



UNITED NATIONS
PAKISTAN
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BRIEF

UNITED NATIONS RESPONSE TO COVID-19 IN PAKISTAN

Update 10 November 2020

SUMMARY

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

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“The COVID-19 crisis is still unfolding. As the world braces for a second wave of infections, we urgently need a coherent response. This is the only way we can hope to mitigate the losses wrought by the pandemic and continue on a robust path towards sustainable development. The UN stands with Pakistan to ensure that we recover better, so that no one is left behind.” –

– Julien Harneis
Resident and Humanitarian Coordinator
United Nations Pakistan

The UN thanks the generous donors who supported the COVID-19 response actions outlined in this brief, including the Governments of Australia, Canada, Japan, the Republic of Korea, Switzerland, and the United States of America, the European Union's Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO), the Central Emergency Relief Fund (CERF), and the Pakistan Humanitarian Pooled Fund (PHPF).

Saving lives, protecting people, and recovering better – this is what the UN's response to COVID-19 in Pakistan is all about. We are supporting the Government to achieve these aims with a three-pronged approach. First, our WHO-led health response is working to control the transmission of the novel coronavirus and reduce mortality. Guided by the UN Resident Coordinator, UN agencies are supporting country-level coordination, planning and monitoring. Our risk communication and community engagement efforts are raising awareness of the continued threat of COVID-19 as restrictions are lifted, children go back to school, and the world braces for a second wave of infections. We are engaging communities, parents, students, young people, religious leaders, and vulnerable groups nationwide. We are leveraging different platforms to dispel myths and provide accurate information – from the mass media to social media and helplines. UN support for surveillance is improving case identification, so that people with COVID-19 get the health care and support they need. Strengthening laboratory capacities is improving testing, while support for points of entry aims to keep spikes at bay. Infection prevention and control efforts continue at pace, as we provide personal protective equipment, build water, sanitation and hygiene (WASH) infrastructure, provide WASH supplies, and deliver training for frontline workers.

Second, the UN's humanitarian response is addressing the humanitarian impacts of COVID-19. Emergency supplies, food aid, and cash assistance are just some of the ways we are reaching out to the most vulnerable people in Pakistan, especially those recovering from severe floods.

Third, our socio-economic response is confronting the human crisis of COVID-19. Through the five pillars of the UN's *COVID-19 Pakistan Socio-Economic Framework*, we are working to keep public services accessible, households afloat, businesses solvent, supply chains functioning, institutions strong, and human rights at the forefront. Health is our first priority. We are supporting Pakistan's health system to address COVID-19 while ensuring the continuity of services, especially primary health care, maternal and child health care, and immunization. Our second pillar focuses on social protection and basic services to improve nutrition and food security, get children safely back to school, and provide psychosocial support and services for survivors of gender-based violence. Economic recovery is our third pillar. We are working to expand work opportunities, train entrepreneurs, support innovative business ideas, and strengthen occupational safety and health. Our fourth pillar centres on multilateral collaboration and macroeconomic response. Our fifth pillar advances social cohesion and community resilience by mobilizing Pakistan's youth to raise awareness and help the country adapt to the 'new normal'.





SUPPRESSING THE TRANSMISSION OF THE VIRUS



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. Our immediate WHO-led health response is supporting Pakistan with science, solidarity, and solutions, focusing on coordination, testing, infection prevention and control, case management, and surveillance.

4WS MATRIX

- **UNICEF's** and the Global WASH Cluster's support enabled the IPC-WASH sector to develop an [online dashboard that visually presents the 4Ws matrix analysis](#), showing progress by each partner in each location. UNICEF also supported the Ministry of Climate Change to convene federal bi-weekly WASH sector coordination meetings online with over 70 organizations and government representatives from all of Pakistan's provinces. UNICEF's support enabled provincial Local Government Departments to hold similar weekly coordination meetings. All participating organizations are reporting progress through the 4Ws matrix, ensuring coordination and the efficient use of resources by avoiding duplication.

WORKING GROUPS, TASK FORCES AND MEETINGS

- **UNICEF's** Communication for Development (C4D) team supported risk communication and community engagement (RCCE) partners, including the Ministry of National Health Services, Regulation and Coordination. Support included coordinating the 25th UN RCCE Task Force meeting comprising eight UN agencies, and co-facilitating weekly national and provincial RCCE Task Force meetings that discussed ways to continually improve the COVID-19 response.
- **UNICEF** continued to coordinate with WHO and other UN agencies to provide technical support for infection prevention and control (IPC) through the UN IPC Technical Working Group.
- **UNICEF** co-chaired the Nutrition Working Group, led by the Government, to coordinate the nutrition sector's response to the COVID-19 pandemic at the federal and provincial levels. Seven coordination meetings took place during the reporting period, two at the federal level, one meeting each in Punjab, Sindh, and Khyber Pakhtunkhwa, and two meetings in Balochistan. These gatherings also discussed flood response following heavy rains in Sindh and Khyber Pakhtunkhwa, as well as interventions by the *Central Emergency Relief Fund (CERF)* in Balochistan. The first dashboard that reflects the nutrition sector's response to COVID-19 in Pakistan has been finalized, featuring data from the Government, non-governmental organizations (NGOs), and UN agencies.
- **UNICEF** organized a coordination meeting with Gavi, The Vaccine Alliance, and the federal Expanded Programme on Immunization, on 2 September to discuss the implementation of the *Cold Chain Equipment Optimization Plan* in the context of COVID-19. Coordination meetings with UNICEF's headquarters and Regional Office for South Asia agreed that UNICEF Pakistan will conduct an assessment of health workers' perceptions, knowledge, and behaviours related to coronavirus infection.

WORKING GROUPS, TASK FORCES AND MEETINGS

- **UNICEF's** Health Team worked with the Ministry of National Health Services, Regulation and Coordination, provincial Departments of Health, UN agencies, and development partners on telemedicine, supporting health workers, and the COVID-19 perception survey.
- **UNICEF** participated in the review of the Expanded Programme on Immunization (EPI) that explored COVID-19's impact on immunization and agreed on follow-up activities. UNICEF also organized a meeting of the Health, Population and Nutrition Development Partners Group (HPNDPG) (10 September) to discuss partners' contributions to the COVID-19 response.
- **WHO** briefed development partners on the global and national COVID-19 situation, as well as the Government of Pakistan's response, during a virtual meeting organized by the World Bank on 20 October. Participants discussed support for government efforts, the use of masks, and social distancing.
- **UNFPA** co-chaired the GBV Sub-working Group with the National Disaster Management Authority (NDMA) to support coordination, technical backstopping, and oversight for timely multisectoral prevention, mitigation, and response services for women, girls, and other vulnerable groups.

FLOOD RESPONSE

- **UNICEF** provided inputs for Sindh's flood rapid assessment tool, as two UNICEF staff members were part of the assessment team. With the assessment completed, a report is being compiled to inform a response plan and a potential proposal for the *Central Emergency Response Fund* to respond to the humanitarian crisis wrought by severe flooding.
- **UNICEF** will work with Sindh's Social Welfare Department to develop messages targeting children and parents on preventing flood hazards. The Terms of Reference (TORs) of Sindh's Child Protection Working Group were finalized and the child protection response to the flood emergency was discussed at length. Khyber Pakhtunkhwa's Child Protection Sub-working Group reviewed minimum standards for protective spaces and standard operating procedures (SOPs) for interagency referrals. Punjab's Child Protection Working Group meeting oriented members on the 4Ws matrix.

TECHNICAL ASSISTANCE

- **UNFPA** supported the Ministry of National Health Services, Regulation and Coordination by recruiting and deploying a senior public health expert, an epidemiologist, and consultants for strategic communications and data analysis to strengthen COVID-19 response capacity and the universal health care (UHC) initiative.
- A high level technical mission from **WHO's** Regional Office for the Eastern Mediterranean (EMRO) visited Pakistan (14–24 October 2020) to support key areas of the COVID-19 response:
 - integrated disease surveillance and response (IDSR);
 - laboratory diagnostics;
 - points of entry;
 - risk communication and community engagement; and
 - the continuity of essential services.
- **WHO's** Country Representative and the EMRO Mission Team Lead launched a nine-month report documenting WHO's support for Pakistan's COVID-19 response. The report highlights successes, challenges, and ways forward to strengthen the response. It covers nine pillars or key areas, including the areas listed above, of the *COVID-19 Strategic Preparedness and Response Programme (SPRP)*.
- **UNFPA** provided technical support to the National Disaster Management Authority through senior technical experts on gender-based violence and sexual and reproductive health to strengthen the COVID-19 response by applying the lens of women's health and rights.



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.

SECOND WAVE

- **UNICEF's** RCCE team initiated strategic reflection on preventing and preparing for a potential second wave of COVID-19 infections. Its presentation to other UN agencies highlighted that:
 - Analysing the findings of the *Seroprevalence Survey* – conducted by the Ministry of Health and WHO in August 2020 – reveals priority groups who should be focused on, as they are less immune to COVID-19 than others. They include rural populations, tier 2 districts with fewer than 500 cases, young people under the age of 20, and older people over the age of 60.
 - There is a need for a dedicated focus on promoting key preventive behaviours, especially during social and religious events, the safe reopening of schools, community engagement in rural areas, supporting the elderly, and addressing growing mobility as restrictions are eased.

The RCCE team plans to partner with organizations working on major transportation routes to reduce the risks of COVID-19 infection beyond urban areas.

FEEDBACK MECHANISMS

- **UNICEF** continued to support agents at the *Polio Helpline*, which is also being used for COVID-19. Its 250 agents receive nearly 7,000 calls per day – 11.10% related to COVID-19 symptoms, 7.13% to medical conditions, 2.68% to suspected COVID-19 cases, 2.28% to treatment, 2.18% to hospitals and tests, 0.18% to plasma donation, and 5.32% to other issues. Of the 7 million calls received to date, agents have been able to respond to 3.8 million. The helpline has proven an effective tool to build trust between the public and government/partner response teams, while helping to manage the pandemic. In addition to providing information, the helpline collects feedback from callers on their concerns, which will help all partners adjust their response programmes in line with real needs.

SURVEY ON SCHOOL REOPENING

- **UNICEF's** and Viamo's *Community Risk Assessment (CRA)* (23 August) gathered insights from community feedback, social media content, and reports by the media. The assessment reveals greater challenges than expected for the reopening of schools, as many parents and students do not practice precautionary measures at home. The surveys shows that two-thirds of parents are not comfortable sending their children back to school due to low levels of trust in schools' abilities to implement hygiene standards. Most parents intend to send their children to school because they feel children would suffer more if they remain at home. Social media sentiment analysis highlights low risk perception and general complacency towards COVID-19. Factors that contribute to low risk perception include:

- the national lifting of many lockdown restrictions;
- the sudden reduction in media reporting on daily cases/deaths;
- the fallacy that the virus cannot survive in high temperatures during the summer;
- the erroneous belief that the virus is not dangerous or that its severity is exaggerated by the Government and the media;
- the inaccurate belief that religion provides people with protection from disease; and
- COVID-19 restriction fatigue, which feeds into growing carelessness as people increasingly ignore safety guidelines and begin to attend social and religious gatherings.

“People are back to normal life and their day-to-day activities, as if COVID-19 was an ancient tale that only affected people living in other countries.” – Trend analysis

- The **RCCE weekly brief** (15 September) compiled data from weekly social media sentiment analysis, the Polio-COVID-19 helpline, provincial field reporting, expert opinions, and periodic surveys by RCCE partners. Key findings from surveys informed recommendations shared with policy-makers, sectoral programmes, and RCCE Task Force teams, including:

- **42%** of respondents feel they are not at risk of contracting COVID-19.
- **57%** lack the means to get tested if they have symptoms.
- **65%** have borrowed money due to a loss of income, **50%** have sold an asset, **16%** have sent their children out to work, and **50%** fear they will lose their jobs in the next six months.
- **78%** identify HWs as their most trusted source of information on COVID-19, while **51%** cite the radio and television, and **20%** identify social media as their most trusted source of information.
- There is a general belief that 'good Muslims' will remain safe from COVID-19.
- There is strong conviction that young people face fewer risks from COVID-19.
- **66%** of parents believe that schools are unprepared and unable to protect children or enforce preventive measures.
- It will be more difficult to convince the poor to accept new restrictions.

¹ Ipsos, UNICEF and Viamo, *Community Rapid Assessment, Round 1, 28 August 2020: Weekly Social Media Sentiment Data*.

ENGAGING PARENTS AND STUDENTS

- **UNICEF** and RCCE partners contributed to the production and distribution of print materials, alongside radio and television programmes to inform parents of new procedures and preventive measures in schools. Radio programmes were broadcast on 41 national public radio stations to raise awareness and encourage parents to enforce preventive behaviours.

SAFE AT SCHOOL

- **UNICEF** and the Ministry of Federal Education and Professional Training launched the #SafeAtSchool campaign in the run-up to children returning to school on 15 September. The campaign promotes lifesaving behaviours to curb COVID-19 within and outside of school by children, adolescents, parents, and communities. Prime Minister Imran Khan posted two [tweets](#) on the campaign.
- **UNICEF**, the Ministry of National Health Services, and the Ministry of Federal Education released a video nationally, calling on people of all ages to mobilize against the virus as they go back to school and work.

Watch the mobilization video: [Back to School, Back to Work.](#)



- An [opinion piece on 'Safe Reopening'](#) by **UNICEF's** Country Representative appeared in the leading newspaper, *The News*, reiterating the need for students, teachers, and communities to take precautions to mitigate the spread of COVID-19 by following SOPs on and off campus.
- **UNICEF** developed [online flyers](#) in [Urdu](#) and [English](#) calling on students, parents, and teachers to adhere to preventive behaviours in and out of school. These were posted on UNICEF's and the Ministry of National Health Services' social media platforms.

Online flyers by UNICEF and the Ministry of National Health Services, Regulation and Coordination



- **UNICEF's** radio series on COVID-19 continued with Radio Pakistan. [One hour-long episode](#) was posted on social media. A [series of social media posts](#) documented how teachers in Sindh were trained on COVID-19 SOPs.
- **UNICEF** continued to develop and post content on the #PakYouthDiaries initiative, including a [photo of child actor Shees Sajjad Gul-Roomi](#), as well as a [video of Dr Fahya](#) sharing tips on COVID-19 prevention.
- **UNICEF** Pakistan participated in UNICEF's global and regional initiatives to support children going back to school. These include the global [Thank You Teacher](#) initiative that showcases photos of children thanking school staff for helping them learn during the pandemic, and the [Education Heroes in South Asia](#) initiative that documents everyday heroes helping children to resume learning.

Video by Dr Fahya on COVID-19 prevention



#PakYouthDiaries: Child actor



Thank You Teacher



Education Heroes in South Asia



- **UNDP's** Strategic Communications team designed 10 social media posts for UNICEF on SOPs for the reopening of schools, as well as success stories of head teachers who trained 700 teachers on the SOPs.

LOCAL SUPPORT ORGANIZATIONS

- **UNFPA** engaged 64 local support organizations (LSOs) from Chitral in Khyber Pakhtunkhwa and the districts of Skardu, Hunza, and Gilgit in Gilgit-Baltistan to enable awareness raising sessions on COVID-19. These organizations are federations of village organizations that support community-led development and the empowerment of marginalized people, especially women, at the grassroots level. These awareness raising sessions engaged 527 participants (317 women and 210 men) from local support organizations, women's organizations, district teams of the Aga Khan Rural Support Programme (AKRSP), and local government representatives, who will roll out awareness raising sessions within communities.

LOCAL GOVERNMENT AMBASSADORS

- **UNDP**-trained Local Government Ambassadors (LGAs) supported Tehsil Municipal Administrations in Khyber Pakhtunkhwa by raising awareness on COVID-19 and preventive measures. During the reporting period, 40 awareness raising sessions in educational institutions engaged 1,600 men and 50 women on the implementation of COVID-19 SOPs. Disinfection activities were conducted in coordination with Tehsil Municipal Administrations in six schools.

ENGAGING RELIGIOUS LEADERS

- **UNICEF** and RCCE partners have engaged 328,000 religious leaders since the pandemic began. They have been encouraged to remind people that family members who are ill should be isolated, rather than cared for directly by their relatives. This is considered an important demonstration of a person's faith, but puts people at great risk of infection.

WORLD FOOD DAY AND ENGAGING FARMERS

- **FAO** collaborated with rickshaw drivers and transporters to raise awareness of *World Food Day 2020*, including by providing them with flyers to disseminate on COVID-19. FAO staff participated in radio shows to mark *World Food Day* in Balochistan, highlighting precautionary measures.
- **FAO** continued to provide orientation on COVID-19 and preventive measures in all of its major interventions. In October, 605 people (357 men, 183 women, and 65 children) in eight districts of Sindh, as well as 58 farmers from Khyber Pakhtunkhwa, participated in awareness raising sessions.
- **FAO** organized an exposure visit for 32 olive growers to the Agriculture Research Institute in Tarnab, Peshawar, Khyber Pakhtunkhwa. These farmers received detailed orientation on olive orchard management and product processing, as well as COVID-related precautionary measures. Similar orientation was provided on using masks, sanitizer, and social distancing during training on post-harvest vegetable management for 26 farmers and staff members of the Agriculture Extension Department of the Newly Merged Districts of Mohmand, Bajaur, and Khyber, as well as Khyber Pakhtunkhwa's district of Torghar.



TRAINING TRAINERS

- **FAO's** training of trainers (ToT) interventions in October disseminated information on COVID-19 safety measures, using different communication channels including WhatsApp and radio broadcasts. Following up on ToT nutrition education sessions for integrated household food systems, COVID-19 awareness sessions were conducted in Balochistan.

MASS MEDIA

- **UNICEF** supported RCCE efforts through the mass media, including the highly popular weekly radio shows, *Kadam Kadam Sehat*. Each 50 minute show, broadcast through the Pakistan Broadcasting Corporation (PBC), is played on 41 radio channels. The PBC reaches an estimated 83 million listeners.

DIGITAL MEDIA

- **UNICEF's** RCCE team and the *Adolescent Development and Participation* (ADAP) programme kick-started a 10-week digital media campaign for youth to curb perceptions that young people are not at risk of contracting and transmitting COVID-19. The campaign has reached 900,000 people, half of whom reacted to digital posts. A radio programme was produced on psychosocial services for youth.

AWARENESS RAISING

- **UNFPA** mapped the poorest, most marginalized and vulnerable pregnant women in Khyber Pakhtunkhwa's district of Chitral and Gilgit-Baltistan's districts of Hunza and Skardu through community coordination meetings. As a result, 85 pregnant women were identified for referral and transport support to health facilities during the COVID-19 pandemic. Awareness raising videos in five local languages were disseminated through local cable networks and radio stations. Agreements with three radio stations in Gilgit, Skardu, and Chitral have also been signed.
- **UNFPA** has disseminated 324,000 information, education and communication (IEC) materials to date on maternal and newborn health, reproductive health, and COVID-19. Additional materials on pregnancy, antenatal and postnatal care, immunization services, and the stigma associated with COVID-19 were developed and disseminated in targeted health facilities in Gilgit and Chitral.
- **UNDP's** Strategic Communications Team designed infographics on health reforms and actions to combat COVID-19 in Khyber Pakhtunkhwa, alongside a story on the province's three-year post-pandemic *Economic Recovery Plan* (Azm-e-Nau).
- The **IFAD**-funded *National Poverty Graduation Programme* (NPGP) developed and disseminated information, education and communication materials on social distancing, using face masks, handwashing, clean drinking water, and maintaining hygiene among rural communities in Punjab and Sindh. Over 30 training sessions on face masks were conducted with these communities. After the sessions, women participants produced 500 handmade masks.





SURVEILLANCE, RAPID RESPONSE TEAMS AND CASE INVESTIGATION

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

SITUATION REPORTS

- **WHO** continued to issue daily situation reports on the COVID-19 pandemic featuring provincial data on active cases, laboratory testing, and hospitalization status (for details see: <http://who.org.pk>).

TRACKING PROFILES

- **UNICEF** coordinated with Balochistan's COVID-19 Operational Cell and Department of Health to track the epidemiological profile of COVID-19 cases, as Balochistan's 'test positivity rate' (10–15 per cent) has been than the national average (below 2 per cent) since late August. The average number of daily tests rose from 400 to 1,500 per day since mid-September.²



IV. POINTS OF ENTRY

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

DATA AND SUPPORT

- **WHO** continued to provide technical and operational support to the Directorate of Central Health Establishments to ensure preparedness at major points of entry as domestic and international travel resumes. This included support for data management at six points of entry (three airports and three land crossings). Support for strengthening reporting and surveillance at points of entry included the provision of IT equipment and hiring data entry operators.

INFRA-STRUCTURE

- **WHO** initiated the process for establishing hand hygiene stations, triage counters, and providing ambulances at six major airports and land crossings to strengthen case management and referral.



LABORATORIES

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

LABORATORY SUPPORT

- **WHO** continued to support laboratory systems in Balochistan, Khyber Pakhtunkhwa, Islamabad Capital Territory, Azad Jammu and Kashmir, and Gilgit-Baltistan. Laboratory specialists were deployed to support capacity building and training for the laboratory workforce, alongside the implementation of biosafety and quality assurance.
- A joint **WHO** and National Institute of Health (NIH) mission visited Balochistan to assess laboratories' diagnostic capacity related to COVID-19. The mission delivered a detailed report to the National Command and Operations Centre (NCOC) highlighting areas that require strengthening in terms of infrastructure, equipment, reagents/kits, staff capacity/competency, and reporting.
- **WHO's** Country Representative visited Khyber Teaching Hospital in Peshawar, whose Director acknowledged the agency's support for Peshawar's Public Health Laboratory (PHL), including the donation of two fully-automated PCR machines, one real-time PCR machine, and continuous supplies of reagents and viral transport mediums (VTM).

TESTING

- **WHO** donated 30,000 polymerase chain reaction (PCR) tests to the National Disaster Management Authority to distribute across Pakistan's provinces and regions.
- **WHO** provided technical support to the National Institute of Health to formulate national guidance on antigen-based COVID-19 testing, in line with WHO's global guidelines.

¹ Data extracted from a presentation by the National Emergency Operations Centre (NEOC).



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.

PPE

- **UNICEF** provided basic personal protective equipment (PPE) (gloves, sanitizers, and masks) to 83,222 frontline workers.
- **FAO** will provide 1,303 PPE kits to the Ministry of National Food Security and Research's Department of Plant Protection by the end of October 2020.
- **WHO** distributed PPE and IPC supplies to six IPC demonstration sites in Punjab and Khyber Pakhtunkhwa.
- **UNFPA** continued to support health staff through the provision of personal protective equipment distributed through the National and Provincial Disaster Management Authorities, as well as provincial Departments of Health and Population Welfare. To date, nearly 50,000 PPE and hygiene kits have been distributed nationwide. The procurement of another 200,000 masks is underway.
- **UNODC** distributed 650 face masks to drug users and community members, paired with soap and disposable gloves.

TECHNICAL SUPPORT

- **WHO** supported a strategic approach for investing in improved IPC in 14 health care facilities. In consultation with government counterparts, these facilities were identified as IPC demonstration sites for capacity building. IPC experts deployed by WHO continued to support the provinces and Islamabad Capital Territory to improve infection prevention and control.

TRAINING

- **UNICEF** supported training for 5,829 frontline sanitary workers to enhance their capacities on WASH and IPC in health care facilities and high-risk communities. UNICEF is supporting WASH and IPC interventions in 20 of the 27 districts with a high burden of COVID-19. In Gilgit-Baltistan, UNICEF and the Aga Khan Foundation worked to improve infection prevention and control services, in addition to organizing 156 awareness campaigns through online training for frontline staff.
- **UNICEF**-supported IPC training reached 84,409 frontline health workers. Another 76,823 frontline health workers and community volunteers were trained on COVID-19 case identification and the referral of suspected cases.
- **UNFPA** coordinated with district Departments of Health to identify villages and households with a considerable prevalence of mild COVID-19 cases in Gilgit-Baltistan's districts of Skardu and Shigar, and the district of Chitral in Khyber Pakhtunkhwa. Orientation sessions taught caregivers about the home-based management of mild cases with the support of community volunteers and health care providers through field teams of the Aga Khan Rural Support Programme. These sessions for 2,414 caregivers (876 women and 1,538 men) informed them of COVID-19 symptoms, prevention, self-protection, physical distancing, handwashing, home management, mask use, and child care.

WASH SUPPLIES

- **WHO** planned training for IPC teams using standard modules.
- **UNICEF** distributed detergents and disinfectants to health care facilities to support cleaning and disinfection in order to reduce the risks of COVID-19 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, alongside 60,000 bars of soap to high-risk communities in Punjab.
- **IFAD's National Poverty Graduation Programme** distributed 1,200 bottles of detergent and disinfectant, and 3,400 bars of bars to at-risk communities in three districts of Sindh: Thatta, Badin, and Sujawal.

WASH FACILITIES

- **UNICEF** has rehabilitated and installed WASH facilities – including ultraviolet (UV) water filters, toilets, and handwashing stations – in 568 health care facilities to date. Providing more than 1.6 million people with access to safe drinking water and sanitation in these facilities has reduced the risk of COVID-19 infection among health workers, patients, and carers. Hygiene promotion services, including COVID-related infection prevention and control information, reached 7.9 million people, while over 4.2 million people have used the 1,354 handwashing stations installed at communal points.

WASH IN SCHOOLS

- **UNICEF** targeted 1,008 schools with WASH and IPC activities, including 500 schools in Punjab, 300 in Khyber Pakhtunkhwa, 120 in Sindh, and 88 in Balochistan. WASH and IPC in schools remains a top priority for the WASH sector at the federal and provincial levels, with a focus on an IPC strategy for the reopening of schools. The bidding process neared completion for the provision of WASH services in targeted schools across Pakistan's provinces.



QUARANTINE AND CASE MANAGEMENT

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

TRAINING

- **WHO** and the Child Survival Programme of Sindh's Department of Health conducted a four-day training initiative (13–16 October) on paediatric case management and critical and intensive care for COVID-19 patients. The training was part of scaling up the COVID-19 response using a three-pronged approach. It engaged 17 health care providers from 10 districts across Sindh. Hands-on training sessions for participants were conducted at the Civil Hospital in Hyderabad.



OPERATIONAL SUPPORT AND LOGISTICS

The UN is actively assisting the timely sourcing and availability of quality essential medical supplies and protective equipment for Pakistan's COVID-19 response.

SUPPLIES AND SERVICES

- **UNICEF** committed US\$7.5 million worth of supplies and services from its own resources in response to the COVID-19 outbreak. These funds have been used to procure and distribute PPE (gloves, surgical caps, boot covers), sanitizers, develop IEC and RCCE materials, deliver media engagement-related services, provide WASH sanitation products, rehabilitate health facilities, and provide COVID-19 call centres and consultancy services. UNICEF procured 525 oxygen concentrator kits in August and September, of which 60 have been distributed to the provinces.

PROCUREMENT

- **UNICEF** and the Ministry of National Health Services, Regulation and Coordination signed the *Pandemic Response Effectiveness in Pakistan (PREP)* agreement, funded by the World Bank and valued at US\$70 million. This will guide offshore and local procurement of hospital equipment through UNICEF to strengthen the health care system and mitigate COVID-19's socio-economic disruption. Procurement will centre on PPE, diagnostic and clinical management equipment, medicines, vehicles, and ambulances to support hospitals, laboratories, quarantine centres, entry points, and isolation facilities in major cities.

DATA

- **UNDP** supported the Government to ensure the availability of reliable, quality data on COVID-19 cases to inform decision-making. This involved an extensive exercise to check the online integrated performance monitoring system (IPMS) regularly in order to follow-up on patients and verify the accuracy of data. UNDP also supported Departments of Health to share COVID-19 data with the National Command and Control Centre in a timely manner.



HUMANITARIAN RESPONSE

The UN is addressing the humanitarian impact of COVID-19 on the most vulnerable groups in Pakistan.

EMERGENCY SUPPLIES

- **WHO** donated emergency supplies worth US\$527,073 to the National Disaster Management Authority for the flood response in Sindh. The supplies include 300 blankets, 5,000 mosquito nets, multipurpose tents, and 1,000 RT-PCR kits containing 50 tests each. WHO's technical role was well-integrated in Pakistan's *Humanitarian Response Plan 2020*.
- **WHO** provided emergency supplies in Azad Jammu and Kashmir (cardiac monitors, oxygen concentrators, resuscitation kits, suction machines, hand sanitizers, face masks, surgical caps, gowns, and goggles).
- **UNOPS** hosted the first board meeting of an ongoing project to procure emergency medical supplies for the COVID-19 response, drawing together the Government of Japan, Pakistan's National Disaster Management Authority, and Khyber Pakhtunkhwa's Department of Health. A joint press release by the partners highlighted the project's progress and expected impact. Its implementation continued in October, identifying recipient facilities for medical supplies, and nominating biomedical engineers and authorized personnel for the verification of the equipment received.

CASH ASSISTANCE

- **WFP** finalized preparations for emergency cash assistance for 100,000 people affected by floods in Sindh, following up on emergency food assistance provided to 72,000 people in September. Cash distribution will begin in November, targeting households that have not received assistance from WFP, the Government, or other partners. The cash programme is informed by a rapid market assessment conducted in September, which revealed that markets are functioning and accessible in target locations.
- **UNHCR** identified 68,104 vulnerable Afghan refugee families as of 16 November to receive its emergency cash assistance through Urgent Money Orders (UMOs) issued by the Pakistan Post. To date, 4,544 families have collected their cash. UNHCR expects to distribute emergency support to up to 70,000 vulnerable refugee households. This intervention with the Pakistan Post and the Ministry of States and Frontier Regions (SAFRON) mirrors the Government of Pakistan's *Ehsaas Emergency Cash Programme*, whereby vulnerable Pakistani families receive PKR 12,000 to cover a four-month period.

FOOD AID

- **WFP** began emergency food and cash distributions targeting over 180,000 food insecure people in Balochistan, Khyber Pakhtunkhwa, and Sindh. These households were most affected by the compounded effects of COVID-19, locust outbreaks, and last year's drought and snow emergencies.

NUTRITION

- **WHO** supported services at Nutrition Stabilization Centres in Mithi and Chachro in Sindh's district of Tharparkar, as well as in the district of Umerkot, providing human resource support, therapeutic milk, medicines, and on-the-job training. Hygiene measures to mitigate COVID-19 were meticulously observed and a series of trainings on infection prevention and control were delivered. Similar support was provided in Balochistan, targeting the Children's Hospital in Quetta, the Sahaikh Zaid Hospital in Quetta, and Nutrition Stabilization Centres in the districts of Chagai and Killa Abdullah. A mission by WHO and the Ministry of Health visited the Children's Hospital in Quetta and undertook assessments to create a Centre of Excellence for training on nutrition.
- **WHO** steered the *Humanitarian Response Plan 2021*'s focus on nutrition and coordinated the finalization of a US\$0.5 million proposal for the *Central Emergency Response Fund (CERF)* to mainstream nutrition in the COVID-19 response.





SOCIO-ECONOMIC RESPONSE

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.

COORDINATION AND PLANNING

- **UNESCO, UNDP**, the National Disaster Management Authority, and the Pakistan Humanitarian Forum (PHF) organized a webinar to mark the *International Day for Disaster Risk Reduction (IDDRR)* on 13 October. This day is an opportunity to acknowledge the progress being made to reduce disaster risks and the loss of lives and livelihoods, in line with the *Sendai Framework for Disaster Risk Reduction 2015–2030* and one of its key targets: “Substantially increase the number of countries with national and local disaster risk reduction strategies by 2020.” The webinar encouraged stakeholders at the national, provincial, and community levels to mark the implementation of the Sendai Framework with a focus on governance, while highlighting the challenges posed by COVID-19.



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

HEALTH SYSTEMS

- **WHO** supported by the approval of the *Universal Health Coverage Benefit Package* of the *Pakistan Essential Package of Health Services* by the country’s Federal and Provincial Governments. The agency began to roll out the *Sara Survey* in five new districts (one in each province/administrative area). Materials were also developed on the *GAP Accelerators Global Partnership*.

PRIMARY AND MNCH SERVICES

- **UNICEF** continued to support provincial and regional Departments of Health to ensure the continuity of essential primary health care services, including immunization, antenatal and postnatal care, delivery services, child care, and curative care for adults in 136 health facilities. Since the onset of the COVID-19 pandemic, these services have reached 1,861,711 people.
- **WHO** is preparing a recorded online training course on reproductive, maternal, newborn, child, and adolescent health (RMNCAH), with an emphasis on infection prevention and control in the context of COVID-19. Subject matter experts have been engaged from all of Pakistan’s provinces and regions to support content development. The course will be finalized in November 2020 and made available for capacity development by early 2021.
- **WHO** continued its efforts to support the continuity of essential health services and research to strengthen health systems in Pakistan. An orientation and planning workshop on strengthening primary health care initiatives in Punjab focused on the demonstration district of Kasur.

FISTULA CAMPAIGNS

- **UNFPA** supported a two-day *Fistula Camp* organized by the Pakistan National Forum on Women's Health (PNFWH) at the Pakistan Institute of Medical Sciences' Fistula Unit in Islamabad. Here, 11 women from Khyber Pakhtunkhwa, including its district of Chitral, and from Azad Jammu and Kashmir accessed free fistula repair surgeries. Renowned PNFWH surgeons travelled from Karachi to reach patients at the unit, as patients were unable to travel to Karachi themselves due to the COVID-19 pandemic. UNFPA continued to support Pakistan's fistula campaign throughout the pandemic, with 67 women undergoing free surgeries since March 2020.

FAMILY PLANNING

- **UNFPA** assisted the Ministry of National Health Services, Regulation and Coordination to hold the 19th meeting of the Country Engagement Working Group (28 October). Participants discussed the implementation status of the *Population Action Plan* approved by the Council of Common Interests (CCI), the availability of contraceptives at the provincial and regional levels, and the *National Family Planning Action Plan* during the COVID-19 pandemic. The meeting highlighted the importance of family planning for achieving the *Universal Health Care Package*, whose implementation UNFPA is supporting.

IMMUNIZATION

- **UNICEF** supported 136 health facilities which vaccinated 49,897 children against measles.
- **WHO** enhanced outreach activities to cover the backlog of children who missed their vaccinations in 2020. An *Immunization Recovery Plan* for 2021 was developed with the federal Expanded Programme on Immunization (EPI) and key partners. Preparations continued for the introduction of typhoid conjugate vaccine (TCV) in Punjab and Islamabad, in anticipation of a catch-up campaign in February 2021.
- **WHO's** Country Representative led monitoring visits of the polio campaign's supplementary immunization activities in the district of Sargodha, Punjab, and the district of Mirpur in Azad Jammu and Kashmir. The latter visit monitored the Permanent Transit Team (PTP) and inaugurated *Sub-National Immunization Days* (SNIDs).

HEALTH CARE FOR REFUGEES

- **WHO** handed over assistive devices to Khyber Pakhtunkhwa's Department of Health to be distributed among refugees and host communities.

MENTAL HEALTH

- **WHO's** Country Representative and the Director General Health of the Ministry of National Health Services, Regulation and Coordination inaugurated a one-day consultation with the Non-Communicable Disease (NCD) Technical Working Group to present draft action plan on non-communicable diseases and mental health. The session sought feedback from participants from across the country on the plan and ways forward to accelerate its implementation.

TRAINING

- **UNICEF** and Balochistan's Department of Health are planning to train Lady Health Workers on COVID-19. The training of trainers on the clinical management of COVID-19 in children is in progress thanks to UNICEF's partnership with the Pakistan Paediatric Association.
- **WHO** supported two training of trainer workshops on the *Patient Safety-Friendly Hospital Framework* in Lahore for hospitals workers from northern and southern Punjab.
- **UNDP** assisted the Ministry of Health and *Sehat Kehani*, which will train 5,000 medical professionals on intensive care – a field of medicine especially vital in times of COVID-19. UNDP, in partnership with *Sehat Kehani*, will train 1,000 doctors and nurses in Balochistan, and 4,000 more nationwide.
- **UNFPA** supported six telemedicine and capacity building centres for health care providers – two each in the district of Gilgit in Gilgit-Baltistan, the district of Chitral in Khyber Pakhtunkhwa, and in the province of Sindh. These centres work to facilitate cluster-based, e-centralized virtual training. Essential equipment was procured for all centres to support online learning, including polycom devices, teleconferencing equipment, laptops, mobile phones, and IT supplies.

DIGITIZATION

- **UNDP** is in the process of hiring three consultants (a Research Associate, a Junior Engineer, and a Software Engineer) to support the Ministry of Health. They will work closely with the Digital Health Team on the strategy, management, and execution of digitization.



II. PROTECTING PEOPLE: SOCIAL PROTECTION AND BASIC SERVICES



1. SOCIAL PROTECTION

POLICIES

- The **ILO** supported the Technical Working Group created by the Government of Khyber Pakhtunkhwa to finalize the province's *Social Protection Policy* by reviewing the 2014 draft of the policy. Changes will be made in line with the Government of Pakistan's *Ehsaas* programme, the post-COVID-19 situation, and other socio-economic strategic plans of the provincial government.

STUDIES

- The **ILO** held individual consultation meetings with stakeholders for a study on national databases/registries of workers and enterprises in Pakistan's formal and informal economy. This is part of a strategy to develop a *National Registry of Enterprises and Workers* to address future pandemics.

NUTRITION

- **WFP** supported the Government of Pakistan to roll out the newly-launched *Ehsaas Nashonuma* programme in order to combat chronic malnutrition. By the end of October 2020, 24 facilitation centres were fully operational, including all of the centres in Punjab, Khyber Pakhtunkhwa, and Azad Jammu and Kashmir. Work is ongoing to establish the remaining 11 facilitation centres in Balochistan, Sindh, and Gilgit-Baltistan.

SANITATION

- **IFAD's** *Southern Punjab Poverty Alleviation Project (SPPAP)* has built key community infrastructure, including household toilets, to improve health outcomes, curb waterborne diseases, and address gender-related concerns by providing secure, convenient, and improved sanitation.

Success story: Household toilets changing lives



Samina Bibi has felt safe and stress-free since the *Southern Punjab Poverty Alleviation Project* helped her family build their own household toilet. The mother of three in Faqir Bux, in the district of Rahim Yar Khan, always regretted that her family could not afford to build their own toilet, as they subsisted on her husband's daily wage as a mason.

“It was a hard practice as we had to travel farther away to relieve which places us [women and children] at risk of harassment,” Samina explains. “The provision of a toilet in [our] house is the most needed intervention for women; we are now relaxed, happy, and confident. Moreover, today in crises like the COVID-19 pandemic, if we did not have toilet at home, then I think we could be more prone to get infected [...] Keeping in view the current alarming situation, we all realize the importance of toilets. It has become a core need of each deprived household.”



2. FOOD AND NUTRITION

MALNUTRITION

- **UNICEF** supported 2,635 health facilities across Pakistan to provide nutrition services. To date, 77,550 children suffering from severe acute malnutrition (SAM) have been admitted for treatment.
- **WFP** continued enrolling beneficiaries in its new *Targeted Supplementary Feeding Programme* in the Newly Merged Districts of Khyber Pakhtunkhwa, targeting children under-five who are suffering from moderate acute malnutrition and pregnant and lactating women. By the end of October, over 15,600 beneficiaries were enrolled. Enrolments will continue on a rolling basis.
- **WHO** provided therapeutic milk (F75 and F100) and RESOMAL to 58 Nutrition Stabilization Centres in Punjab to treat severely malnourished children with complications. It also provided supplies of therapeutic milk to Nutrition Stabilization Centres in Balochistan, Azad Jammu and Kashmir, Gilgit-Baltistan, and the Newly Merged Districts of Khyber Pakhtunkhwa.
- **WHO's** joint mission with the Ministry of National Health Services, Regulation and Coordination to assess the Children's Hospital in Quetta, Balochistan, explored avenues to upgrade a Nutrition Stabilization Centre and establish a Nutrition Training Centre, as well as to set up a Nutrition Stabilization Centre at Sandeman Provincial Hospital.

IYCF

- **UNICEF** supported interpersonal communication on infant and young child feeding (IYCF) practices in the context of COVID-19, reaching 715,652 mothers and caregivers through counselling. In Sindh, UNICEF-supported capacity development oriented 1,956 community health care providers (1,457 women and 499 men) on essential packages related to IYCF and the community management of acute malnutrition (CMAM) in the context of the pandemic.

ADOLESCENT NUTRITION

- **UNICEF** and **WHO** launched an *Adolescent Nutrition Strategy* and coordinated meetings on 'food systems and dietary risk factor contexts'.

LOCUST CONTROL

- **WFP, FAO**, Provincial Disaster Management Authorities, and several line departments launched a *Food Security and Livelihoods Assessment* in Balochistan, Punjab, and Sindh to understand the combined impact of locust outbreaks, COVID-19, floods, and last year's drought and snow emergencies on household food security and livelihoods. Data collection was completed in Sindh and will be completed in Punjab and Balochistan in November.
- **FAO** provided technical updates on the desert locust situation paired with forecasting information. It continued to advocate for unified locust surveillance and control operations in national and regional fora. These included Pakistan's National Locust Control Centre (NLCC) and monthly meetings of the South West Asia Commission (SWAC) with Afghanistan, India, Iran, and Pakistan.
- **FAO** procured 50 ultra-low volume (ULV) sprayers to support the control of desert locusts. Fifty units were handed over to the Ministry of National Food Security and Research's Department of Plant Protection. FAO also provided the department with over 100 eLocust3g devices and is working to procure 30 more devices. Ten single cabin vehicles were delivered to the department in October.

LIVELIHOOD RECOVERY

- **WFP** completed livelihood recovery activities in the Newly Merged Districts of Khyber Pakhtunkhwa, benefiting 92,000 people. Overall, 15,300 men and women participated in asset creation and training, and began receiving cash transfers in September.

FOOD SECURITY

- **WFP, FAO**, and other partners are supporting the Government of Khyber Pakhtunkhwa to formulate a *Food Security Policy*. A first draft of the policy was prepared and shared with Working Group members for their feedback.
- **WHO** provided inputs for Pakistan's draft *State of Food Insecurity and Nutrition Report*. It also actively participated in meetings of the Nutrition Working Group and the Nutrition Development Partners Forum.
- An **IFAD**-supported Food Bank sought to mitigate hunger during high-risk months preceding the wheat harvest (December–March). The Food Bank concept was comprehensively discussed with the community. It proved a key means of meeting basic food needs, alleviating hunger, mitigating poverty, and improving food security.

LIVESTOCK

- **FAO** conducted a study on COVID-19's effects on Pakistan's livestock sector. The study was undertaken through a tele-survey in two areas: the Bahawalpur division of Punjab, representing a mixed livestock farming system, and the district of Karachi in Sindh, which represents dairy colonies. The survey engaged 134 veterinary professionals (90 veterinarians and 44 para-veterinary staff) and 218 livestock farmers, including 126 in Bahawalpur and 92 in Karachi.
- The **IFAD**-funded *Southern Punjab Poverty Alleviation Project* provided rural women with their own small ruminants to assist them to break the vicious cycle of poverty and generate independent incomes. Many households in the region are too poor to buy animals of their own, while others are disadvantaged by arrangements whereby they share livestock ownership with their landlords.

Success story: Animals changing lives



Before the COVID-19 lockdown, Zarina Bibi worked as a domestic helper in two households, earning PKR 6,000 each month. Like most of her neighbours in the village of Basti Mehar Khan in Punjab's district of Rahim Yar Khan, Zarina relied on her monthly wage. The pandemic cut off her livelihood, as the families she worked for feared contagion. They said they would call her 'when the situation improves'.

The two goats that the widowed Zarina received through the *Southern Punjab Poverty Alleviation Project* proved a lifeline. She sold her young buck to a neighbour for PKR 7,000, using the money to buy food and household necessities. She considers her goats a blessing, as caring for them has helped her weather the lockdown.

COVID-19's impact on low-income households and daily wage earners

- Limited and restricted options for income generation
- Reduced access to markets
- Increased poverty
- Increased unemployment
- Reluctance to procure services (domestic and commercial labour) from these households as people consider them more vulnerable to contracting COVID-19

Small ruminants helping people deal with the lockdown

- Reproduction factor of goats provides households with much-needed support
- Owning livestock means owning valuable assets which can earn cash to fulfil family needs
- It is easy to sell goats locally, despite the ban on cattle markets
- Small ruminants are a sustainable source of income as bucks are sold and goats are retained for reproduction
- Health and nutrition improve when families consume goat milk at home

Success story: Navigating the hunger season



In the village of Kotal Sher, in the district of Rahim Yar Khan, Khurshid Mai and her five children depend on the seasonal wheat harvest. Their landlord provides the widowed Khurshid with cash and wheat grain in proportion to the amount of wheat she rolls. When the lockdown in March left them without the prospect of acquiring wheat, her family faced the very real prospect of starvation. The 150kg of wheat grain that Khurshid Mai received through the food bank, set up by the *Southern Punjab Poverty Alleviation Project*, changed their lives.

“The grain provided through the food bank easily fulfilled our family’s needs for up to two months,” says Khurshid Mai. “Now after harvesting I can easily give back the same quantity to the food bank.”

Impact of hunger during COVID-19 on low-income households and daily wage earners

- Insufficient stock of grain/flour to meet basic food needs
- Inflation and high prices of wheat flour during the ‘hunger season’
- Restricted options for income generation
- Reduced access to markets
- Increased poverty
- Increased unemployment
- Reluctance to procure services (domestic and commercial labour) from low-income households as people consider them more vulnerable to contracting COVID-19

A food bank as a means of addressing hunger during the lockdown

- The provision of an average of 150kg of wheat grain fulfils basic food needs for 1–2 months for poor households during the ‘hunger season’
- Providing wheat contributes to household savings
- Its provision reduces the burden of cash and in-kind loans during the ‘hunger season’
- Food aid provides much-needed support, allowing people to concentrate on income generation
- Food banks reduce the risk of starvation and contribute to improving health and nutrition



3. EDUCATION

AWARENESS RAISING

- **UNICEF** reached 277,977 parents and caregivers with messages that encourage learning. COVID-19 prevention information reached 3,539 School Management Committee (SMC) members and teachers via SMS messages and social media, bringing the total number of people engaged to 1.57 million.
- **UNODC** conducted COVID-19 prevention activities in rural Punjab, focusing on Faisalabad. Six awareness raising sessions on COVID-19 prevention were organized for communities and educational institutions, engaging 298 participants, including 143 women. The sessions featured practical demonstrations on how coronavirus spreads, signs and symptoms, unsafe practices, and protection methods. UNODC also distributed 2,800 pamphlets featuring COVID-19 prevention messages to community members and educational institutions.
- The **IFAD**-funded *National Poverty Graduation Programme* conducted 96 awareness raising sessions on COVID-19 prevention in rural parts of Sindh and Punjab. These engaged 1,500 community members, including 900 women and 200 children, teaching them about how COVID-19 spreads, signs and symptoms, and preventive measures.

TRAINING ON REOPENING

- **UNICEF's** focused on training teachers on the safe reopening of schools, as well as on psychosocial support for children returning after a six-month break. On 10 September, Punjab completed trainings for 3,300 Area Education Officers in 36 districts on mental health and psychosocial support, which began on 17 August. Overall, 11,670 teachers were trained.

MONITORING REOPENING

- **UNESCO** resumed field missions after 15 September to monitor progress on the reopening of schools. With its implementing partners, it identified opportunities and challenges to ensure the continuity of education.
- **UNESCO** and its implementing partners conducted a post-COVID-19 assessment survey at the school level in 18 marginalized districts to analyse the pandemic's impact on education and inform the realignment of strategies.

GIRLS' EDUCATION

- **UNESCO** geared up efforts to disseminate advocacy material, such as banners with key messages in Urdu, on the *Building Back Equal: Girls Back to School* campaign in 18 marginalized districts. UNESCO used its expertise and social capital to sensitize key stakeholders, including parents, teachers, community members, religious leaders, and political leaders.
- **WFP** and Khyber Pakhtunkhwa's Department of Education continued to roll out the newly-launched education safety net for girls enrolled in secondary school, targeting 22,000 girls in the province's Newly Merged Districts. In October, 2,000 school girls received cash transfers. The remaining beneficiaries will start receiving transfers in November.

ALTERNATIVE LEARNING

- **UNICEF**-supported alternative learning opportunities in Pakistan have benefitted 86,883 children to date.
- **UNESCO** participated in the online conference, *Beyond Disruption: Technology Enabled Learning Futures* (12–14 October) – this year's online edition of *Mobile Learning Week*. The three-day conference examined the medium-term and long-term implications of the unprecedented global disruption to education caused by the COVID-19 pandemic.

WASH IN SCHOOLS

- **UNICEF** supported the assessment of 154 schools in the districts of Quetta and Mastung in Balochistan. School development plans were completed to improve WASH facilities as part of preparations for the safe reopening of schools.
- **UNICEF's** Education and WASH Sections in its office in Khyber Pakhtunkhwa coordinated to install 194 handwashing stations in schools that lacked facilities in the COVID-19 'hotspot' districts of Peshawar, Swat, and Abbottabad.

TOOLKIT

- **UNESCO** is working with Global Education Coalition partners, most notably McKinsey and Company, to develop a *Framework and Toolkit for the Education System to Respond to the COVID-19 Crisis*. The Working Group in Pakistan reviewed chapters of the toolkit during their first meeting on 6 October. At the toolkit's global launch on 9 October, a representative of the Government of Gilgit-Baltistan took part in a panel discussion, highlighting achievements, opportunities, and challenges for the toolkit's application in Pakistan. Future Working Group meetings will adapt the toolkit to provincial contexts.

SCHOOL POLICIES

- **UNICEF's** technical inputs sought to ensure that mental health and psychosocial support (MHPSS) are included in strategic documents on the reopening of schools at the federal and provincial levels. In Punjab, a training manual on MHPSS was developed and used to train teachers.

GLOBAL ADVOCACY

- **UNESCO** convened an online extraordinary session of the *Global Education Meeting 2020* (GEM) in October. This was a unique platform for exchange among high-level political leaders, policy-makers, and global education actors to rethink education in the current and post-COVID-19 world, and to agree on priority actions for recovery and progress during the *Decade of Action for Sustainable Development*. Pakistan's Federal Minister for Education and Professional Training participated in the event. UNESCO engaged in a series of consultations on the event's draft outcome document, the *GEM 2020 Declaration*.



4. CONTINUITY OF SOCIAL SERVICES AND ACCESS TO SHELTERS

TRAINING

- A **UNICEF** package was used to train 3,324 social workforce professionals (1,705 women and 1,619 men) on psychosocial support and stigma prevention in all of Pakistan's provinces.

PSYCHOSOCIAL SUPPORT SERVICES

- **UNICEF** supported the provision of psychosocial support and services for 53,374 people (parents, caregivers, children, and adults), including 3,133 girls, 3,451 boys, 24,246 women, and 22,544 men. These services were provided by trained social workforce professionals in Balochistan, Gilgit-Baltistan, Khyber Pakhtunkhwa, Punjab, and Sindh. Of these beneficiaries, 523 (37 girls, 55 boys, 267 women, and 164 men) received specialized counselling in Khyber Pakhtunkhwa and Sindh. A second open call was launched to reach more young people with mental health and psychosocial support services, raising the number of young people who have registered for these services to 84.

HELPLINES

- **UNFPA** supported five COVID-19 helplines established to provide medical consultations, education, awareness raising, and advice. The helplines also refer patients to the nearest health facilities, laboratories, and emergency centres, while providing information and medical advice on COVID-19, counselling patients on reducing exposure, advising on self-isolation and quarantining, and offering psychosocial support. The helplines have responded to 1,981 calls to date (1,188 from women and 792 from men). Of these callers, 74 were suspected COVID-19 cases, 11 were referred to hospitals, and 1,264 received information on COVID-19. Communities have hailed these helplines as a highly cost-effective approach to reduce their out-of-pocket health expenses.

CHILD PROTECTION

- **UNICEF** supported services to prevent and respond to violence against children, benefitting 257 children (61 girls and 196 boys) in Sindh. In Khyber Pakhtunkhwa, 15 children (8 girls and 7 boys) accessed child protection services, including shelters, with the support of the Child Protection Working Group. In Punjab and Sindh, messages on preventing violence against children, including improving online safety, reached 283 people (99 women and 184 men).

AWARENESS RAISING

- **UNICEF's** messages to prevent COVID-related stigma and discrimination reached 35,963,275 people, and elicited the engagement of 308,606 people.

HOUSING

- **IFAD's** *Southern Punjab Poverty Alleviation Project* supported the provision of small housing units (SHUs) for impoverished households. These assist poor communities, especially women, to improve their well-being, expand their livelihoods, and lift themselves out of poverty.

Success story: Small housing units transforming lives



All their lives, Ruqia and her family of eight lived in a single tiny room. When it rained, the mud roof leaked, filling up the floor like a pond. Ten months ago, their lives changed. Ruqia's family moved into a new small housing unit thanks to the *Southern Punjab Poverty Alleviation Project* in their village of Gul Muhammad Langah, in the district of Rahim Yar Khan. During the COVID-19 pandemic, they have been able to stay at home, practise social distancing, and maintain hygiene – keeping them safer from infectious diseases than they have ever been.

“We have safe, comfortable life here, a spacious living room with cross ventilation. There are no more worries on rainy days. The legal entitlement and ownership of this house has secured the future of my children,” says Ruqia. “We all are living with sense of freedom: freedom of living, freedom of multiple options for income generation which was not possible in my past life.”

**Challenges for homeless/
shelter-less households
during COVID-19**

- Inability to practise social distancing
- Reliance on settings where people congregate to meet basic food and shelter needs
- Practising open defecation due to the lack of toilets
- Lack of handwashing opportunities
- Especially vulnerable people often suffer from lung diseases, diarrhoea, coughs, asthma, and heart disease (all risk factors for experiencing severe COVID-19 symptoms)

**How small housing units
help households cope with
COVID-19**

- A complete housing structure with one living room (20x14 feet) and a second living/store room with a veranda, helps maintain distancing at home
- Access to toilets and handwashing facilities at home improves hygiene and reduces open defecation and COVID-19 risks
- Kitchen gardening facilities improve food security and household health
- Uninterrupted electricity from solar systems makes home living comfortable, encouraging people to stay home



5. SUPPORT FOR SURVIVORS OF GENDER-BASED VIOLENCE

SUPPORT SERVICES

- **UNFPA's** partner Rozan provided psychosocial support services to 76 women and 68 men through its helpline. Since April 2020, Rozan's helpline has provided support to 4,032 people (2,426 women and 1,606 men).
- **WHO, UNFPA, UN Women, UNHCR, and UNOCHA** formed an interagency partnership to spearhead gender-based violence (GBV) response services in the context of COVID-19 with funding from the *Central Emergency Response Fund* in Balochistan and Khyber Pakhtunkhwa. WHO is introducing a telemedicine/tele-tower approach under this initiative to strengthen the provision of specialized GBV and lifesaving health-related clinical management and psychosocial support services, in collaboration with Balochistan's Institute of Psychiatry. Advocacy and consultations with multisectoral partners are ongoing to address health-related protection needs post-COVID.

TRAINING

- **UNFPA** and Rozan conducted three training sessions on psychosocial support with a focus on gender-based violence. The sessions engaged 42 participants (36 women and 6 men) from civil society organizations, including 10 women with disabilities who will, in turn, provide psychosocial support services to other women with disabilities.
- **WHO** supported the *Health System Response to GBV Training Curriculum* to integrate the intersections of gender-based violence and the COVID-19 response. Based on this, WHO and **UNFPA** conducted training for frontline health care providers and facility-based staff to strengthen the provision of COVID-sensitive and GBV-related clinical management, care provision, psychosocial support services, and referrals for GBV survivors and populations in need. With WHO's support, a specialized capacity strengthening initiative for gynecologists sought to integrate GBV response in sexual and reproductive health services. Health care providers from 39 health facilities and 14 police representatives were trained on multisectoral GBV response in the context of the COVID-19 pandemic. This was complemented by communication and awareness raising materials on GBV risks, available services, referral pathways, and the intersections of GBV and COVID-19.

WEBINARS

- **UNFPA** supported the National Gender-Based Violence Sub-working Group to conduct the first of five webinars (22 October) for 50 participants at the national and provincial levels. The webinar series focuses on the *Interagency Minimum Standards on GBV in Emergencies*, covering the most relevant standards for Pakistan. These are: a general introduction to minimum standards, referral pathways, safe spaces for women and girls, psychosocial support, case management, GBV coordination, and staff safety. The series will continue until December with the support of UNFPA's Regional Office for Asia and the Pacific.



III. ECONOMIC RECOVERY: PROTECTING JOBS, SMALL AND MEDIUM-SIZED ENTERPRISES, AND THE MOST VULNERABLE PRODUCTIVE ACTORS

CASH-FOR-WORK

- **UNDP's** *Cash-for-Work Rapid Response to COVID-19* project continued in eight villages of the district of Peshawar in Khyber Pakhtunkhwa to alleviate the economic impact of the pandemic on households that have been most affected by the loss of jobs and income. The project creates short-term employment opportunities by engaging local community members in cash-for-work activities. Civil work began on nine community infrastructure schemes in five villages – including playgrounds for children, desilting irrigation channels, cleaning drainage lines, and building protective walls – by engaging skilled and unskilled local labourers. Other 'beautification' activities – planting trees, land development, clearing garbage, and whitewashing – were completed in six villages by hiring 82 local men. In tandem, 84 skilled women tailors were engaged to stitch school uniforms in five villages. Nine Community Resource Persons (four women and five men) conducted awareness raising campaigns in two villages on COVID-19 prevention and disaster risk reduction (DRR). Thus far, 1,277 COVID-19 prevention and DRR awareness sessions have been conducted. Moreover, to date the project has generated 11,592 labour days (3,900 days for women and 7,592 days for men). The SDP ensures that at least 40% of the project's participants are women.

TRAINING ENTREPRENEURS

- **UNDP** continued to support small enterprises by providing training (on campus and online) and mentoring for young entrepreneurs with innovative business ideas in the Newly Merged Districts of Khyber Pakhtunkhwa. Through its implementing partners, UNDP registered 30 women entrepreneurs from North and South Waziristan for business incubation support. As trainees must present their business ideas to a panel of independent judges for evaluation, online pitching sessions were held for 70 trainees – including 30 women – from Khyber, North Waziristan, and South Waziristan. Trainees with the most viable proposals will receive incubation grants to start or scale up their businesses. Post-grant coaching sessions for 52 entrepreneurs, including 20 women, aimed to help their businesses operate for at least four months after the initial incubation support period.



TRAINING WORKERS

- The **ILO** assisted the Employers' Federation of Pakistan (EFP) to organize a series of trainings for 376 factory workers and managers in 20 sports goods industries. Held in August in Sialkot, Punjab, the training sessions explored ways to enhance productivity while improving operational safety and health in the workplace to ensure employees' safe return to work during the COVID-19 pandemic.

HERITAGE ENTREPRENEURS

- **UNESCO** organized training on integrating health and hygiene in teaching and learning (17–19 October), including a session on heritage entrepreneurship in the context of COVID-19. The session explored how social media and digital platforms can support small businesses and individual artisans by helping their work reach a wider audience. The training initiative engaged teachers, students, and community members from heritage sites in Khyber Pakhtunkhwa's districts of Peshawar, Swat, and Mardan. Students explored the creation of informative videos on COVID-19 safety using smartphones and were tasked to reach out to local artisans and set up social media pages for their businesses.

MIGRANT WORKERS

- The **ILO** supported civil society organizations to raise awareness of COVID-19's impact on migrant workers and provide services to promote safe, regular migration.
- The **ILO** trained media professionals on reporting about forced labour and the fair recruitment of migrant workers, including COVID-19's impact on labour migration.

YOUTH EMPLOYMENT

- **UNDP** and the **ILO** engaged a team of consultants to design a *Livelihood Protection and Youth Employment* programme for the Planning Commission of Pakistan.

TECHNICAL ASSISTANCE

- **UNDP's** Vital Economic Operations Management (VEOM) Team received requests for technical assistance from key government counterparts, including the Chief Economist of Khyber Pakhtunkhwa, on the preparation on an economic response plan in the event of a second wave of COVID-19 cases.

AWARENESS RAISING

- The **ILO** engaged brick kiln owners and brick kiln workers through awareness raising and sensitization activities on COVID-19 in Punjab.
- The **ILO** leveraged ongoing sensitization activities for cotton pickers in southern Punjab about child labour, forced labour, and occupational safety and health to deliver key messages on COVID-19. To date, 20 events have reached more than 900 cotton workers.
- The **ILO** shared information, education and communication materials on COVID-19 digitally with workers, employers, and government representatives.

SAFETY AND HEALTH

- The **ILO's** EU-funded project on *International Labour and Environmental Standards Application in Pakistan's SMEs* (ILES) assisted the Employers' Federation of Pakistan to organize a national conference on occupational safety and health (OSH) during the COVID-19 pandemic. Held in Karachi on 28 October, the event culminated in the presentation of the *15th Best Practice Award in OSH*.

RESEARCH

- The **ILO** conducted rapid assessments of COVID-19's impact on the brick kiln sector, labour migration governance, and workers in the textile and ready-made garment (RMG) industry.
- **UNDP's** *Institutional Optimization Study* moved ahead apace.



V. SOCIAL COHESION AND COMMUNITY RESILIENCE

YOUTH TRAINING

- **UNDP, UNICEF, UNFPA, UNHCR, and UNESCO** continued to engage Pakistan's youth to combat COVID-19. The 209 youth ambassadors trained by the agencies delivered cascade training for 657 young people. They, in turn, reached 2,600 adolescents and youth across all of Pakistan's provinces and administrative areas. The nine adolescents trained on the appreciative enquiry (AE) approach have started reaching out to 35 more adolescents. Enquirers used in-person interview techniques to gather data. This enabled more natural interaction to facilitate understanding of respondents' feelings and emotions. Training sessions will roleplay 'empathetic interviews' to improve data collection.

NEW NORMAL

- **UNDP's, UNICEF's, UNFPA's, UNHCR's, and UNESCO's** campaign encouraged adolescents and youth to get #ReadyForNewNormal by following SOPs on wearing masks, practising physical distancing, and washing their hands for at least 20 seconds. The 'new normal' series promoted alternative ways of greeting in place of handshakes or hugs, while reminding young people that COVID-19 remains a threat even as lockdowns are lifted. An animated video with the hashtag #WearAMask, originally created in July, was re-shared and reached 4,000 young people. Another animated video on handwashing was also re-shared on social media platforms. So-called 'mommy influencers' were brought on board to share personal stories on their Instagram profiles about preparing their children to go #BackToSchool amidst the #NewNormal. The campaign has reached 641,000 people to date (249,990 women and girls, and 391,010 men and boys). The number of adolescents participating in the campaign (262,810) has risen to 41%, up from 16% in the campaign's initial stages.

#ReadyForNewNormal campaign poster



A blogger's post on school SOPs



NEIGHBOURHOOD WATCH

- **UNFPA's Neighborhood Watch** programme engaged 600 young people – principally university students, midwives, and community workers – to raise awareness in impoverished communities in six districts of Karachi, Sindh. The programme gained momentum after flash floods hit Karachi. Its importance was highlighted as participants shared awareness messages on COVID-19 and took part in clean-up activities. The programme has been extended until the end of November 2020.

SRHR

- **UNFPA** supported the commemoration of *World Contraceptive Day* on 26 September. Sindh's Minister for Population Welfare, the Health Department, and other decision-makers reiterated commitments to ensuring the availability of, and access to, modern contraceptives for women and girls, particularly during the COVID-19 pandemic.
- **UNFPA** designed a media campaign on sexual and reproductive health and rights (SRHR) during the pandemic, focusing on community awareness of the importance of family planning and the risks of unplanned pregnancies. Four television commercials in Urdu and Sindhi were developed and aired.