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

Since the pandemic began, the UN has mobilized to support the Government of Pakistan to address COVID-19’s devastating socio-economic, humanitarian, and human impact. The UN’s three-pronged COVID-19 response is about saving lives, protecting people, and recovering better. First, our immediate WHO-led health response is working to control the transmission of the virus, reduce mortality, and get people the health care they need. Guided by the UN Resident Coordinator, UN agencies are supporting country-level coordination, planning, and monitoring. With risk communication and community engagement, we are raising awareness of the continued threat of COVID-19 as SOP fatigue sets in, just when it is most dangerous: as we brace for a second wave of infections. We are engaging communities, authorities, the media, religious leaders, young people, parents, and vulnerable groups nationwide. We are using different platforms to bust myths and make sure that people receive accurate information – from the mass media, to social media, and helplines. We are supporting surveillance and case identification, enhancing laboratory capacities and testing, and strengthening measures at points of entry. Our infection prevention and control efforts run the gamut from providing personal protective equipment to training frontline workers, disinfecting schools and mosques, building WASH facilities, and providing WASH supplies.

Second, the UN’s humanitarian response is mitigating the humanitarian impacts of COVID-19 with emergency supplies, food and cash assistance, and stronger planning. We are working for the most vulnerable people in Pakistan – from those recovering from floods to those facing the onset of a harsh winter.

Third, our socio-economic response is confronting the human crisis of the pandemic through the five pillars of the UN 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. Our first priority is health. We are assisting Pakistan’s health system to address COVID-19 while ensuring the continuity of essential services, especially immunization and maternal and child health care. Social protection and basic services are the focus of our second pillar. We are combatting malnutrition and boosting food security, helping children to stay safe in school, and securing support and services for gender-based violence survivors. Economic recovery is our third pillar. We are creating cash-for-work opportunities, training entrepreneurs, and assisting SMEs. Our fourth pillar focuses on multilateral collaboration and macroeconomic response, while our fifth pillar is about social cohesion and community resilience. We are mobilizing Pakistan’s young people to raise awareness of COVID-19 and help Pakistan truly ‘recover better’.

“COVID-19 is not over. A second wave of infections is sweeping the world, including Pakistan. Cases here are rising. The economic impact of the pandemic is enormous, and growing. The UN family is taking all the precautions possible as we continue working with Pakistan to confront COVID-19. I urge you all to do the same: stay informed, stay safe, and protect others. Together, we will weather this storm and come out stronger.”

— Julien Harneis
Resident and Humanitarian Coordinator
United Nations Pakistan
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 by focusing on coordination, testing, infection prevention and control, case management, and surveillance.

• The online dashboard that visually presents the 4Ws matrix analysis – devised with the support of UNICEF and the Global Water, Sanitation and Hygiene (WASH) Cluster – continued to showcase progress by each partner in each location. All participating organizations reported their progress through the 4Ws matrix, ensuring effective coordination and resource use by avoiding duplication.

• UNFPA provided technical expertise to the National Disaster Management Authority (NDMA) to update a National Preparedness and Response Plan in Emergencies with a focus on gender-based violence (GBV). The consultancy will also help to outline a resilience-building strategy that addresses sexual and reproductive health (SRH), youth, and GBV issues.

• UNICEF supported the SDG Unit of the Ministry of Planning, Development & Special Initiatives’ internal coordination of the COVID-19 mitigation response. UNICEF convened all sectoral focal points (education, health, WASH, and nutrition) to develop action plans and strategies, while providing research-based recommendations to high level officials for policy planning and response actions. These included recommendations for upstream engagement and advocacy on child-centred budgeting.

• UNDP provided 6-month human resource support to Balochistan’s Command and Operation Centre (BCOC) by deploying consultants to assist the provincial government’s COVID-19 response.

• UNICEF, WHO, and other UN agencies provided technical support on infection prevention and control (IPC) through the UN IPC Technical Working Group. Its virtual meeting reviewed the state of the IPC response, gaps, and ways forward.

• UNICEF supported the Ministry of Climate Change to convene virtual federal WASH sector coordination meetings with 70 organizations and government representatives from all of Pakistan’s provinces, while assisting provincial Local Government Departments hold similar coordination meetings.

• UNICEF’s technical support for the Ministry of National Health Services, Regulation and Coordination included coordinating the 26th UN Risk Communication and Community Engagement (RCCE) Task Force meeting and co-facilitating bi-weekly national and provincial RCCE Task Force meetings. Given the unpredictable, shifting public sentiment towards the pandemic, teams discussed ways to continually improve and accelerate the response.
• **UNICEF** led child protection sub-sector coordination meetings nationwide. The federal meeting focused on integrating gender-based violence concerns into the child protection response and planning for 2021. The meeting in Sindh focused on stigma prevention, while Punjab’s meeting centred on priority intervention areas, and Khyber Pakhtunkhwa’s meeting facilitated flood response coordination.

• **UNICEF** participated in Regional Working Group (RWG) meetings on immunization and COVAX, the vaccine pillar of the Access to COVID-19 Tools Accelerator. The latter affirmed that clear guidelines and tools will be developed for different thematic areas (RCCE, service delivery, cold chain and vaccine management, advocacy, adverse events following immunization, and vaccine safety) to guide monitoring, preparedness, and training.

• **UNICEF** supported a workshop for national and provincial managers of the Expanded Programme on Immunization (EPI). It concluded that two new points of entry for vaccines (Karachi and Lahore) will be used in addition to Islamabad, and that diagnostic facilities will be made available in primary health facilities to facilitate rapid response.

• **UNICEF** led nutrition sector coordination, holding 10 meetings in the reporting period (two national and eight provincial). The Ministry of National Health Services, UNICEF, WHO, and Nutrition International held a Vitamin A Task Force meeting on 20 October, which agreed on the need for greater provincial collaboration between the Emergency Operations Centre and the nutrition team. The next Vitamin A supplementation campaign is scheduled for January 2021.

• **UNICEF** held a coordination meeting in Sindh with the chair of the Disaster Risk Reduction (DRR) Working Group to discuss the COVID-19 education response and the inclusion of COVID-19 activities in the Local Education Group’s sectoral plan to enhance sustainability.

• **UNICEF**’s Social Policy Team supported stakeholder coordination meetings led by the Department of Statistics to finalize the indicators for an initial framework that analyses deprivation and inequities across income quintiles and between women and men.

• **UNFPA** continued to co-chair the Gender-Based Violence Sub-working Group with the National Disaster Management Authority to support coordination, technical backstopping, and oversight for effective multisectoral prevention, mitigation, and response protection services for women, girls, and other vulnerable groups.

• **UNHCR**, as co-chair of the Protection Working Group, assisted the National and Provincial Disaster Management Authorities (PDMAs) to coordinate national and provincial COVID-19 protection interventions. This includes identifying gaps, strengthening referral mechanisms, and monitoring the overall protection response.

• **UNDP, UNESCO, UNFPA, UNHCR, and UNICEF** held the initiation meeting of the Community of Practice for Youth Engagement on 20 October. The event drew together national, international, and local youth-led organizations to promote long-term collaboration in the platform and develop a strategic, actionable workplan for youth’s meaningful engagement in mainstream development.

• **UNDP** met with the Balochistan Command and Operation Centre’s Think Tank on 17 November, engaging with provincial government representatives, the ORIC University of Balochistan, and the Taraqee Foundation. They agreed that ORIC will design a sample antibody test to understand the spread of COVID-19 in the province, the BCOC Think Tank will update its models by obtaining urgent data from the Health Department, the Taraqee Foundation will oversee the distribution of protective personal equipment and non-food items, and schools will remain open until 15 December.

• **WHO**’s Country Representative met with key officials to discuss COVID-19, including the Minister of Health and the Secretary of the Primary and Secondary Health Care Department of Punjab, as well as the head of **UN OCHA**. On the Government’s behalf, the Special Assistant to Prime Minister for National Health Services, Regulation and Coordination signed WHO’s Country Cooperation Strategy for 2020-25 and took part in WHO/EMRO regional virtual press briefings on the COVID-19 response. WHO’s virtual partner briefing on 13 November highlighted the need to support unified government messages on preventive measures and assist the prompt implementation of the RCCE Plan.

• **WHO** participated in all Nutrition Working Group meetings, nutrition development partners’ forums, and the National Advisory Group created in response to the Prime Minister’s decision to formulate a roadmap to reduce stunting in Pakistan.

• **IOM** continued to participate in national partner coordination meetings organized by the Public Health Emergency Operation Centre (EOC) and the Ministry of National Health Services.

• **FAO** re-programmed five projects to support the COVID-19 response.

• **IOM** received COVID-related support from the Government of Japan and the United Kingdom’s Foreign, Commonwealth and Development Office (FCDO). It is in discussions with a number of other donors to secure more funds and/or to reallocate current funds to the COVID-19 response.

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1 COVAX is co-led by Gavi, The Vaccine Alliance, alongside WHO and the Coalition for Epidemic Preparedness Innovations (CEPI). It aims to accelerate the development of COVID-19 vaccines and guarantee equitable access for all countries.
• **UNICEF’s** public sentiment analysis reveals that:

  - More Pakistanis on social media (29%) felt positive about COVID-19 than negative (12%) between 15 and 30 October 2020, while most (60%) remained neutral. Positive sentiment is driven by a belief that the world recognizes Pakistan’s handling of the pandemic as ‘successful’. The key driver of negative sentiment is the emergence of COVID-19 cases in schools in Islamabad, Khyber Pakhtunkhwa, and Sindh.
  - Families with vastly different levels of literacy and across income groups report a decline in preventive behaviours, according to community feedback.
  - Mask-wearing in public places (always or sometimes) dropped from 78% to 69% between August and October 2020, while social distancing declined from 77% to 65%.
  - COVID-19 cases have been on the rise since mid-October 2020, prompting official warnings of a second wave of infections, including by the Prime Minister and the Minister for Planning. Social and mass media outlets document increasing actions by public authorities, such as ‘mini’ smart lockdowns in Karachi and Islamabad.
  - Concerns are growing that colder temperatures will lead to more cases, as families congregate in close quarters.
  - Media reporting and government communications affirm that ‘super-spreading’ events are behind the rise in COVID-19 cases in Pakistan, as large groups congregate in poorly-ventilated indoor environments without masks, such as weddings, funerals, mosques, public transportation, markets, and social events.

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**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.

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**SECOND WAVE**

- **UNICEF’s** efforts with the Government led to information messages being received 632 million times through television, the radio, What’sApp, and social media (Facebook, Twitter, and Instagram).

**MULTIMEDIA MESSAGING**

- **UNICEF** continued to support RCCE efforts through the mass media, including the popular weekly radio show, Kadam Kadam Sehat. Each 50 minute show is broadcast through the Pakistan Broadcasting Corporation – with an estimated audience of 83 million people – and 41 radio channels. UNICEF relied increasingly on the mass media as the most effective means of communicating with the public for two reasons. First, the RCCE Task Force recommended putting a stop to face-to-face community events, given the challenges of social distancing and low levels of mask-wearing. Second, 81% of survey respondents list television and the radio as their most trusted source of information on COVID-19.

**SOCIAL MEDIA**

- **UNICEF’s** advocacy, communication, and polio-related social media platforms reached 748,399 people between 12 and 25 October 2020, eliciting 29 million impressions (28.6 million on Facebook, 184,177 on Twitter, and 219,469 on Instagram). What’sApp messages reached another 6.98 million people. As a communication channel, What’sApp has been used 297,109 times to disseminate information on risk perception, infection prevention, and preventive practices. The total number of people engaged through social media – defined as the number of likes, shares, and retweets – is 7,077 people per Facebook post, eliciting 366,115 engagements (97.1% on Facebook, 0.9% on Twitter, and 1.9% on Instagram).

**HELPLINE**

- **UNICEF** continued to support agents of the Polio Helpline, now also used for COVID-19, which receives nearly 15,000 calls every day. Of the 7.3 million calls received to date, agents have been able to respond to 5.1 million COVID-related queries. 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. This data will help response partners adjust their programmes and messaging.

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• **UNICEF** engaged mobile vans, rickshaws, and mobile floats to share preventive messages on COVID-19 in all of Pakistan’s provinces, including through polio and health structures. These reached out to 2.6 million at-risk people in the reporting period, raising the total number of people reached to 22.6 million.

• **WHO** continued to produce bi-monthly newsletters to update donors and partner governments on the COVID-19 situation and WHO’s response activities on coordination and planning, case management, disease surveillance, laboratory support, community mobilization, and sensitization.

• **UNICEF** engaged 181,110 journalists, reporters, and bloggers – including 2,234 new media workers – at the federal and provincial levels to promote key messages on COVID-19 while busting myths. To counter fake news, like the erroneous belief that “coronavirus is fake”, journalists continued writing about the severity of the disease, the importance of testing and physical distancing, early health-seeking behaviours, and preventive behaviours like handwashing and general hygiene.

• **UNICEF** helped mobilize 410,881 religious leaders through existing polio alliances and health programmes to improve COVID-19 risk perception, promote handwashing, encourage the use of masks and physical distancing, champion polio campaigns and essential immunization, and bring other religious leaders on board. The leaders shared preventive messages during Friday sermons and 410,881 mosque announcements during the reporting period.

• The **International Trade Centre (ITC)**-implemented Growth for Rural Advancement and Sustainable Progress (GRASP) project led awareness campaigns in districts of Sindh and Balochistan on alternative approaches for the safe continuation of small and medium-sized enterprises (SMEs). Loudspeaker messages on COVID-19 rang out from vans in Pishin and Quetta. Capacity building for market committees and community-based organizations promoted safety and hygiene, paired with the provision of critical inputs, including certified seeds, fertilizers, and pesticides for farmers.

• **UNDP** launched a COVID-19 messaging campaign for rural women.

• **UNHCR** stepped up awareness raising activities to sensitize refugees on COVID-19 prevention measures as the Government of Pakistan warned of a second wave of infections. UNHCR and its partners continued to organize small meetings with communities, shura members, and WASH and School Management Committees, while adhering strictly to standard operating procedures (SOPs).

• **IOM** conducted community awareness and risk communication campaigns for migrants and mobile populations, particularly at the Torkham and Chaman border crossings. IOM’s National Disaster Consortium (NDC) Programme developed information, education and communication (IEC) materials, overseen by **UNICEF** and endorsed by **WHO**. These aim to reach over 150,000 people via public campaigns, the radio, and social media channels.
**ENGAGING YOUTH**

- **UNICEF** continued to publish photos and messages by children, adolescents, and youths encouraging their peers to wear masks and practise lifesaving behaviours to mitigate COVID-19 as part of the #PakYouthDiaries initiative. To celebrate the International Day of the Girl (11 October) an op-ed by UNICEF’s Country Representative appeared in The Express Tribune. Video messages were shared about young career women, girls who are change-makers in their communities, and fathers who empower their daughters to study and succeed, all around 2020’s theme, ‘My voice, our equal future’.

- **UNDP**-trained Local Government Ambassadors helped Tehsil Municipal Administrations to raise awareness of COVID-19 and preventive measures in the Newly Merged Districts of Khyber Pakhtunkhwa. They conducted 141 awareness sessions in educational institutions on COVID-19 SOPs.

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**Day of the Girl: A chat with Yumna Majeed, space educator**

Alishba Barech, 17-year-old author

Nataliya Najam, World Record breaker

Maula Daad: Fathers supporting girls’ education

PakYouthInitiative: 6-year-old Amna
• **UNICEF** marked World Teachers’ Day on 5 October with videos and social media content reinforcing the need to stay #SafeAtSchool by adhering to COVID-19 preventive behaviours. An op-ed by UNICEF’s Executive Director and the European Commissioner for International Partnerships championed getting children back to school and investing in their education in the Pakistani newspaper, The Express Tribune.

• **UNDP’s** Strategic Communications Team designed 10 social media posts for UNICEF on school reopening SOPs and success stories of head teachers who trained 700 teachers on these SOPs.

• **UNICEF** celebrated Global Handwashing Day on 15 October by releasing a special video, an animated video message featuring cartoon character Captain Care, and online content on handwashing with soap and other lifesaving behaviours to prevent the spread of COVID-19. An op-ed by UNICEF’s Country Representative, “The first line of defence”, appeared in the daily newspaper, The News.

• **UNDP’s** Merged Area Governance Project (MAGP) developed and aired COVID-19 prevention commercials on handwashing and social stigma on national and regional television channels, as well as on regional radio channels. The handwashing commercial focuses on SOP fatigue – an important issue that could contribute to rising cases. The social stigma commercial aims to prevent the stigmatization of those affected by COVID-19, urging people to show compassion while still taking precautions. UNDP’s Strategic Communications Team produced a short video on the second wave of COVID-19, which it shared with Khyber Pakhtunkhwa’s social media team for circulation.
• **UNICEF** participated in the *Clean Green Index Encouragement Award* ceremony, presided over by Prime Minister Imran Khan, as part of the *Clean Green Pakistan* campaign.

• **WHO** launched a television commercial to promote mask-wearing as a regular practice and encourage the voluntary use of masks nationwide.

• **UNDP**’s aired an animated television commercial on mask-wearing, *Mask Ki Kahani*, to de-stigmatize the use of masks by highlighting how they have been used historically in the region. It also produced a video message from Kamran Bangash, Special Assistant to the Chief Minister of Khyber Pakhtunkhwa, on precautions against a second wave of COVID-19.

• **UNICEF** urged parents to resume vaccinating their children during the COVID-19 pandemic with a video on routine immunization and social media content with the hashtag #VaccinesWork.

#VaccinesWork: Vaccination during the COVID-19 pandemic
• **WHO** commemorated World Antimicrobial Awareness Week (18–24 November) by printing key messages for nationwide distribution, holding webinars on the surveillance of antimicrobial resistance (AMR), and holding poster and video competitions.

• **UNFPA** launched a communication campaign with the National Disaster Management Authority to address gender-based violence and the needs of vulnerable groups during the COVID-19 pandemic. In the past four months, the campaign has reached 15.5 million people.

• **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).

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**SURVEILLANCE, RAPID RESPONSE TEAMS AND CASE INVESTIGATION**

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

• **IOM** coordinated with the National Institute of Health and the Ministry of National Health Services, Regulation and Coordination to train surveillance staff on COVID-19 case definition, screening, detection, reporting, and contract tracing.

• **WHO** continued to issue daily situation reports on the COVID-19 pandemic, disaggregating data by provinces on active cases, laboratory testing, and hospitalization status.

• **WHO’s** Country Representative and the Vice-Chancellor of Islamabad’s Health Services Academy visited Rawalpindi to monitor the second round of the COVID-19 Seroprevalence Survey to estimate the prevalence of antibodies in the community. Similar studies are being conducted across 26 countries. The findings of these studies will provide insight into the real burden of COVID-19, transmission dynamics, and the trajectory of the pandemic. This data will inform recommendations on prevention and treatment measures in the short- and long-term.

• **ITC** conducted a study on COVID-19’s negative impacts, followed by a public-private dialogue between policy makers and stakeholders. Its findings will be used to develop policy options for reviving the competitiveness of small and medium-sized enterprises.

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**IV. POINTS OF ENTRY**

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

• **WHO’s** Country Representative and Emergency Team conducted an on-site assessment of passenger screening at Islamabad International Airport. The visit identified common areas of intervention for strengthening screening at domestic and international terminals.

• **WHO** provided 30 large standees to display health and risk communication messages on hand hygiene, face masks, and physical distancing at strategic junctures in Islamabad International Airport. It also installed two automated hand hygiene stations at the airport.

• **IOM** provided medical supplies and personal protective equipment to ensure frontline workers’ safety at health posts based at points of entry.

• **IOM** trained stakeholders on public emergency response at points of entry and provided supervisory support for building health workers’ capacities on psychological first aid.
The UN is supporting efforts to strengthen laboratory capacities in Pakistan.

**LABORATORIES**

- **WHO** supported Balochistan’s Department of Health to establish a COVID-19 PCR Laboratory in Turbat, in the district of Kech. In addition to providing PCR kits, a biosafety cabinet, and laboratory equipment, WHO will build the capacities of laboratory staff on sample collection and transport, COVID-19 molecular diagnostics, and quality management through on-site visits and training.

- **WHO** deployed specialists to support laboratory systems in Balochistan, Khyber Pakhtunkhwa, Azad Jammu and Kashmir, Islamabad Capital Territory, and Gilgit-Baltistan. They assisted training for the laboratory workforce, as well as the implementation of biosafety and quality assurance.

- **WHO** donated three double cabin vehicles to strengthen surveillance in Azad Jammu and Kashmir, alongside medical supplies and IT equipment worth over PKR 23.7 million.

- **WHO** donated six biosafety cabinets to Punjab’s Tuberculosis Reference Laboratory in Lahore and raised awareness of the need to increase COVID-19 testing in the province.

- **WHO** handed over laboratory supplies to the National Institute of Health, including 30,000 RNA extraction kits and 20,000 PCR tests kits, to enhance the COVID-19 diagnostic capacity of the National Reference Public Health Laboratory.

- **UNOPS** continued its ongoing project with the National Disaster Management Authority and Khyber Pakhtunkhwa’s Department of Health to procure emergency medical supplies for the COVID-19 response. In November, progress was made on the procurement of personal protective equipment, testing kits, and medical equipment, coupled with progress on verification and delivery processes.

- **WHO** supported the External Quality Assurance Programme for COVID-19 testing laboratories by distributing the EQA panel, received from a reference laboratory in Australia, to the National Institute of Health and four provincial health laboratories. WHO is organizing another round of proficiency testing to better understand Member States’ sub-national capacities for diagnosing COVID-19 cases.

- **WHO’s** Country Representative met with the Prime Minister, the Minister of Health, and the Health Secretary of Azad Jammu and Kashmir to discuss integrated disease surveillance and response (IDSR) data management, the surveillance of severe acute respiratory infections (SARI) and influenza-like illnesses (ILI), and maintaining essential health services.

**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.

- **UNICEF** continued to support WASH and IPC interventions in 20 of 27 high burden districts. To date, it has rehabilitated and installed WASH facilities – that include ultraviolet (UV) water filters, toilets, and handwashing stations – in 578 health facilities, ensuring access to safe drinking water for 1.9 million people and reducing the risk of COVID-19 infection among health workers. UNICEF’s hygiene promotion services benefitted over 8.6 million people, including the dissemination of IPC information. Over 4.7 million people have used the 1,776 handwashing stations set up at communal points.
• **UNHCR’s** repair and rehabilitation of WASH facilities in Mother and Child Health Centres and schools in refugee villages neared completion. The ongoing rehabilitation of school WASH facilities continued in Balochistan in Khyber Pakhtunkhwa, where facilities were completed in 30 and 13 schools, respectively. In refugee villages in Khyber Pakhtunkhwa, 30 WASH facilities were completed in Mother and Child Health Centres. In refugee camps in Balochistan, four new boreholes were drilled and 21 water supply schemes enhanced. Important messages on COVID-19, alongside general health and hygiene, were shared through WASH Management Committees.

• The **ITC**-implemented *Growth for Rural Advancement and Sustainable Progress* project installed handwashing stations in fruit and vegetable markets in Sindh and Balochistan.

• **IOM’s** National Disaster Consortium Programme will install handwashing stations with soap dispensers in 27 public schools and health care facilities to reduce cross-infection as the number of confirmed COVID-19 cases increases to nearly 400,000 in Pakistan.

• **UNICEF**-supported WASH and IPC initiatives targeted 1,152 schools to ensure children’s safe return to school (232 in Balochistan, 300 in Khyber Pakhtunkhwa, 500 in Punjab, and 120 in Sindh). To date, 579 schools have been reached (90 in Balochistan, 211 in Khyber Pakhtunkhwa, 53 in Punjab, and 225 in Sindh).

• **UNDP**-trained Local Government Ambassadors worked with Tehsil Municipal Administrations in the Newly Merged Districts of Khyber Pakhtunkhwa to disinfect 73 schools, six mosques, and 80 houses. These disinfection activities benefited 7,091 students, teachers, and administrative staff.

• **WFP** procured and distributed 1,657,984 COVID-related items of personal protective equipment (PPE) for government health staff and local partners engaged in delivering nutrition services across Pakistan.

• **UNFPA** continued to support health workers by providing personal protective equipment distributed through the National and Provincial Disaster Management Authorities, as well as through provincial Health and Population Welfare Departments. To date 50,000 PPE and hygiene kits have been distributed nationwide and the procurement of 200,000 more masks is underway.

• **UNHCR** continued to procure and distribute PPE items, such as masks, gloves, gowns, and infrared thermometers. To date, more than 530,000 respiratory and surgical masks, 841,000 gloves, and 4,000 gowns have been distributed, in addition to infrared thermometers and hand sanitizers.

• **IOM** procured PPE – including N-95 masks, K-95 masks, protective goggles, and face shields – for teams involved in surveillance at IOM project sites at the Torkham and Chaman border crossings.

• **WHO** distributed PPE and infection prevention supplies to six IPC demonstrations sites in Punjab and Khyber Pakhtunkhwa.

• **UNDP** coordinated with the Balochistan Command and Operation Centre and the Taraqee Foundation on the distribution of PPE and non-food items (NFIs) to schools and health facilities in three districts acutely affected by COVID-19: Quetta, Pishin, and Mastung. The Taraqee Foundation coordinated with all three district administrations to arrange PPE distribution in schools.
### PROCUREMENT

**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.

- **UNICEF** committed US$75 million worth of supplies and services from its own resources for the COVID-19 response, including for the procurement of PPE (gloves, surgical caps, and boot covers), sanitizers, IEC and RCCE materials, media engagement-related services, WASH products, the rehabilitation of health facilities, the COVID-19 Call Centre, and consultancy services. Its support also includes supplies for the safe reopening of schools, IPC materials, and WASH construction activities in schools and health facilities.

**SUPPLIES AND SERVICES**

- **UNICEF** was nominated as a Pandemic Emergency Financing Facility (PEF) responding agency by the Government of Pakistan to implement the US$15 million allocation for procuring supplies to address COVID-19. These include diagnostic equipment, PPE, and oxygen concentrators. UNICEF reviewed product specifications with the Ministry of National Health Services, Regulation and Coordination and the National Institute of Health in order to finalize the procurement list.

**PROCUREMENT**

#### TRAINING

**UNICEF** has supported training for 6,099 frontline sanitary workers to date, enhancing their capacities on WASH and IPC in health facilities and high-risk communities.

**WHO** supported a strategic approach to improving infection prevention and control in 14 health facilities selected, in consultation with the Government, for capacity building as model IPC demonstration sites. The IPC certificate course for master trainers in Sindh, undertaken with Karachi’s Indus Hospital, is part of WHO’s approach to standardizing and institutionalizing IPC training in Pakistan.

**WHO** organized an online orientation for IPC consultants on the point prevalence survey (PPS) methodology ahead of a survey of IPC demonstration sites.

#### EXPERT SUPPORT

**WHO** contracted 15 additional surveillance officers who will be deployed at the division level to support surveillance, laboratory, and IPC capacities in 15 high-risk districts. WHO also continued to support Pakistan’s provinces and Islamabad Capital Territory by deploying IPC experts.

**WHO** supported the second meeting of the National Multisectoral Antimicrobial Resistance (AMR) Steering Committee on 26 November. The meeting recommended mapping health care facilities that provide COVID-19 case management services and identifying priority areas of support for IPC implementation.

**IOM** aims to scale up IPC activities aligned with Pakistan’s Humanitarian Response Plan as transmission rates rise and new gaps emerge. It engaged in discussions with the National Institute of Health and provincial Departments of Health on signing a Memorandum of Understanding (MoU) with laboratories in areas with large Afghan populations to provide COVID-19 testing and health services to Afghan Citizenship Card (ACC) holders and undocumented Afghans.

#### MEETINGS

**WHO** and the Child Survival Programme of Sindh’s Department of Health conducted a four-day training for 17 health care providers in October 2020, centring on paediatric case management, critical care, and intensive care for COVID-19 patients. The training is part of scaling up the COVID-19 response using a three-pronged approach, including hands-on sessions at the Civil Hospital in Hyderabad.

**IOM** donated two ambulances to District Headquarter Hospitals in Torkham and Chaman to transport patients suspected of suffering from COVID-19 to isolation/quarantine facilities. These will help to reduce delays by ensuring that migrants and host communities benefit from immediate care.

### QUARANTINE AND CASE MANAGEMENT

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**SUPPLIES AND SERVICES**

- **UNICEF** was nominated as a Pandemic Emergency Financing Facility (PEF) responding agency by the Government of Pakistan to implement the US$15 million allocation for procuring supplies to address COVID-19. These include diagnostic equipment, PPE, and oxygen concentrators. UNICEF reviewed product specifications with the Ministry of National Health Services, Regulation and Coordination and the National Institute of Health in order to finalize the procurement list.
• **UNICEF** and the Ministry of National Health Services, Regulation and Coordination have signed the Pandemic Response Effectiveness in Pakistan (PREP) agreement, funded by the World Bank and valued at US$70 million, to guide the procurement of hospital equipment through UNICEF. The initiative aims 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.

• **WHO** updated the COVID-19 referral pathway to effectively manage infections among UN staff and shared the document with all UN partner agencies. WHO’s Health Emergency Team and nominated WHO physicians provided testing and medical support to UN staff members and their dependants.

• **UNDP** continued to support the Government by verifying the quality and reliability of data on COVID-19 cases to facilitate informed 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 data accuracy. UNDP also supported Departments of Health to share COVID-related data with the National Command and Control Centre in a timely manner.
The UN is addressing the humanitarian impact of COVID-19 on the most vulnerable groups in Pakistan.

**FOOD AND CASH ASSISTANCE**

- **WFP** continued emergency food and cash distributions in November targeting over 180,000 food-insecure people in Balochistan, Khyber Pakhtunkhwa, and Sindh who have been most affected by multiple shocks, including natural hazards and COVID-19. By the end of November, 60,000 people had been assisted.
- **WFP** initiated emergency cash assistance in November for 120,000 flood-affected people in Sindh, following up on initial emergency food assistance provided to 72,000 people in September. Cash distributions targeted households that have not received previous aid from WFP, the Government, or other partners. By the end of November, over 13,000 people received cash assistance.
- **UNHCR** identified 68,104 vulnerable Afghan refugee families, as of 30 November, to receive its emergency cash assistance through Urgent Money Orders (UMOs) issued by Pakistan Post. To date, 50,077 families have received assistance. UNHCR expects to distribute emergency cash assistance to up to 70,000 refugee families, across 55 districts and 54 refugee villages. This innovative partnership with the Pakistan Post and the Ministry for States and Frontier Regions (SAFRON) mirrors the Government of Pakistan’s Ehsaas Emergency Cash Programme, whereby vulnerable Pakistani families receive PKR12,000 (approximately US$77) to cover a four-month period.
- **UNFPA** distributed 2,000 dignity kits to women and girls affected by floods in Sindh.
- **WHO** donated emergency supplies worth US$527,073 for the flood response in Sindh. These supplies include 300 blankets, 5,000 mosquito nets, multipurpose tents, and 1,000 RT-PCR kits containing 50 tests each.

**EMERGENCY SUPPLIES**

- **WHO** provided emergency supplies in Azad Jammu and Kashmir, including cardiac monitors, hand sanitizers, face mask, goggles, and surgical caps and gowns.

**DISASTER RESPONSE**

- **WFP** continued to support National, Provincial and District Disaster Management Authorities on disaster preparedness and response. In November, WFP finished building an Emergency Storage Facility in Sindh, which will be formally transferred to Sindh’s Provincial Disaster Management Authority. WFP also conducted emergency response simulation exercises with the National Disaster Management Authority in Khyber Pakhtunkhwa, Punjab, and Sindh, alongside search and rescue trainings with Khyber Pakhtunkhwa’s Provincial and District Disaster Management Authorities.

**NUTRITION**

- **WHO** steered the process of developing the *Humanitarian Response Plan for Nutrition 2021* and coordinated the finalization of a proposal worth US$0.5 million for the Central Emergency Relief Fund to mainstream COVID-19 response in nutrition interventions.
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.

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

**ESSENTIAL HEALTH SERVICES**

- **UNICEF** continued support for 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 benefitted 394,580 people in the reporting period (12,934 in Balochistan, 1,958 in Khyber Pakhtunkhwa, 210,679 in Punjab, and 169,009 in Sindh), bringing the total number of people reached to 2,458,736 since the pandemic began. In tandem, UNICEF provided basic PPE (gloves, sanitizers, and masks) to 119,987 frontline workers.

- **UNICEF**-supported health facilities vaccinated 59,413 children against measles.

- **WHO**-backed enhanced outreach activities (EOA) continued in all of Pakistan’s provinces to reach ‘unreached’ children, especially those who missed out on routine immunization during the pandemic.
• **WHO** provided mobility support to all vaccinators, supervisors, and government monitors to conduct enhanced outreach activities. KOBO Collect, a mobile application developed by WHO, was used to gather real-time monitoring and administrative data, which was collected and analysed daily.

• **WHO** supported integrated outreach teams, including vaccination teams, to increase demand for vaccination while providing health services in remote and underserved communities. In October, 8,545 outreach teams deployed in 133 districts administered over 6 million vaccine doses to more than 2 million children. Vaccine coverage in October 2020 reached 99%, up from 28% during the lockdown in April. Activities on the same scale continued in November.

• **WHO** played a key role in preparations for the typhoid conjugate vaccine (TCV) campaign in urban Punjab and Islamabad, scheduled for February 2021. Third party services have been contracted and 41 district monitors deployed to devise microplans and deliver training in the field. Alongside district monitoring staff, nine divisional officers, two technical officers, and national/international consultants supported campaign planning. Going forward, they will assist monitoring, data analysis, and information systems.

• **WHO** supported capacity building interventions on IPC and the continuation of sexual and reproductive health services during the COVID-19 pandemic in all four provinces. In addition to IPC supplies distributed to 14 hospitals nationwide, trainings created a pool of master on the use of the Robson tool for the rationalization of C-sections. Data analysed on maternal and perinatal death surveillance and response (MPDSR) at the district and provincial levels will be shared with a Provincial Task Force to address systemic challenges and avoid preventable maternal mortality during the pandemic.

• **WHO** and Punjab’s Women Parliamentary Caucus held a high-profile awareness raising event on breast cancer in Lahore, as part of a nationwide campaign to promote early detection.

• **WHO** distributed assistive devices for elderly people with disabilities among Afghan refugees and host communities in seven villages of Khyber Pakhtunkhwa and Balochistan.

• **UNDP, UNFPA,** Balochistan’s Department of Health, and implementing partner Sehat Kahani inaugurated the province’s first Tele-ICU Project on 16 November 2020. Critical care specialists will now be able to provide advice virtually to public and private sector intensive care units (ICUs) nationwide. To increase health care providers’ capacities, Sehat Kahani began training 500 doctors and 500 nurses across 10 hospitals in the districts of Pishin, Killa Saifullah, Sibbi, Jaffarabad, Khuzdar, and Loralai, both in person and via Zoom. In total, 5,000 medical professionals will be trained across Pakistan.

• **WHO** helped the National Tuberculosis Programme and the Ministry of National Health Services, Regulation and Coordination to conduct a Multisectoral Accountability Framework TB Assessment at the national and sub-national levels. WHO also supported efforts to strengthen primary health care to identify ‘missed’ tuberculosis cases, deliver a capacity building package for health care providers, improve referrals, set up specimen transportation for ‘Xpert’ testing, initiate preventive treatment, deliver mandatory electronic tuberculosis notifications, and facilitate community awareness sessions.

• **WHO**’s Country Representative inaugurated a two-day workshop in Peshawar on the management of cutaneous leishmaniasis – as Pakistan has one of the highest burdens of this communicable disease – and delivered 5,000 vials of glucantime injections to the Government of Khyber Pakhtunkhwa.

• **WHO** and provincial Departments of Health planned a series of four three-day courses on the integration of non-communicable diseases in primary health care, targeting doctors in model districts selected under the Universal Health Care Benefit Package. The first course took place in Karachi in November for 20 doctors from Sindh’s districts of Larkana and Hyderabad, who will serve as master trainers capable of delivering cascade training. Participants explored preventive measures against COVID-19 since people with underlying health conditions, such as non-communicable diseases, have a higher risk of severe COVID-19 infection.

• **WHO** and the Layton Rahmatulla Benevolent Trust (LRBT) Eye Hospital organized an ‘eye medical camp’ at Saranan Refugee Camp in Balochistan’s district of Pishin on 21 November, as part of the Protecting the Rights of Older People with Disabilities (PROD) project. Some 500 patients were examined and 65 were referred for surgery at the LRBT Eye Hospital in Quetta.

• **UNHCR** and its partners regularly visited health facilities in refugee villages to engage health workers on COVID-19 and gauge needs related to health and WASH. Mobile health units continued to operate in refugee villages in Khyber Pakhtunkhwa.

• **IOM**’s interventions worked to address the immediate and long-term needs of Afghan Citizen Card holders and undocumented Afghans in Pakistan. IOM sought urgent new funds from active and new donors to finance cash-based programming, RCCE, and support for health facilities, including the establishment of handwashing stations.
• **UNICEF**-supported IPC training has reached 88,160 frontline health workers to date, alongside 81,761 frontline health workers and community volunteers trained on COVID-19 case identification and referral, including 2,491 trained during the reporting period.

• **UNICEF** and the People Primary Health Care Initiative (PPHI) trained 45 master trainers from nine districts in Sindh on lactation management and the Baby-Friendly Hospital Initiative (BFHI). Their strengthened capacities will benefit an estimated 90,000 newborns.

• **WHO** established baselines for indicators around BFHI in three hospitals in Punjab: the Fauji Foundation Hospital in Rawalpindi, as well as Ganga Ram and the Children’s Hospital of Lahore.

• **WHO** organized a four-day refresher course on family practice and community engagement for 35 basic health unit staff members in Khyber Pakhtunkhwa’s district of Swabi. Two four-day trainings for 40 hospitals in southern Punjab trained participants on the Patient Safety-Friendly Hospitals Framework, as did a four-day training for 20 hospitals in Khyber Pakhtunkhwa. An orientation and planning workshop sought to strengthen primary health care in Punjab’s district of Kasur, while a workshop on family medicine aimed to strengthen the field by initiating a Family Medicine Diploma in national universities.

• **IOM** secured US$300,000 through the IOM Development Fund to support the Ministry of National Health Services, Regulation and Coordination to strengthen Pakistan’s health sector by engaging qualified health professionals from the Pakistani diaspora worldwide.

• **UNDP** is hiring three consultants (a Research Associate, a Junior Engineer, and a Software Engineer) to support the Ministry of Health on the management, strategy, and execution of digitization. The Communications Consultant developed a strategic media plan for COVID-19’s second wave, the Public Health Consultant coordinated meetings with experts, while the Data Analyst cleaned and analysed data from the second round of the COVID-19 Seroprevalence Survey.

• **WHO** and the Ministry of National Health Services, Regulation and Coordination held a meeting on implementing the Universal Health Coverage Benefit Package in Islamabad Capital Territory and selected districts. To replicate the Service Availability and Readiness Assessment (SARA) Survey, stakeholders met to begin mapping health facilities on a priority basis. A meeting of the Global Action Plan (GAP) Coordination Committee discussed ways to strengthen the GAP agenda.
II. PROTECTING PEOPLE: SOCIAL PROTECTION AND BASIC SERVICES

1. SOCIAL PROTECTION

• The ILO assisted provincial governments to harmonize reporting on social protection schemes and their coverage. This included capacity building for provincial and federal agencies on using the national database on SDG 1.3.1 (‘Proportion of the population covered by social protection floors/systems’). In November, the ILO supported provincial social security institutions to develop a guidebook to simplify and standardize enforcement procedures in order to make social security compliance more effective.

• The ILO prepared communication materials for the Workers’ Welfare Fund which will be shared with workers and employers during awareness raising sessions in November and December.

• IOM and UNHCR coordinated on activities related to cash-based interventions. These will be aligned with their emergency cash assistance programme for vulnerable refugees, as well as Pakistan’s social protection programme (Ehsaas) for Pakistani citizens, since these have proven effective ways to provide humanitarian assistance while responding to the socio-economic impacts of COVID-19. IOM assisted skill development trainings, information campaigns in aid of the Afghan peace process, and efforts to strengthen support for returnees through cross-border collaboration.

2. FOOD AND NUTRITION

• WFP supported the Government of Pakistan to roll out the Ehsaas Nashonuma programme to combat chronic malnutrition. By the end of November 2020, 27 Facilitation Centres were fully operational and over 9,000 women and children were enrolled.

• WFP continued enrolling beneficiaries – 54,300 by the end of November – in its new Targeted Supplementary Feeding Programme in the Newly Merged Districts of Khyber Pakhtunkhwa, targeting children under-five with moderate acute malnutrition, as well as pregnant and lactating women.

• 2,743 UNICEF-supported health sites provided nutrition services nationwide, including 88 new treatment sites for severe acute malnutrition (SAM) in Sindh, 40 new Outpatient Therapeutic Programme (OTP) sites in Hyderabad, and 48 new sites in Shaheed Benazirabad. In total, 111,227 severely malnourished children have been admitted for treatment.

• WHO supported four Nutrition Stabilization Centres in Balochistan, three in the Newly Merged Districts of Khyber Pakhtunkhwa, five in Sindh, and one each in Gilgit-Baltistan and Azad Jammu and Kashmir. It provided a three-month supply of therapeutic milk (F 75 and F100) to 58 Nutrition Stabilization Centres in Punjab, and secured USD$510,000 to treat malnourished children in Balochistan.

• WFP, UNICEF, WHO, and FAO supported the Government’s launch of the Global Action Plan for Wasting, for which Pakistan has been selected as a frontrunner. They assisted the Government to identify policy and programmatic commitments it wishes to make or reaffirm, and to pinpoint the support required from civil society, academia, and development partners to achieve these commitments.

• UNICEF supported training on simplified guidelines related to infant and young child feeding (IYCF) and the community management of acute malnutrition (CMAM) for 1,267 health care providers (810 in Balochistan and 457 in Sindh).

• UNICEF, WFP, and the Government of Sindh conducted a three-day training on supply chain and warehouse management in Karachi for 47 district managers and logisticians. Improved supply chain and warehouse practices will strengthen stock management, benefitting an estimated 253,780 children in 13 districts.

• UNICEF and the Ministry of National Health Services, Regulation and Coordination launched the National Nutrition Survey in Islamabad. The launch event was broadcast online.

• WFP, FAO, Provincial Disaster Management Authorities, and line departments completed data collection for a Food Security and Livelihoods Assessment in Balochistan, Punjab, and Sindh. The assessment covers 21 districts and 4,600 households to understand the combined impacts of multiple shocks on household food security and livelihoods. Data analysis is underway, with results expected in December.

• WHO provided inputs for the first draft of Pakistan’s State of Food Insecurity and Nutrition Report.

• WHO is conducting a health co-benefits study alongside the Ministry of National Health Services, Regulation and Coordination, the Ministry of Climate Change, and the Aga Khan University (AKU).
• **UNICEF**-supported interpersonal communication on IYCF practices in the context of COVID-19 reached 1,073,003 mothers and caregivers.

• **UNICEF** assisted Balochistan’s Nutrition Directorate to set up two baby feeding corners – one at Quetta Airport and one at the City Court.

• **UNICEF** helped develop an *Integrated Health and Nutrition Plan* with local health authorities in response to the flood emergency in Sindh. The plan aims to provide services to 400,000 people, including 53,200 children under the age of five (25,749 girls and 27,451 boys), through 20 mobile teams in five flood-affected districts.

• **UNICEF** supported the Ministry of National Health Services, Regulation and Coordination to launch the *Pakistan Adolescent Nutrition Strategy*.

• **WFP**, **FAO**, and other partners supported the Government of Khyber Pakhtunkhwa to formulate a *Food Security Policy*. A final draft of the policy is now under review.

• **WHO**, **UNICEF**, and fellow members of Punjab’s Nutrition Technical Working Group – including the Scaling Up Nutrition (SUN) Secretariat and the Multi Sectoral Nutrition Centre (MSNC) of Punjab’s Planning and Development Department – drafted the *Punjab Nutrition Response Plan for COVID-19*. The draft was shared with the Departments of Agriculture, Education, WASH, and Social Protection for their inputs. The plan is due to be finalized and submitted to the Chief Secretary in the coming weeks.

• **WHO** organized an event for finalizing the *National Action Plan around Trans Fatty Acids’ Elimination from Diets*. In addition, WHO facilitated consultations on the draft *Pakistan Clean Air Programme*.

• **FAO** provided 50 kilogrammes (kg) of wheat seed each to 3,500 farmers in the Newly Merged Districts of Kurram, Orakzai, South Waziristan, and North Waziristan. In Kurram, 1,500 beneficiaries will receive 10 kg of pea seeds by late November. The same quantities of wheat and pea seeds will be provided to 1,500 beneficiaries in Bara, in the Newly Merged District of Khyber, as will 50 kg of wheat for 1,000 households of the Zakha Khel tribe in Khyber’s tehsil of Landi Kotal and for 1,200 farmers in the Newly Merged Districts of Mohmand, Bajaur, Torghar, and Khyber. Another 1,000 bags of wheat seed were distributed in South and North Waziristan.

• **ITC** supported the provision of a rehabilitation package, including seeds and fertilizers, for 300 women in Sindh’s districts of Thatta and Khairpur.

• **FAO** completed 95% of its work on 42 broiler farms and 13 irrigation channels in Khyber, and inaugurated three complete market structures in North Waziristan, in the Newly Merged District of Khyber Pakhtunkhwa. Land was prepared for walnut nurseries and seeds delivered for sowing.

• **FAO** conducted 75 farmer field school (FFS) sessions for tunnel farming, tomato growing, and livestock-related enterprises, equipping 1,076 men and 142 women with practical know-how.

• **FAO** held 32 farm business school (FBS) sessions for 302 men and 168 women entrepreneurs on value added products, compost-making, and awareness on the second wave of COVID-19.

• **ITC** supported training for 2,886 women in Balochistan on alternative livelihood sources, such as kitchen gardening. In Sindh, the capacities of 300 women were strengthened on animal health, nutrition, and value added dairy products to avoid milk wastage.

• **ITC** supported livestock vaccinations for 8,000 animals in Balochistan and 10,000 in Sindh as part of the COVID-19 response.

• **WFP** completed livelihood recovery activities in the Newly Merged Districts of Khyber Pakhtunkhwa, benefitting 92,000 people. In September, 15,300 women and men participated in asset creation and training; they finished receiving cash transfers in early December.

• **WFP** and the Government of Azad Jammu and Kashmir delivered an orientation workshop on food safety and quality assurance (level II) for the region’s new food authority. Training for food safety officers focused on tools and guidelines for food monitoring and inspection in the field.

• **IFAD** engaged Precision Agriculture for Development (PAD) to provide remote advisory services during the pandemic. In November, PAD partnered with the new Southern Punjab Agriculture Department on a campaign to mitigate pink bollworms among cotton farmers in the province, complementing government efforts with a phone-based campaign targeting over 490,000 growers. Thirty-second-long advisory calls were made to 490,272 cotton farmers in 11 districts between 22 October and 20 November. Of these farmers, 296,142 (60%) listened to the advisory robocalls.
Sixty-three-year-old mother of four, Naseem Bibi, struggled after getting divorced 32 years ago.

“That was an extremely challenging time in my life when I felt socially rejected for being divorced. But life never stops; for the survival of my family, I started embroidery work with KADO (a private organization) based in Hunza and earned US$95 (PKR 15,000) per month.”

Turning to farming to augment her modest income, Naseem Bibi used traditional knowledge to grow vegetables for sale at her local market in Gilgit-Baltistan. Once the IFAD-supported Economic Transformation Initiative (ETIGB) introduced vertical farming techniques – enabling farmers to grow off-season vegetables – Naseem Bibi thrived as one of the progressive farmers trained by the initiative. Market linkages developed by ETIGB helped her boost her income manifold, raising it from US$316 to US$1,334 (PKR 211,000).

3. EDUCATION

- **UNICEF** worked closely with federal and provincial education departments, humanitarian organizations, other UN agencies, and development partners on school safety. Safe school reopening guidelines are being implemented in line with government SOPs, with guidelines distributed to 14,668 schools across Pakistan’s provinces. Following the phased reopening of schools, the focus is on monitoring their safe operation through District Monitoring Committees.

- **WFP** continued to implement school safety activities with Sindh’s Education and Literacy Department, including developing an emergency response e-learning module for students and teachers.

- **UNICEF** helped COVID-19 prevention messages reach 1.7 million School Management Committee (SMC) members, teachers, and education personnel through SMS messages, robocalls, and social media outreach, including 140,000 people reached during the reporting period.
4. CONTINUITY OF SOCIAL SERVICES AND ACCESS TO SHELTERS

UNICEF supported the provision of psychosocial support services for 62,217 parents, caregivers, children, and adults. Beneficiaries include 1,135 people (72 girls, 33 boys, 636 women, and 394 men) who received specialized counselling in Balochistan, Khyber Pakhtunkhwa, and Punjab.

A UNICEF package has been used to train 5,411 social workforce professionals to date (2,933 women and 2,478 men) on psychosocial support and stigma prevention across all of Pakistan’s provinces.

WFP and Khyber Pakhtunkhwa’s Department of Education continued to roll out a new education safety net for girls in secondary school, targeting 22,000 girls in the province’s Newly Merged Districts. By the end of November, 3,500 girls received transfers totalling PKR 6.4 million. The remaining beneficiaries will start receiving transfers in December. The safety net seeks to provide additional income to families while schools are closed, while encouraging them to send girls back to school once they reopen.

UNESCO explored possibilities for programme expansion and outreach in targeted districts to mitigate the impact of school closures due to a second wave of COVID-19 infections. Its current focus is on educating children in Grades 1 to 3 based on the national curriculum. Digitizing educational content for children in Grades 4 and 5 is being considered.

UNICEF and FM Power-99 Foundation kickstarted a feedback mechanism within the radio programme, Radio, My Best Friend, to collect listeners’ feedback through phone calls, WhatsApp messages, and social media. This exercise aims to strengthen innovation and programme design to keep children engaged in learning during the pandemic, despite school closures.

UNESCO’s awareness raising campaigns sensitized communities, teachers, students, parents, and School Management Committees nationwide.

UNICEF supported training for 1,785 School Management Committee members on the safe reopening of schools, alongside training on reopening and psychosocial support for 19,085 teachers.

UNICEF supported the continuity of learning in Khyber Pakhtunkhwa, whose Education Department distributed syllabus-based worksheets for Grades 1 to 8 to 72,848 primary school teachers and 14,694 middle school teachers (Grades 6 to 8). The distribution of soaps is underway in schools where Parent-Teacher Committees do not have bank accounts, which prevents them from receiving government funds.

UNICEF assisted Khyber Pakhtunkhwa’s School Safety Cell to install handwashing stations and display communication materials on COVID-19, as well as distributing 247 cartons of soap and hand sanitizers to 204 schools in Swat, Mansehra, Peshawar, and Abbottabad.

UNESCO’s awareness raising campaigns sensitized communities, teachers, students, parents, and School Management Committees nationwide.
5. SUPPORT FOR SURVIVORS OF GENDER-BASED VIOLENCE

- **UNICEF** supported child protection services in Sindh and Balochistan that benefitted 629 children (137 girls and 292 boys).
- **UNFPA** handed over three Women-friendly Health Centres in Mirpur to the Government of Azad Jammu and Kashmir to continue providing services for women and girls. In Balochistan, three Women-friendly Health Centres were inaugurated.
- **UNICEF** helped stigma prevention messages reach 36,559,791 people, and messages on preventing violence against children and online safety reach 143,888 people in Punjab and Sindh (12,988 girls, 18,787 boys, 36,431 women, and 75,682 men).
- **UNICEF** adapted a global storybook on children’s mental well-being during the pandemic in order to contextualize child protection issues. The local Pakistani version, entitled The Awesome Adventure of Afreen & Mittu, is now available in English and Urdu. The books will be distributed to children through implementing partners to support mental health and psychosocial support (MHPSS) activities.
- **UNFPA** and its Asia and the Pacific Regional Office (REGA) supported the National Gender-Based Violence Sub-working Group to conduct the first of five webinars on the Interagency Minimum Standards on GBV in Emergencies. The webinar on 22 October drew together 50 national and provincial participants to explore the six most relevant standards for Pakistan: referral pathways, safe spaces for women and girls, psychosocial support, case management, coordination on gender-based violence (GBV), and staff safety.
- **UNFPA** conducted training on its Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Crisis Situations for 25 professionals working on health and GBV from local NGOs and the Government of Khyber Pakhtunkhwa. Another 30 health managers and local authorities took part in an advocacy meeting to address gaps in local emergency preparedness plans.
- **WHO** and **UNFPA** supported a three-day training on multisectoral response to GBV in October. It targeted 31 service providers from Punjab’s districts of Lahore, Gujranwala, and Kasur – districts with a high number of reported cases of gender-based and sexual violence during the COVID-19 pandemic. Participants included 22 health care providers (medical officers, women medical officers, gynaecologists, and medico-legal professionals) and nine police officers (inspectors, sub-inspectors, and lady constables). The training honed their skills for improving the facility-based service delivery environment, including psychosocial support and referral services for GBV survivors.
- **WHO** supported efforts to strengthen the health system’s response to GBV in the context of COVID-19 by maintaining essential services through interagency partnerships. Training for gynaecologists, frontline health care providers, and service providers from police departments were delivered on the nationally-endorsed GBV Health Response Package, including clinical protocols, targeting high-risk areas in Khyber Pakhtunkhwa and Punjab.
- **WHO**’s capacity strengthening interventions targeted 42 health facilities to enhance the provision of GBV-related health and psychosocial support services.
- **UNFPA** launched community-based events in Balochistan and Khyber Pakhtunkhwa to mark 16 Days of Activism Against Gender-Based Violence, the global campaign led by **UN Women**.
- **WHO** arranged advocacy and awareness interventions nationwide to prevent and respond to GBV as part of the 16 Days of Activism campaign.
- **FAO** took an active role in the 16 Days of Activism by conducting an awareness raising campaign through its farmer field schools in rural areas. The campaign began in the Newly Merged Districts of Khyber Pakhtunkhwa, with messages on GBV disseminated widely to address high rates of gender-based violence in rural Pakistan. The farmer field school approach has proven an effective tool to reach out to rural women, 68% of whom are involved in agriculture.
- **WHO** established partnerships and mobilized US$135,000 from the Central Emergency Relief Fund’s under-funded window to establish a telemedicine system in Balochistan to strengthen the provision of GBV services, specialized health care, and psychosocial support. This partnership also covers interventions in Wana, South Waziristan.
III. ECONOMIC RECOVERY: PROTECTING JOBS, SMALL AND MEDIUM-SIZED ENTERPRISES, AND THE MOST VULNERABLE PRODUCTIVE ACTORS

CASH-FOR-WORK

- The ITC-implemented Growth for Rural Advancement and Sustainable Progress project conducted information sessions on government financing schemes for small and medium-sized enterprises affected by COVID-19. Sessions in Balochistan and Sindh with officials from the State Bank of Pakistan informed participants – market committee members, smallholder farmers, and SMEs – about available financing and how to access it.
- **UNDP** designed an online platform with the Small and Medium Enterprise Development Authority (SMEDA) to help SMEs develop websites and pursue online commerce.
- **UNDP** conducted a COVID-19 Socio-economic Survey with 973 SME owners to understand the pandemic’s impact on their businesses.
- **UNDP** completed its Cash-for-Work Rapid Response to COVID-19 project in October. The project began in June in nine villages of Peshawar, Khyber Pakhtunkhwa, to alleviate the economic impact of the pandemic on those hit hardest. It provided short-term employment opportunities by engaging 1,010 local community members, including 344 women, in cash-for-work activities. Overall, the project created 12,534 labour days (including 2,712 labour days for women). Participants rehabilitated community assets, raised awareness of COVID-19, stitched school uniforms, and built playgrounds for children. In October, the project launched a COVID-19 awareness campaign in Peshawar to promote preventive measures. Three billboards featuring messages approved by Khyber Pakhtunkhwa’s Department of Health were displayed in prominent places, including Tehkhal bus stop, Warsak road, and Gulbahar Main GT Road. Banners adorned 100 rickshaws for two months, 600 banners were displayed in schools and prominent locations, and another 600 posters were distributed to eight villages on the outskirts of Peshawar. Fourteen public service awareness messages were produced in Urdu and Pashto, which will be broadcast on the FM 101 radio channel, every day for two months, starting on 25 November 2020.
- **UNDP** launched a cash-for-work initiative in Balochistan, Clean and Green Jobs, to rehabilitate government centres and conduct a tree planting drive. It coordinated with Balochistan’s Secretary of Forests who requested species of durable plants to plant in urban parts of Quetta and in rural areas.

TRAINING ENTREPRENEURS

- **UNDP** supported small enterprises’ business continuity during the pandemic by providing on-campus and online training and mentoring for youth who propose innovative business ideas for income generation in the Newly Merged Districts. In the reporting period, UNDP’s implementing partners registered 104 entrepreneurs (38 women and 66 men) from Khyber, North Waziristan, and South Waziristan for incubation training. Moreover, 104 trainees (59 women and 45 men) took part in pitching sessions to practise presenting their business ideas to a panel of judges. Entrepreneurs with the most viable business proposals receive incubation grants to start or scale up businesses.

RESEARCH

- **UNDP** finalized planning for a COVID-19 Knowledge, Attitudes, and Practices (KAP) Survey by completing questionnaires and contracting a firm to undertake the survey.
Seventeen-year-old Muhammad Usman struggled to make ends meet as a daily wage labourer in Kot Mithan, in Punjab’s Rajanpur district. Things changed when he attended a community session on vocational training by the Institute of Rural Management (IRM) and the National Rural Support Programme (NRSP), delivered as part of the IFAD-assisted Southern Punjab Poverty Alleviation Project.

Motivated as never before, Usman enrolled in a two-month motorcycle repair training course. Gaining skills and becoming exposed to market linkages, he put his newfound knowledge of small-scale businesses to good use. Soon, he opened his own motorcycle repair shop. As his business grew, his monthly income rose to US$157 (PKR 25,000), helping his 10-member family buy nutritious food they desperately needed.

COVID-19 impacted Usman’s business, as it did to so many SME owners in Pakistan. Usman and his family managed to survive by relying on their savings and resuming business as soon as the lockdown was relaxed.
Asia Naz’s story: Women-led businesses move towards self-reliance

“Today I am a good example for other women in my village and I am capable of contributing to our household income and supporting my family,” says 28-year-old Asia Naz. “With the sole support of SPPAP, I am a strong and a proud member of society.”

Like so many women in Pakistan, family disapproval kept Asia from working, even as she yearned to use her tailoring skills to supplement her family’s income. When the National Rural Support Programme (NRSP) under the IFAD-assisted Southern Punjab Poverty Alleviation Project (SPPAP) formed community organizations in her village in the district of Muzaffargarh, she was determined to enrol in its shop business management and promotional skills training.

Using the stipend she received from SPPAP’s training course and taking out a loan, Asia did what she never imagined she’d do: she started her own business, Gota Kinare & Stitching. As business boomed, her family’s resistance and social criticism melted away.

During the COVID-19 pandemic, her boutique has been her family’s main source of income. While her husband, an electrician, was not able to work during the lockdown, Asia kept taking orders and continued earning. Now, she plans to expand her business to secure a better future for her children.
IV. MACROECONOMIC RESPONSE AND MULTILATERAL COLLABORATION

• **UNICEF** organized a budgetary review of the Fiscal Budget 2020–2021 in consultation with key stakeholders to provide province-specific recommendations for upstream engagement and advocacy on child-centred budgeting. UNICEF presented the findings of its analysis of budgetary allocations in the context of COVID-19 to sectoral teams, officials, and partners, seeking their feedback to inform discussions with government departments. A roundtable with the Chairs of Standing Committees in the National Assembly and Task Force Members of the SDG Secretariat on 15 June explored key findings and recommendations on integrating child-centred budgeting, reporting, and monitoring processes into the 2021–2022 budget, as well as in the oversight and accountability roles of Standing Committees on health, education, and WASH. UNICEF’s findings on resource distribution priorities and mechanisms indicate gaps in departments’ institutional capacities at different levels, alongside the limited use of data in planning and budgeting processes, and complex interdepartmental payment processes. Its findings also point to debt servicing, low tax revenue, and low production as key issues that impact pro-child financing.

• **UNICEF** held virtual Provincial Budget Analysis for Children sessions for its staff members. Detailed discussions were organized in all provinces to explore the findings of the Public Finance for Children Review to increase commitments to child-centred budgeting in the 2021–2022 fiscal year.

• **UNICEF**’s Research and Evaluation Team supported the real-time assessment of the COVID-19 response by UNICEF’s Regional Office for South Asia (ROSA). The team monitored tracking sheet updates, shared COVID-related studies and documents, and coordinated with programmes to share profiles of government entities, implementing partners, frontline workers, and representative beneficiaries.

• **UNICEF** restarted Multiple Indicator Cluster Survey (MICS) activities in Azad Jammu and Kashmir that were suspended for seven months due to the pandemic. Training, in line with SOPs, is ongoing.

V. SOCIAL COHESION AND COMMUNITY RESILIENCE

• **UNDP**-trained Local Government Ambassadors continued to deliver cascade training and engage their peers, families, and communities to raise awareness of COVID-19. Overall, the 130 Local Government Ambassadors trained another 974 young people who, in turn, reached 3,720 people with safety messages.

• **UNICEF** supported a second mentoring session in October 2020 for 28 young innovators who received prize money in September. Many demonstrate good progress, using their prize money effectively with the help of mentors. For instance, one 21-year-old woman developed informative video animations on COVID-19 and child protection to educate children and young people. In collaboration with Punjab’s Child Protection and Welfare Bureau, she conducted sessions with boys and girls, receiving positive feedback from children, teachers, and psychologists. She is due to upload her animations to a mobile application that she is developing. Another 18-year-old girl launched an Instagram page called Mukhtalif (‘different’ in Urdu) to help advertise goods and services produced by minority groups, such as the transgender community. She handles logistics, packaging, and the delivery of goods, while the proceeds go to her clients.

• **UNESCO** celebrated World Science Day for Peace and Development on 10 November 2020 with the Commission on Science and Technology for Sustainable Development in the South (COMSATS), the Organization of Islamic Cooperation’s Standing Committee on Scientific and Technological Cooperation (COMSTEC), the Economic Cooperation Organization’s Science Foundation (ECOSF), the Pakistan Science Foundation (PSF), and the Pakistan Academy of Sciences (PAS). It highlighted science’s key role in society and the need to engage the public in debates on emerging science issues. To address COVID-19, the day’s theme in 2020 was ‘Science for and with society’.