions through for 112 participants. The organization also conducted an IPC audit, delivered hands-on training for NSCs in Punjab, and conducted two in-person training sessions on IPC in Tharparkar (Mhti and Chachro) and Umerkot, Sindh.
The UN is actively assisting the timely sourcing and availability of quality essential medical supplies and protective equipment for Pakistan’s COVID-19 response.

**PROCUREMENT**

- **WFP** continued to support the Government’s and partners’ COVID-19 logistics and procurement processes.
- **UNFPA** continued to support health workers through the provision of personal protection equipment (PPE), distributed through the NDMA, PDMAs, provincial Departments of Health, and of Population Welfare. In addition to the distribution of 50,000 PPE and hygiene kits nationwide, the procurement of 200,000 additional masks is underway.
- **UNICEF** facilitated the delivery of 71 metric tonnes of PPE items, procured on behalf of the Ministry of National Health Services. The huge consignment arrived on 19 August, including 7.5 million face masks each, 31,230 coveralls, 50,000 boxes of gloves, 30 goggles, 30,000 gowns, 714 thermometers, and 1,000 body bags. From its own resources, UNICEF has committed supplies and services worth US$7.5 million, including PPE (gloves, surgical caps, and boot covers), sanitizers, IEC and RCCE materials, media engagement-related services, WASH sanitation products, the rehabilitation of health facilities, a COVID-19 call centre, and consultancy services. The distribution of 60,000 boxes of surgical masks is ongoing in all provinces as part of UNICEF’s support for frontline workers.

**DATA**

- **UNDP** regularly applied checks and verified the data available on the Integrated Performance Monitoring System – the database of COVID-19 patients – to support government decision making on COVID-19, particularly smart lockdowns in areas experiencing spikes in cases. UNDP’s efforts facilitated timely reporting and better data quality, thereby ensuring the availability of reliable, up-to-date data to inform decisions.

**TRAINING**

- **WHO** supported the training of physicians and health workers on case management in Pakistan Administered Kashmir.

**SCHOOL SAFETY**

**QUARANTINE AND CASE MANAGEMENT**

The UN is supporting health care facilities’ capacities to address COVID-19 cases.

**OPERATIONAL SUPPORT AND LOGISTICS**

- **UNFPA** trained 1,484 health and frontline workers as master trainers on infection prevention and standard precautionary measures to combat COVID-19. They were trained through 76 on-site, virtual, and blended trainings across Pakistan, including in quarantine facilities. These professionals included doctors, nurses, managers, support staff, cleaners, ambulance drivers, and security guards. Since March, 36,000 health workers have been trained by UNFPA on infection prevention and control, as have 79 health care providers – trained in eight batches – on risk communication and stress management.
The UN is addressing the humanitarian impact of COVID-19 on the most vulnerable groups in Pakistan.

**FUNDING**

- **OCHA** coordinated the Pakistan chapter of the Global Humanitarian Response Plan for COVID-19 (GHRP), where total funding of US$73.57 million has been received against a requested amount of US$145.78 million. As such, the plan is only 54% funded.

- **Central Emergency Relief Fund (CERF)** project proposals of US$6 million were submitted for approval to the Emergency Relief Coordinator. These are expected to be disbursed in October to address nutrition (UNICEF, WFP, and WHO), sexual and reproductive health (UNFPA), and gender-based violence (UNFPA, WHO, and UN Women). Interventions will support over 430,000 people in Balochistan and South Waziristan who have faced multiple shocks – ranging from drought to locust outbreaks, floods, heavy snowfall, and avalanches – that have been exacerbated by COVID-19.

**COORDINATION**

- **OCHA** continued providing coordination and advocacy support to the NDMA, PDMAs, and sectoral working groups.

**PHPF**

- Coordinated by **OCHA**, the Pakistan Humanitarian Pooled Fund (PHPF) continued to support actions to address the consequences of the COVID-19 pandemic. Several achievements realized through the PHPF are worth highlighting:

1. 81 medical officers, MTs, vaccinators, and support staff at basic health units (BHUs) were trained (71 men and 10 women) through nine training workshops organized in the context of the Comprehensive Health and Education Forum International. Training was also provided for 108 community health workers – including Lady Health Workers (LHWs), Lady Health Vaccinators (LHVs), and TBAs – as well as 146 local community members. PPE kits were provided for 118 frontline health workers (71 men and 47 women), as were 590 diagnostic kits for three district headquarter hospitals in Buner, Charsadda, and Mardan, in Khyber Pakhtunkhwa. In these districts, 184 maternal and child health cases were handled by experts. IEC materials, including three posters, were developed and printed. These will be distributed to 60 basic health units and among communities in these three districts.

2. To advance education, health, social awareness, and rehabilitation, 834 PPE kits were provided in Peshawar, and 620 in Swat. Qualified psychologists counselled 589 women, while 14,978 people (22% of the target) benefitted from screening and sample collection services on their doorsteps, paired with medical and referral support for positive cases. Maternal, child and sexual and reproductive health services were provided, including medication, vaccination and referrals through free ambulance services. Two ambulances were also supplied.

3. The Society for Human and Environmental Development trained 367 Lady Health Workers through 24 sessions. PPE and disinfection kits were procured and handed over to District Health Offices. Medicines relevant for sexual and reproductive health were procured and are being provided on a needs-based basis to targeted maternal and child health centers. Moreover, 21 Health Committees have been activated.
4. Through the Taraqee Foundation, 50 master trainers were trained on IPC in three districts. Contents to sensitize the public were designed and shared on social media platforms, such as Facebook, Instagram, Twitter, YouTube, LinkedIn, and What’sApp. IEC materials, 180 banners, and 10,000 posters were displayed in prominent sites in targeted districts.

5. The Balochistan Rural Support Programme trained 27 health care professionals in Chagai. PPE and were supplies were procured and dispatched to this district, including 505,620 face masks, 2,000 sanitizers, 12,500 gloves, 12,500 bars of soap, 200 thermal guns, and 143 hand washing units. Key messages on gender-based violence and sexual and reproductive health were integrated into the COVID-19 behaviour change communication campaign (BCC), which reached 20,083 people in four districts. Women-friendly health spaces are being set up in four basic health units in Balochistan: BHU Posti in Chagai, BHU Rodh Malazai in Pishin, BHU Meer Alizai in Killa Abdullah, and BHU Mohammad Khail in Quetta.

- **WHO** donated supplies worth 21 million to the NDMA, including 20 interagency health emergency kits (IEHK) containing medicines for 75,000 people for one month, to meet different health needs during humanitarian emergencies. The donation also included 250,000 aqua tablets, three flood rescue water boats, surgical masks, Tyvek suits, and hand sanitizers.

- **WHO** also donated medicines and medical supplies worth PKR 3.9 Million to Sindh’s Ministry of Health and Population Welfare in the wake of severe flooding in the province. These supplies included two interagency emergency health kits with medicines for 6,000 people for one month, alongside 480,000 aqua tablets, and 2,030 bottles of paracetamol syrups.

- **UN Women** worked to include the most vulnerable groups in Pakistan in a consolidated humanitarian response to COVID-19, with a view to championing an inclusive response that addresses gender, disability, and structural inequalities which have become more acute in the wake of the pandemic. These groups include persons with disability and women-headed households.
The UN Resident and Humanitarian Coordinator is leading the overall UN response to COVID-19 in Pakistan based on five key pillars, supported by the technical guidance of UN agencies, funds and programmes (AFPs). The RC/HC continues to meet federal and provincial government counterparts to extend UN assistance for the COVID-19 response.

**I. HEALTH FIRST: PROTECTING HEALTH SERVICES AND SYSTEMS DURING THE CRISIS**

**TRAINING**

- **UNICEF** supported trained 74,427 frontline health workers on IPC, and supported the training of 74,612 frontline health workers and community volunteers on COVID-19, case identification, and the referral of suspected cases.

**ESSENTIAL SERVICES**

- **UNICEF** supported provincial and regional Departments of Health to ensure the continuation of essential primary health care services, including immunization, antenatal care, postnatal care, delivery services, child care, and curative care for adults in 136 health facilities. These services have benefited over 1.57 million people since the onset of the COVID-19 pandemic.

**IMMUNIZATION**

- **UNICEF**-supported health facilities vaccinated 41,725 children against measles.
- **WHO** coordinated enhanced outreach activities to vaccinate children missed by immunization drives, as well as children due for vaccinations, between June and September in 119 of 154 districts in Pakistan. These initiatives targeted 1 million targeted children under one year old, and involved the administration of 13.6 million vaccine doses of all antigens. WHO’s enhanced outreach activities vaccinated 800,000 children with Penta3/OPV3/PCV10-3/IPV vaccines, and reached 699,762 ‘zero dose’ children between June and August 2020. Since the onset of the COVID-19 pandemic, vaccination coverage has dropped drastically, with Penta 3 coverage dropping from 82% in February to 25% in April. Thanks to immunization efforts supported by WHO, vaccine coverage has returned to the levels that existed before the COVID-19 crisis.
- **WHO** supported the deployment of 8,150 vaccination teams in the field, which are establishing outreach sites in communities, following recommended safety measures. They have been provided with training on infection prevention and control and PPE equipment (medical masks and sanitizers), and are being monitored intensively.

**TUBERCULOSIS**

- **WHO** supported the National Tuberculosis Programme and the Ministry of National Health Services to continue essential tuberculosis (TB) services. Updated *National Drug Resistant TB Guidelines* and *National Latent TB Infection Guidelines* were developed in line with WHO’s latest recommendations. These were disseminated at national workshops (21 –22 September) and in Punjab (17 September).
• WHO supported the Ministry of National Health Services under the Reproductive, Maternal, Neonatal, Child, and Adolescent Health (RMNCAH) Programme to scale-up virtual trainings on sexual and reproductive health for provincial health care providers. This followed three five-day workshops in Islamabad for 50 doctors and midwives involved in telemedicine services. Two training workshops in each of Pakistan’s four provinces were conducted for 180 health care providers.

• WHO and the People’s Primary Health Initiative of Balochistan trained 15 primary health workers on RMNCAH in September 2020 at the Sandeman Provincial Hospital in Quetta, a WHO centre of excellence. The training sought to support the continuity of sexual, reproductive, and maternal health services in the context of COVID-19.

• WHO is developing an online training course on RMNCAH with an emphasis on infection prevention and control. Experts have been engaged from all four of Pakistan’s provinces and three administrative areas to support content development. The course will be finalized by November.

• WHO supported the provinces to roll-out trainings on the Clinical Management Guidelines on Pregnancy in the context of COVID-19, which were finalized in consultation with relevant stakeholders under the leadership of the Ministry of National Health Services, and in partnership with the Society of Obstetricians and Gynaecologists of Pakistan (SOGP) and Agha Khan University (AKU). Trainings sessions were organized using the guidelines through the SOGP platform for their chapters in Lahore, Multan, Rawalpindi, Islamabad, and Karachi, reaching more than 350 clinicians. WHO helped print the guidelines, case reporting forms, and job aids, which will be distributed nationwide.

• UNFPA, the Ministry of Planning, Development & Special Initiatives, and the Ministry of National Health Services developed a National Action Plan on Family Planning in the context of COVID-19, with a proposed list of ‘new normal’ interventions. These are aligned with existing national and provincial strategies and targets, such as the recommendations of the Council of Common Interest (CCI) and Pakistan’s commitment to the International Conference on Population and Development (ICPD25). These forward-looking, progressive proposals are expected to set the stage for new ways of working, harnessing technology to enhance efficiency and expand coverage. UNFPA continued to follow SOPs and incorporate COVID-19 considerations in its programme activities.

• Three UNDP consultants helped the Ministry National Health Services to include behavioural insights in COVID-19 crisis communication. They consultants also helped disseminate COVID-related messages to the public, while aiding public health research, disease mapping, and data analysis.

• UNDP and UNFPA are working with the Ministry of National Health Services on a pilot telemedicine intervention. It supports doctor-to-doctor communication, linking junior doctors in underequipped or understaffed intensive care units with critical care specialists to provide guidance on patient care.

• WHO conducted a services workshop to disseminate the Availability and Readiness Assessment (SARA) Islamabad Capital Territory Survey, and began planning for similar activities in the provinces.

• UNFPA supported the dissemination of a one-minute video message recorded by a woman parliamentarian in Khyber Pakhtunkhwa, provided by the province’s Public Health Association. Video messages by health care professionals in the Merged Districts were viewed by 50,000 people.
**Ehsaas**
- WFP and the Government of Pakistan launched the Ehsaas Nashonuma programme on 13 August to combat chronic malnutrition. This will target 122,000 pregnant and lactating women, and children under the age of two, from families that are enrolled in the national safety net for ultra-poor households, Ehsaas Kafalaat. By 22 September, facilitation centres were functional in Gilgit-Baltistan, Khyber Pakhtunkhwa, Pakistan Administered Kashmir, and Punjab. Work is ongoing in Balochistan, Gilgit-Baltistan, and Sindh on the operationalization of the remaining centres.

**Inclusivity**
- UN Women strove to make programme planning more COVID-responsive by focusing on mitigating future risks that are likely to affect the most vulnerable members of society, including women, girls, transgender people, minorities, and persons with disabilities, both women and men.
- UNDP continued to support the Ministry of Human Rights and provincial partners to uphold transgender people’s political, legal, and social rights, while ensuring that they are included in the COVID-19 response. Based on the recommendations of the UN’s socio-economic assessment of COVID-19’s impact on transgender communities, UNDP and UNFPA helped the ministry organize the distribution of relief packages for transgender persons in Islamabad and Rawalpindi.

**Reaching Prisoners**
- A UNDP project began to provide legal aid to 70 prisoners in Khyber Pakhtunkhwa, as part of efforts to prevent the spread of COVID-19 in seven prisons, while advancing justice services and upholding basic rights.

**Informal Workers**
- The ILO is undertaking studies on schemes to extend social security to informal workers, including domestic workers, sub-contracted construction workers and miners, and workers in brick kilns.
- The ILO is conducting an exploratory study about existing registries, databases and other administrative records of workers and enterprises. It will assess whether there is a need for a new National Registry of Workers and Enterprises (NERWE) – in both the formal and informal sectors.

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**2. Food and Nutrition**

**Supplies**
- WHO provided PPE kits to Nutrition Stabilization Centres in Sindh, containing masks, sanitizers, soaps, and gloves, worth PKR 100,000 for each centre. PPE were provided to the Nutrition Stabilization Centre at the Children’s Hospital in Quetta to support the continuity of services.

**Cash Assistance**
- WFP prepared to provide emergency cash assistance to over 180,000 people at severe risk of food insecurity due to the compounded effects of COVID-19, the locust outbreak, last year’s drought, and snow emergencies in Balochistan, Khyber Pakhtunkhwa, and Sindh. Villages are being prioritized and beneficiaries selected. Cash distribution will begin in early October.

**Food Assistance**
- WFP provided emergency food assistance to 71,500 people (11,000 households) between 8 and 25 September 2020, in Karachi and the three rural districts of Sindh most affected by devastating flooding in August. Many of those affected are daily labourers engaged in construction or cotton cultivation, whose livelihoods were already dealt a blow by COVID-19, exhausting their coping capacities. On 17–18 September, the UN Resident Coordinator and WFP’s Country Director visited a WFP food distribution and a UNICEF WASH distribution site in the district of Mirpur Khas, meeting with local government representatives. WFP is exploring the possibility of scaling up emergency assistance to respond to significant unmet needs.

**Treating Malnutrition**
- WFP started enrolling beneficiaries in its new targeted supplementary feeding programme in the Merged Districts of Khyber Pakhtunkhwa on 1 September 2020. Using the community-based management of acute malnutrition (CMAM) approach, the programme will target 38,000 children under the age of five who are suffering from moderate acute malnutrition (MAM), and pregnant and lactating women. Over 2,200 beneficiaries have been enrolled thus far in Peshawar.
- UNICEF-supported health sites provided nutrition services nationwide, 17 more sites than in August 2020. To date, 67,710 children suffering from severe acute malnutrition have been admitted for treatment. The quality of treatment for severe wasting is in line with international (SPHERE) standards, with an estimated cure rate of 90%, a defaulter rate of 7.8% against a maximum acceptable level of 15%, and a death rate as low as 0.3% far below the maximum acceptable of 5%.
- WHO-supported Nutrition Stabilization Centres treated 700 severely malnourished children with complications, and counselled 1,624 pregnant and lactating women using integrated nutrition and WASH messages.
- WHO provided Punjab’s Nutrition Department with 2,400 tins each of F75 and F100 therapeutic milk for Nutrition Stabilization Centres (NSCs). These reached 1,600 children and 58 NSCs in Punjab.
- WHO helped develop a mobile application to facilitate the ‘sentinel surveillance’ of nutrition.
UNICEF celebrated World Breastfeeding Week (WBW) with initiatives that spanned the whole month of August. Promotional activities sought to support and promote breastfeeding in the context of COVID-19, involving the print media, electronic media, and a social media campaign. Social media outreached reached approximately 86,326 people. Live radio talk shows, aired on Radio Pakistan’s 41 channels, reached 83 million people.

UNICEF supported the Government of Sindh to organize two television shows on Sindh TV and Pakistan TV (PTV) to raise awareness of breastfeeding.

UNICEF supported inter-personal communications on infant and young child feeding (IYCF) practices in the context of COVID-19, involving 1,110,747 people. Social media messages on IYCF were distributed to 5,596 households. In Sindh, 538 banners featuring IYCF messages were printed and displayed at strategic locations, including the Offices of District Commissioners and District Head Officers, major hospitals, and main streets.

WHO supported a Vitamin A supplementation drive during Sub-National Immunization Days (SNID), targeting 30.9 million children between 6 and 59 months old in 130 districts. The drive reached 26.8 million children (87 per cent of the target).

FAO organized 22 Farmers Field School sessions in Balochistan for 198 men. These season-long trainings covered key stages of the crop cycles of tomatoes, apples, and grapes in the districts of Harnai, Ziarat, Zhob, Loralai, and Killa Saifullah.

FAO reached out to small-scale farmers to reduce COVID-19’s impact on their agricultural livelihoods. The agency provided 6,250 families with rice and vegetable seeds during the last Kharif season. It provided another 1,000 farmers with agricultural inputs and livestock-related support. The procurement of inputs is underway, and the selection of beneficiaries has been completed. The delivery of inputs will be completed by October.

FAO supported livestock farmers to mitigate the pandemic’s impact on vulnerable communities. As part of the FAO-GRASP initiative, an animal health camp was organized in the district of Nushki, Balochistan. Some 4,500 sheep and goats were vaccinated by community organizations, benefiting 23 farmers. The camp made use of the services of the Livestock Department and trained community animal health workers.
• WFP initiated cash distribution in the Merged District of Khyber in September, under its new education safety net programme, implemented with Khyber Pakhtunkhwa’s Department of Education. The programme will provide monthly cash stipends to 21,000 girls enrolled in public secondary across the Merged Districts. These transfers will be unconditional while schools remain closed, and become conditional on attendance once schools reopen to incentivize parents to send their daughters back to school. WFP is verifying schools and registering students in other districts.

• UNICEF-supported alternative learning opportunities have benefitted 86,883 children to date. In Balochistan, 366 content-based videos on mathematics, science, and English were shared via WhatsApp with primary school teachers and Parent-Teacher School Management Committees (PTSMC) to support the continuity of learning. The My Home, My School initiative established 18,605 home centres to enable the continuity of learning for 56,253 children, including 22,907 girls and 33,346 boys. Messages encouraging learning reached 277,964 parents, while information on preventing COVID-19 was disseminated to 1.56 million teachers and members of School Management Committees (SMC) through SMS and social media platforms.

• WHO supported the training of school management, staff, and health care workers in Balochistan and Sindh, with updated WHO guidance.

• UNICEF supported the School Education Department of Punjab’s second phase of training for 3,300 Area Education Officers (AEOs) on mental health and psychosocial support (MHPSS) across 36 districts in August and September 2020. UNICEF’s Information Technology section also trained 36 master trainers in Punjab on setting up zoom meetings to assist district teams to conduct online meetings and training. To raise awareness among the general public, two radio programmes on the re-opening of schools were aired on Radio Pakistan on 22 and 24 August.

• UNESCO worked with McKinsey and Company to develop a Framework and Toolkit for the Education System to Respond to the COVID-19 Crisis. A Working Group was set up with representatives of the Departments of Education of Sindh, Khyber Pakhtunkhwa, and Gilgit-Baltistan to enhance the toolkit’s practical usefulness and implementation.
• UNESCO launched the global campaign, Building Back Equal, with its Global Education Coalition partners, the Malala Fund, Plan International, UNGEI and UNICEF. The campaign seeks to ensure that all girls, everywhere, can continue learning during and after the COVID-19 pandemic. The Building Back Equal: Girls Back to School Guide was developed to help policy-makers, Ministries of Education, and their partners to address the gender dimensions of COVID-related school closures. UNESCO supports the campaign in Pakistan through advocacy and targeted interventions in schools, and at the community level, to bring girls back to school after the COVID-19 pandemic.

• UNESCO re-deployed its implementing partners across target districts under the Girls’ Right to Education Programme (GREP) once the Government of Pakistan announced that educational institutions will reopen in a phased manner as of 15 September. The agency’s implementing partners initiated field activities following COVID-19 SOPs to support district Departments of Education to ensure the safe reopening of primary from the 30 September onward.

• UNESCO, UNICEF, and Cambridge Education are conducting a rapid situation analysis of COVID-19’s effects on education in Asia, with a focus on countries in East Asia, South-east Asia and South Asia. Conducted from August to October 2020, the situation analysis’ main objectives are to:

  1. assess and estimate the COVID-19’s impacts on the education sector and key stakeholders, including children, adolescents, teachers, parents, and education officials, and;
  2. examine its implications on progress towards Sustainable Development Goal (SDG) 4 (“Quality Education”) and the Education 2030 Agenda, while identifying examples of promising responses that can be shared to enhance national approaches.

• UNODC conducted an impact assessment of COVID-19 on criminal justice services in Balochistan and Sindh, with a focus on consumers of the criminal justice system. Its preliminary results are analysed and will be available in the coming months.

• UNESCO’s distance learning education programme, Radio, My Best Friend, targeted children enrolled in Grades 1 to 3 in 18 marginalized districts. Transmissions include information on COVID-19, art and culture, public service massages, infomercials, jingles, and ‘infotainments’. The programme aired literacy messages to mark International Literacy Day on 8 September.

• UNODC conducted six awareness raising sessions on COVID-19 prevention in rural Faisalabad, Punjab, engaging 150 community members and drug users. A session was conducted at a boys’ high school with 89 students and 16 teachers. These sessions discussed how COVID-19 spreads, signs and symptoms, unsafe behaviours and practices, protection methods, the use of face masks, social distancing, frequent and proper handwashing, avoiding touching one’s face, and the use of sanitizer.

• UNODC distributed 1,300 pamphlets with COVID-19 preventive messages for drug users, while them with face masks, bars of soap, and disposable gloves. The agency also developed an advocacy brief on the Importance of data in general and especially during emergency situations.
4. CONTINUITY OF SOCIAL SERVICES AND ACCESS TO SHELTERS

**WHO** organized three training sessions on mental health and psychosocial support, including psychosocial skills development, stress management, and psychological first aid. The message of WHO’s Country Representative on World Mental Health Day called for more investments in mental health and psychosocial support during the COVID-19 pandemic, particularly as mental health disorders multiply in times of crisis. WHO also organized two webinars on tobacco control, with a focus on its MPower strategies.

**A UNICEF** training package has been used to train 3,220 social workforce professionals to date (1,677 women and 1,543 men), in Balochistan, Gilgit-Baltistan, Khyber Pakhtunkhwa, Punjab, and Sindh. Trained social workers provided psychosocial support services to 51,912 parents, caregivers, children, and adults in these parts of Pakistan – including 3,035 girls, 3,337 boys, 23,316 women, and 22,224 men. Among them, 611 people (31 girls, 21 boys, 250 women, and 309 men) received specialized counselling sessions in Khyber Pakhtunkhwa and Punjab. Within two weeks of the launch of the campaign on the mental health of adolescents and youth, spearheaded with the School of Leadership Foundation (SoLF), more than 50 young people – including 22 adolescents – registered and accessed counselling services from a certified, experienced psychotherapist. Preventing stigma and abuse to appropriate service providers.

**UNICEF** supported Child Protection Units nationwide to keep children safe during the pandemic. In Sindh, Child Protection Units registered 116 cases of violence and abuse in July alone, 20 concerning girls and 96 concerning boys. These cases were referred by the police, the media, the child helpline (1121), and communities.

**UNICEF** held talks with Punjab’s Child Protection Welfare Bureau to collaborate on a campaign to prevent child abuse, using approved messages on the prevention of violence against children and online safety. The agency will also support the capacity building of helpline operators to respond to, and refer, cases of abuse to appropriate service providers.

**UNFPA** and HANDS Pakistan collaborated with the NDMA to distribute 30 dignity kits to women affected by floods in Sindh’s capital, Karachi, in September. Recipients included women from religious minority groups, including the Shali Para in Koohi Goth, in the district of Malir.

**UNFPA** and the Prime Foundation procured pre-fabricated/modified shipping containers to create labour rooms and outpatient department (OPD) in clinics in Pakistan, thanks to funding from the Government of Australia’s Department of Foreign Affairs and Trade (DFAT). They set up a Mobile Service Unit (MSU) within the Baka Khel camp for temporarily displaced persons in Khyber Pakhtunkhwa. The unit will provide integrated sexual and reproductive health services for 2,028 families (10,763 people), including 2,932 women, 2,717 men, and 2932 children in remote, underserved, and hard-to-reach areas, particularly Afghan refugees and Pakistani host communities. The General Commanding Officer of the Pakistan army inaugurated the unit on 11 September.

**UNDP** provided PPE to the rule of law institutions in Khyber Pakhtunkhwa, including the Home & Tribal Affairs Department, the Police Department, provincial and district judiciary, and the provincial Bar Council. In tandem, UNDP provided Zoom licenses to the Peshawar High Court, the Central Police Office of Peshawar and the Khyber Pakhtunkhwa Bar Council. It worked with the Peshawar High Court to establish ‘virtual courts’ in Peshawar and the Merged Districts.

5. SUPPORT FOR SURVIVORS OF GENDER-BASED VIOLENCE

**UNDP** provided psychosocial support to COVID-19 patients, their families, survivors of gender-based violence, and health care professionals through a dedicated helpline, web portal, and mobile application. The initiative, funded by Germany and UNDP’s core funds, is ongoing in Sindh and is being replicated in Islamabad and Rawalpindi. Technical experts were deployed to the Ministry of Human Rights and the NDMA to improve social inclusion, inter-provincial coordination, supply chain management, and financial management in the context of the Government’s COVID-19 response.

**UNFPA**’s implementing partners in Khyber Pakhtunkhwa represented 33 participants who took part in a four-day training course on the Minimum Initial Service Package on reproductive health in crises and gender-based violence in emergencies. The training is part of UNFPA’s emergency preparedness and resilience-building plans for 2020, including flood and winter emergency preparedness.

**UNFPA** and Rozan conducted a series of webinars on the psychosocial needs of women and girls, and trends in gender-based violence during the pandemic. They discussed the response by the Government and civil society, services available for GBV survivors, and the vulnerabilities of marginalized groups, including young girls and women with disabilities.
III. ECONOMIC RECOVERY: PROTECTING JOBS, SMALL AND MEDIUM-SIZED ENTERPRISES, AND THE MOST VULNERABLE PRODUCTIVE ACTORS

- **UNFPA** and HANDS Pakistan completed radio messages on psychosocial well-being and gender-based violence, which were aired in Sindh.
- **UNFPA** and Aahung developed and shared infographics on social media, focusing on menstrual hygiene management (MHM), the psychosocial well-being of young people during the COVID pandemic, gender-based violence, through social media platforms.
- **UNFPA** is supporting the NDMA’s social media campaign on psychosocial support, with a special focus on gender-based violence in the context of COVID-19. Four related episodes featuring six animations were disseminated via social media.
- **UNFPA** supported Khyber Pakhtunkhwa’s Social Welfare Department to implement a social media campaign to help helpline services reach people experiencing an increased threat of violence.

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**UNDP’s** Cash-for-Work Rapid Response to COVID-19 project is mitigating the pandemic’s economic impact in eight villages of Peshawar, Khyber Pakhtunkhwa. It provides short-term employment opportunities by engaging the community members in cash-for-work activities, with a focus on locals who have suffered a loss of income. In September, community infrastructure schemes were rehabilitated in all eight villages by skilled and unskilled local labourers. They de-silted irrigation channels, repaired sanitation and solid waste management infrastructure, engaged in disinfection spray drives, and spearheaded ‘area beautification’. Across these eight districts, 222 women were engaged to stitch 1,554 school uniforms, as well as to conduct awareness raising campaigns. Moreover, 85 Community Resource Persons (38 women, 47 men) conducted 707 COVID-19 prevention and disaster risk reduction (DRR) awareness campaigns, bringing the total number of awareness sessions conducted to 1,275. UNDP and SRSP distributed cash vouchers to beneficiaries at a ceremony attended by local communities, the Deputy Speaker of Khyber Pakhtunkhwa’s Provincial Assembly, and representatives of the PDMA. To date, the project has created 10,899 work days (3,900 for women, and 6,999 for men), engaging 862 people (344 women and 518 men). The initiative ensures that women represent at least 40% of project participants.

**FAO** continued rehabilitation and reconstruction efforts in the Merged Districts, adhering strictly to government SOPs. These initiatives engaged 1,400 skilled and unskilled daily wage labourers, benefitting households on whom COVID-19 has taken a drastic toll. They rehabilitated more than 100 irrigation channels, built layer and broiler farms, and constructed meat shops as part of projects funded by the Japan International Cooperation Agency (JICA), the United States Agency for International Development (USAID), and the United Kingdom’s Department for International Development (DFID).
• **UN Women’s Digital Literacy Pilot** reached out to 75 women home-based workers, engaged in two cohorts in different cities. The initiative helped them prepare business products, and list them on social media. Feedback has been overwhelmingly positive on the pilot’s live classes and recorded lectures, which attract active participation. This initiative has been instrumental in helping women become comfortable with technology, including smartphones, for the first time in their lives.

• **UNDP** supported small and medium-sized enterprises with a view to ensuring business continuity. It trained and mentored young people to propose innovative business ideas, so that new avenues of income generation and employment can be created in Khyber Pakhtunkhwa’s Merged Districts. UNDP resumed on-campus business incubation training, following SOPs, and began training 73 entrepreneurs in the Merged Districts. As trainees must present their business ideas to a panel of independent judges for evaluation, 27 trainees (all men) took part in online pitching sessions. Viable business ideas will receive incubation grants to help entrepreneurs scale up or start businesses. In September 2020, with USAID’s support, 11 women entrepreneurs received incubation grants.

• **UN Women** supported access to essential life-saving health services, social protection, and community support systems for persons with disabilities, and especially women with disabilities. Special attention was paid to the possibility of food shortages and food insecurity, which increase malnutrition and household management pressure for vulnerable groups, including persons with disabilities. It sought to advance transformative change by addressing issues related to the care economy – both paid and unpaid – an area that has come into sharp focus during the pandemic.

• **UNDP, FAO, UNHCR, WFP,** and the **ILO** took part in the fourth virtual meeting of the Early Recovery Working Group on 16 September, alongside representatives of Khyber Pakhtunkhwa’s PDMA, the Departments of Industry, Commerce, and Technical Education, the Small and Medium Enterprise Development Authority (SMEDA), and national and international non-governmental organizations.

• **UNDP** seconded a technical consultant to Khyber Pakhtunkhwa’s Industries Department to support post-COVID-19 economic planning, private sector engagement, and the development of an **Industrial Strategy** featuring a balanced economic restoration plan.

• **UNDP** provided the key policy inputs to the Government of Khyber Pakhtunkhwa, including the 15th policy brief by UNDP’s Vital Economic Operations Management Team. It focuses on public-private partnerships (PPP) to minimize the pandemic’s economic impact. The team developed a PPP model to attract private sector investment in infrastructure projects, in coordination with the provincial Planning & Development Department.

• The **ILO, UNDP** and other UN agencies supported the Planning Commission to develop a national **Livelihoods Protection & Youth Employment Programme** in the context of COVID-19. It will be funded by the Government of Pakistan’s PKR 70 billion budget allocation for the COVID-19 response.

• The **ILO** began a rapid assessment study to gauge the levels of lay-offs, dismissals, nonpayment, and underpayment in the textile and ready-made garment (RMG) sectors in the wake of COVID-19.

• The **ILO** initiated an enterprise level **Risk and Business Continuity Assessment** of different enterprises in the textile and RMG sector in Karachi, Sindh. It will explore the needs and challenges faced by these enterprises post-COVID to inform decisions on how to support them.

• The **ILO’s** study on COVID-19 impact on labour migration is underway. It identifies major challenges faced by migrant workers from Pakistan due to COVID-19, and will offer policy recommendations to address these challenges.

• An **ILO** study on COVID-19’s impact on the brick kiln sector is also underway.

• The **ILO’s** awareness raising campaign to prevent the spread of COVID-19 was extended from the province of Sindh to Punjab and Khyber Pakhtunkhwa. The agency developed customized information products for enterprises in line with provincial SOPs, including posters, banners, and an animated video.

**IV. MACROECONOMIC RESPONSE AND MULTILATERAL COLLABORATION**

• **UNDP** supported the Government of Pakistan to complete a comprehensive **Socio-economic Impact Assessment of COVID-19** with the Planning Commission, the World Bank and other UN agencies.
V. SOCIAL COHESION AND COMMUNITY RESILIENCE

**UNICEF** and other UN agencies reached more than 95,000 people with a COVID-19 youth campaign to mark International Youth Day (12 August) and Pakistan’s Independence Day (14 August). While 64% of those reached are youths, 26% are adolescents, and 10% are adults. Social media platforms reached out to another 12,000 people.

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**Here’s how you can keep the spirit of Independence Day alive while maintaining SOPs:**

- Decorate your balcony/terrace with azadi flags
- Make your own independence day special mask
- Make a tiktok on independence special songs
- Binge-watch patriotic movies on Netflix
- Party with your friends
- Use social media to pay a tribute to all the frontline healthcare workers
- Dress up in green & white and do a photo session with your family
• The **UNDP, UNICEF, UNFPA, UNHCR** and **UNESCO** Youth Innovation Challenge is encouraging youth-led solutions to COVID-19. Three days of capacity building and mentorship trainings were organized for 28 finalists – 20 young people and eight adolescents. All 28 will share their final project plans and budget sheets, and receive their first tranche of seed funding to put their innovations into practice. These efforts were made possible with the support of Japan and Norway.

• **UNDP, UNICEF, UNFPA, UNHCR** and **UNESCO** joined forces to engage Pakistan’s youth, training 209 adolescent and youth ambassadors. Equipped with basic kits, they are delivering cascade training on COVID-19 SOPs, each to least four peers, family members or community influencers, including religious leaders. Since these cascade trainings began, 725 more community members have been trained. Nine adolescents participated in a training session on appreciative enquiry (AE), an approach introduced by **UNICEF’s** Regional Office for South Asia (ROSA) to equip young people with the skills they need to become active citizens in their communities. These adolescents will test the approach in their communities, and document their experiences to foster learning. A draft toolkit on engaging adolescents will be revised to incorporate the appreciative enquiry approach.

• **UNFPA’s Neighborhood Watch** initiative engaged 600 young people – including university students, midwives, and community workers – to raise awareness of COVID-19 in disadvantaged communities in six districts of Karachi. The project gained momentum after flash floods hit the city, facilitating a drive to clean up flood-affected areas. The initiative’s duration was extended; it will now run until the end of November 2020.

• **UNFPA** engaged 24 mid- and high level NGO decision-makers from the Government and NGOs in Khyber Pakhtunkhwa during a one-day advocacy meeting on provincial preparedness plans related to the COVID-19 response and future natural disasters.