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

Save lives, protect people, recover better – this is the UN’s mission in Pakistan to turn the tide of the COVID-19 pandemic. Our support for the Government’s COVID-19 response is threefold. First, our immediate WHO-led health response is about controlling the transmission of coronavirus, getting people the health care they need, and reducing mortality. UN agencies are assisting coordination, planning and monitoring nationwide, guided by the UN Resident Coordinator. Risk communication and community engagement is helping people understand how dangerous COVID-19 is, and how to keep themselves – and others – safe. We are mobilizing young people, the media, religious leaders, teachers, students, parents, law enforcement and authorities nationwide. UN support is strengthening surveillance and case identification, laboratory capacities and testing, and preventive measures at points of entry. Infection prevention and control efforts are reaching frontline workers with personal protective equipment and training, and providing lifesaving WASH facilities and supplies to communities.

Second, the UN’s humanitarian response is helping the most vulnerable people in Pakistan to withstand the COVID-19 crisis. Better planning, emergency supplies, and food and cash aid are reaching those most in need, especially communities recovering from floods and multiple shocks.

Third, our socio-economic response is mitigating the pandemic’s human crisis. 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 pillar. We are working to strengthen Pakistan’s health system so that it can confront COVID-19 while continuing to deliver essential services – from immunization to maternal and child health services, alongside health care for communicable and non-communicable diseases. Our second pillar centres on social protection and basic services. We are combating malnutrition, supporting agriculture and food security, enabling children to learn remotely, and ensuring support and services for survivors of gender-based violence. Our third pillar is Pakistan’s economic recovery. We are reaching out to SMEs, training entrepreneurs, creating cash-for-work opportunities, and backing innovative business ideas. Multilateral collaboration and macroeconomic response are our fourth pillar. With our fifth and final pillar, we are mobilizing Pakistan’s youth to lay the groundwork for social cohesion and community resilience – as we strive to “recover better” from COVID-19 and build a brighter future for everyone in Pakistan.

“The danger is not over. COVID-19 is still spreading, in Pakistan and around the world. Nearly a year into the pandemic, we still face a public health, humanitarian and development emergency. The UN urges everyone in Pakistan to stay vigilant and guard against the myth that COVID-19 is not a real risk. Because no one is safe until everyone is safe.”

– Julien Harneis
Resident and Humanitarian Coordinator
United Nations Pakistan

The UN thanks the generous donors who supported the COVID-19 response actions highlighted in this brief: The Governments of Australia, Canada, Japan, the Republic of Korea, Switzerland, the United Kingdom – especially the Foreign, Commonwealth and Development Office (FCDO) and the Department for International Development (DFID) – and the United States of America, the European Union – particularly its Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO) – the Central Emergency Relief Fund (CERF) and Growth for Rural Development and Sustainable Progress (GRASP). Thanks are also due to Unilever for in-kind donations of soap and disinfectant, as well as private sector donors from the Republic of Korea for their in-kind donations of hand sanitizer and reusable sanitary clothes.
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.

Agreements

- **UNICEF**, the World Bank, the Asian Development Bank (ADB) and the Ministry of National Health Services, Regulation and Coordination procured supplied to fight COVID-19, financed by Pandemic Emergency Funds and an ADB grant agreement to combat COVID-19 through UNICEF. The ministry approved procurement lists and distribution plans.
- **UNICEF** formalized its partnership with the National COVID-19 Secretariat to develop COVID-19 equity/vulnerability profiles of children in Islamabad Capital Territory, as well as COVID-19 policy briefs on vulnerable children.
- **UNICEF** supported a Memorandum of Understanding signed between Radio Pakistan and the Ministry of Federal Education and Professional Training to launch a ‘Radio School’ platform. This will enhance distance learning by broadcasting educational content for four hours every day on the radio, supplementing the Government’s Teleschool platform launched in March 2020.
- **UNICEF** continued its technical support for the Ministry of National Health Services, Regulation and Coordination by coordinating the 27th UN Risk Communication and Community Engagement (RCCE) Task Force meeting and bi-weekly RCCE Task Force meetings at the national and provincial levels.
- **UNICEF, WHO** and other UN agencies aided infection prevention and control (IPC) through the UN IPC Technical Working Group. Virtual water, sanitation and hygiene (WASH) sector meetings continued with the Ministry of Climate Change, as did weekly provincial coordination meetings with Local Government Departments. Partners continued to report progress through the online 4Ws matrix dashboard, which offers a visual snapshot of initiatives by each partner in each location.
- **UNHCR**, as co-chair of the Protection Working Group, supported the coordination of COVID-related protection interventions by National and Provincial Disaster Management Authorities. This involved identifying gaps, strengthening referral mechanisms, and monitoring the protection response.
- **UNICEF** organized three webinars on psychosocial support services and case management, engaging 12 member organizations of the Child Protection and Gender-based Violence Sub-Working Group. Coordination meetings were held at the federal level, as well as in Sindh and Khyber Pakhtunkhwa.
UNPA, as co-chair of the Gender-based Violence Sub-Working Group, aided coordination, technical backstopping and oversight for multisectoral prevention, mitigation and response services to protect women, girls and vulnerable groups.

UNICEF organized two national and six provincial meetings on nutrition sector coordination. The National Nutrition Working Group engaged partners to conduct a Nutrition Gap Analysis of 15 ‘high-burden’ districts hit by the second wave of COVID-19 infections. A COVID-19 Nutrition Dashboard was also published.

UNICEF took part in the Inter-Provincial Education Ministers Conference (23 November), at which the Minister of Federal Education and Professional Training announced the closure of all universities, colleges, public and private schools, tuition centres and madrassas (religious seminaries) between 26 November and 24 December, followed by winter holidays until 10 January 2021.

UNICEF became a member of the Federal Technical Working Group on COVAX1, the vaccines pillar of the Access to COVID-19 Tools Accelerator. It is part of the Sub-Technical Working Groups on procurement and supply, cold chain and vaccine logistics, RCCE and vaccine delivery. It participated in the federal Expanded Programme on Immunization’s consultative meeting (23 November) to finalize the COVID-19 vaccine application that Pakistan submitted to the COVAX facility on 7 December. Pakistan is now open to receive vaccines that WHO has either pre-qualified, or listed for emergency use. UNICEF also supported the Government’s cold chain assessment, identifying gaps that will have to be filled if Pakistan decides to procure the mRNA Pfizer vaccine.

WHO’s team of technical officers led a committee on the launch of the COVID-19 vaccine. It finalized standard, uniform responses to vaccination-related questions – including questions on registration, eligibility, health facilities, efficacy, side-effects and contraindications. WHO’s representatives attended meetings of the National Command and Control Centre, including discussions on the COVID-19 vaccine’s phased launch through the Expanded Programme on Immunization, using the databases of the National Database and Registration Authority (NADRA).

WHO’s Country Representative briefed health partners (4 December) on the COVID-19 situation in Pakistan and the processes of acquiring the COVID-19 vaccine. During the briefing, the Senior Country Manager of GAVI, the Vaccine Alliance, explained what the COVAX facility is and affirmed Pakistan’s eligibility for GAVI’s assistance. Another virtual partner briefing on 18 December highlighted the COVID-19 situation at the global, regional and national levels, including the Government’s response.

UNDP supported the fourth video conference between the Balochistan Command and Operation Centre (BCOC) and Divisional Command and Operation Centres on 24 November 2020. Participants agreed to strictly enforce Standard Operating Procedures (SOPs) – such as compulsory mask-wearing, hand sanitization and social distancing – and to crackdown on businesses and shopping malls that are not following SOPs. They discussed a winter contingency plan, including the provision of food supplements and emergency health care. UNDP’s implementing partner, the Taraqee Foundation, met with Balochistan’s Forest Conservator to discuss the Clean and Green initiative. The foundation also prepared Bills of Quantities (BOQs) for Pishin’s District Headquarters’ Hospital, where UNDP will build two toilets in the gynaecological ward to support women and COVID-19 patients.

UNDP convened the 5th Early Recovery Working Group (ERWG) to address the pandemic’s economic impact and the Government’s Action Plan to address COVID-19’s second wave.

WFP and UNICEF held a virtual meeting (16 December) on ways to enhance their partnership and “take nutrition to the next level in Pakistan”. WFP also coordinated reporting on achievements under “take nutrition to the next level in Pakistan” to address COVID-19’s second wave.

UNODC held meetings on the plight of under-trial prisoners (UTP) through a weekly virtual forum with provincial criminal justice stakeholders, including the judiciary. The sessions yielded recommendations on ways forward and hands-on support for provincial governments. As a result, more than 515 under-trial prisoners have been released from 22 prisons in Sindh.

UNODC convened senior members of the judicial fraternity virtually through the Judicial Education Forum to exchange ideas, experiences and best practices. Participants welcomed the forum as a timely platform to help them improvise and adopt distance learning as a regular feature, with a view to institutionalizing the outreach and delivery of training.

UNODC deployed technical experts on communications and advocacy, gender-based violence, legal aid services, surveys and data analysis to assess the impact of COVID-19 on criminal justice services in two provinces, while accelerating the justice sector’s response to the pandemic.

Experts deployed by UNDP supported the Balochistan Command and Operation Centre through technical analysis and presenting COVID-19 data.

UNFPA-deployed senior technical experts on gender-based violence and sexual and reproductive health continued to support the National Disaster Management Authority (NDMA) to integrate a women’s rights lens into the COVID-19 response. Experts deployed to the Ministry of National Health Services, Regulation and Coordination – a senior public health expert, an epidemiologist and specialists in strategic communications and data analysis – helped strengthen COVID-19 response capacity and the Universal Health Coverage Initiative.

1 COVAX is co-led by Gavi, the Vaccine Alliance, hand-in-hand with 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.
**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.

**TREND ANALYSIS**

- **UNICEF**’s trend analysis during the reporting period reveals:
  - The steepest decline recorded in risk perception (11%), meaning that more people believe COVID-19 is not a real threat to them or their families. Risk perception dropped most among urban populations and people between 40 and 49 year olds.
  - Falling risk perception is accompanied by a significant decline in preventive behaviours: handwashing decreased by 5.62%, the use of face masks by 7.26% and physical distancing by 12.77%. This corresponds to the declining enforcement of government measures to control the transmission of the novel coronavirus.
  - Compliance with government SOPs is a critical determinant of risk perception and preventive behaviours.
  - People are not self-isolating, nor are they seeking timely testing and treatment for COVID-19 – most wait until they have severe symptoms, including lower respiratory infections.
  - The Prime Minister and the Minister for Planning have called for compliance with preventive behaviours, reflecting growing concern that infections will increase as temperatures plummet and people congregate indoors.
  - Media and government reports suggest that super-spreading events are driving up infection rates – including weddings, funerals, public transport, markets and in-door social events.

**ENGAGING KEY GROUPS**

- **UNODC** explored COVID-19’s impact on criminal justice institutions’ performance through a Citizen Perception Survey in two provinces. By drawing on real-time data, the survey’s report offers a baseline for efforts to advance the rule of law. It provides policy makers with vital evidence to make informed decisions, develop targeted solutions and evaluate their impact.

- **UNICEF** engaged 12,781 more religious leaders to raise awareness of COVID-19 risks through existing polio alliances and health programmes – bringing the total number of religious leaders mobilized to 423,662. They used Friday sermons and 423,662 mosque announcements to promote preventive behaviours, explaining the importance of handwashing, mask-wearing, physical distancing, polio eradication and essential immunization, while encouraging other religious leaders to follow suit.

- **UNODC’s Legal Aid Programme** sensitized civil society, lawyers and legal aid organizations on the need to offer free legal aid for vulnerable under-trial prisoners – especially women, children/juveniles, minority groups and persons with disabilities.

**RAISING AWARENESS VIA THE MEDIA**

- **UNHCR** intensified messaging to combat myths and stigma surrounding COVID-19 in refugee communities. Awareness raising involved social media outreach, regular community interactions and telephone calls.

- **UNICEF** engaged 157 more journalists, reporters and bloggers to promote accurate messages on COVID-19 and bust myths – bringing the total number of media professionals engaged to 181,267 nationwide. They are increasingly reporting on the severity of COVID-19, as well as the importance of testing, early health-seeking behaviours, physical distancing, handwashing and general hygiene.

- **UNICEF** increasingly used the mass media to raise awareness of COVID-19, as this is currently considered the most effective means of communication. Some 81% of people surveyed cited the radio or television as their most trusted sources of information on the pandemic. Weekly RCCE broadcasts of the Kadam Kadam Sehat (‘Health, step by step’) radio show continued through the Pakistan Broadcasting Corporation – with its 83 million listeners – and 41 radio channels.

- **UNICEF**’s social media platforms reached 933,145 people between 27 October and 24 November, eliciting 53 million ‘impressions’ (52.4 million on Facebook, 227,382 on Twitter and 320,442 on Instagram). WhatsApp remained an important communications channel, used to reach out to another 7.3 million people. The average number of people engaged through social media – defined as the number of ‘likes’, ‘shares’ and ‘retweets’ – was 20,278 per Facebook post. To engage young people, UNICEF used a mobile application that permits two-way communication with Clean and Green Pakistan Champions. So far, 119,000 youths have registered and 50,000 have acknowledged messages on hand hygiene.
• **UNICEF** commemorated *World Children’s Day* (20 November 2020) by turning 31 landmarks ‘blue’ in partnership with the Ministry of Human Rights, National and Provincial Assemblies and the private sector. Shining a light on landmarks nationwide – like the Khyber Pass on the Afghan-Pakistan border, the Lahore Fort and Mazar-e-Quaid – highlighted COVID-19 as a child rights’ crisis. Two press releases echoed this message, as did an op-ed in *Down* and a video of young people promoting lifesaving behaviours.

• **UNICEF** marked *World Pneumonia Day* (12 November) with a press release and interactive online content as part of the *Every Child Alive and Thriving* campaign. It also celebrated *World Toilet Day* (19 November) and published a story on youth engagement during COVID-19.

• **UNICEF** organized a virtual *Leadership Kids Take Over* featuring four young people who are taking action in their communities. They discussed child rights, COVID-19 prevention, UNICEF’s response to the pandemic and re-imagining the future post-COVID. Another virtual session with UNICEF’s Country Representative and the children of UNICEF staff members followed suit.

• **UNICEF** released a video message by a 21-year-old actress and youth advocate, as well as a video of a 12-year-old girl helping her classmates stay safe at school in Quetta, Balochistan, as part of the regional #BackToSchool series and UNICEF Pakistan’s #SafeAtSchool campaign. An op-ed on ‘Helping children learn’ by UNICEF’s Regional Director appeared in *The News*, while press releases condemned an attack on a religious school in Peshawar and the attack of a 4-year-old girl and her mother in Kashmore.
• **UNFPA** helped develop the Sarfarosh campaign to boost frontline health workers’ morale. The agency also developed a video on the medicine pricing featuring Dr Faisal Sultan.

• **WHO** developed a *one-minute video on mask-wearing*, which it shared on social media to promote behavioural change. The December 2020 edition of WHO’s bi-monthly newsletter provided updates on the COVID-19 situation and response activities – including coordination and planning, case management, disease surveillance, laboratory testing, community mobilization and sensitization.

• **WHO** commemorated *Universal Health Coverage Day* on 24 December with an event for 60 participants from the Ministry of Health and the media.

• **UNODC** used social media to advocate for enhanced response mechanisms to protect women and girls from sexual and gender-based violence, as well as timely prisons reforms to protect vulnerable prisoners from COVID-19.

• **UNDP** designed infographics on COVID-19 SOPs for barber shops, salons and domestic air travel. These were shared with its Social Media Team in Khyber Pakhtunkhwa for dissemination. UNDP also produced an animated video on how COVID-19 spreads – especially in winter – and precautionary measures, as well as animated videos on SOPs for air travel and for guest houses and hotels.

• **UNICEF** continued to support the *Polio Helpline* (1166) to address COVID-19, as did a team of doctors supported by **WHO**. The helpline remained an effective tool for building trust between the public and government/partner response teams. Its 250 agents, who receive 15,000 calls daily, have responded to 5.23 million of 7.36 million calls to date. They provided advice on testing and treatment, while recording callers’ concerns to improve the COVID-19 response by gathering data on surveillance, contact tracing, rumour tracking and identifying ‘hot spots’. This data informed the Risk Communication Strategy for the second wave of COVID-19 infections, finalized by the RCCE Working Group and the Ministry of Health, UNICEF, **UNHCR**, the International Federation of Red Cross and Red Crescent Societies (IFRC) and external partners.

• **UNICEF** reached 2.6 million more at-risk people with preventive messages through mobile vans, rickshaws, mobile floats, and polio and health structures in all four provinces. This brings the total number of people reached by these means to 22.9 million.

• **UNFPA** and the National Disaster Management Authority’s communication campaign on gender-based violence during the COVID-19 pandemic has reached 15,500,000 people to date.

• **UNDP**-trained Local Government Ambassadors held 23 meetings with local elders and religious leaders in Khyber Pakhtunkhwa’s Newly Merged Districts to sensitize them on the second wave of COVID-19. They led 14 awareness raising sessions using megaphones in public places, alongside 53 sessions in educational institutions on COVID-19 SOPs. UNDP also spearheaded a COVID-19 messaging campaign targeting rural women.
• The International Trade Centre’s (ITC) Pakistan Growth for Rural Advancement and Sustainable Progress Project raised awareness of prevention and safety measures among small businesses and entrepreneurs in Sindh and Balochistan. At Balochistan’s Hazar Gajn market, it arranged an awareness session for the local Market Committee, while distributing information, education and communication (IEC) materials to small businesses. In December, four sessions in Thatta and Khairpur, Sindh, sensitized 100 farmers and entrepreneurs on COVID-19 SOPs and the impact of lockdowns on agri-businesses and the livestock sector.

• UNFPA made infection prevention and control part of all its routine trainings on family planning and sexual and reproductive health and rights (SRHR). Training materials on IPC and standard precautionary measures against COVID-19 were integrated into these trainings. In November 2020, UNFPA trained 250 Lady Health Workers on administering medroxyprogesterone acetate (DMPA) contraceptive injections.

• UNODC delivered sensitization modules for police and prison staff on preventing and mitigating the risks of COVID-19 transmission.

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.

• WHO continued to issue daily situation reports on COVID-19, including provincial data on active cases, laboratory testing and hospitalization (see WHO’s online dashboard for detailed data).

• WHO deployed experts to strengthen COVID-19 surveillance and rapid response capacity in Karachi, Mirpur, Islamabad, Rawalpindi, Quetta, Peshawar, Lahore, Multan and Faisalabad. This will improve the surveillance of severe acute respiratory infections (SARI) and influenza-like illnesses (ILI), as well as health facilities’ reporting. WHO identified government focal points in these districts to facilitate coordination.

• WHO and the Directorate of the Centre for Disease Control (CDC) and Epidemic Prevention and Control (EPC) of Punjab’s Department of Health conducted a one-day training for 25 SARI/ILI ‘sentinel’ site surveillance focal persons from Lahore, Rawalpindi, Faisalabad and Sialkot (17 December). Another one-day training trained 16 participants from Punjab’s Specialized Healthcare and Medical Education Department stationed at sentinel surveillance sites across the province (23 December).

• WHO procured and donated motorcycles to facilitate the transportation of samples between health facilities and laboratories. This ‘mobility support’ will strengthen referrals and surveillance as health facilities lack testing capacities. The motorcycles were distributed across Pakistan’s provinces, including districts supported by the United Kingdom’s Foreign, Commonwealth and Development Office (FCDO).
IV. POINTS OF ENTRY

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

- **WHO** provided 30 large standees to display risk communication messages at Islamabad International Airport, encouraging hand hygiene, mask-wearing and physical distancing.
- **WHO** procured and installed automated hand hygiene stations at major international airports. It coordinated with the Directorate of Central Health Establishments on the selection of six points of entry where IT equipment gaps need to be filled. This equipment will be procured in early 2021.

LABORATORIES

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

- **WHO**-deployed laboratory specialists continued to support laboratory systems in Balochistan, Khyber Pakhtunkhwa, Islamabad Capital Territory, Azad Jammu and Kashmir, and Gilgit-Baltistan. By delivering training, these specialists built the laboratory workforce’s capacities on biosafety and quality assurance. WHO also supported trainings for 25–28 staff at COVID-19 testing laboratories in Muzaffarabad and Mirpur on molecular testing, biosafety, infection control and quality management.
- **WHO** supported preparations to dispatch the second External Quality Assurance Panel on COVID-19 to 50 public and private testing laboratories across Pakistan.
- **WHO** donated six biosafety cabinets to Punjab’s tuberculosis reference laboratory and provided laboratory supplies to the National Institute of Health, including 30,000 RNA extraction and 20,000 PCR tests kits.

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** has provided basic protective personal equipment (PPE) – including gloves, sanitizers and masks – to 130,154 frontline health workers to date.
- **UNFPA** has distributed nearly 50,000 PPE and hygiene kits to date, alongside 115,000 masks for health workers nationwide. These are being distributed through the National and Provincial Disaster Management Authorities, as well as provincial Departments of Health and Population Welfare.
- **UNHCR** continued to distribute PPE to health staff, refugee leaders and outreach volunteers – including respiratory and surgical masks, gloves, gowns, infrared thermometers and hand sanitizers.
- **WHO** donated three double cabin vehicles to the Ministry of National Health Services on 2 December 2020 to strengthen the COVID-19 response in Islamabad Capital Territory. It also distributed protective personal equipment and IPC supplies to six IPC demonstrations sites in Punjab and Khyber Pakhtunkhwa.
- **UNDP** regularly provided protective personal equipment and non-food items (NFIs) to the Balochistan Command and Operation Centre.
- **UNICEF** realigned the geographic focus of its WASH and IPC interventions to concentrate on 15 of 27 high-burden districts hit by COVID-19’s second wave. By November 2020, UNICEF had rehabilitated and installed WASH facilities – ultraviolet (UV) water filters, toilets and handwashing stations – in 701 health facilities. As a result, 2.2 million people gained access to safe water and sanitation in these facilities, reducing the risk of COVID-19 infection for health workers and patients alike. Over 9.3 million people benefitted from hygiene promotion services, including IPC-related information, and millions of people have used the 1,929 handwashing stations installed in communities.
• **UNICEF**-supported WASH and IPC services, targeting 1,152 schools, have reached 946 schools to date.

• **UNHCR** completed repair and rehabilitation work on WASH facilities in Mother and Child Health Centres and schools in refugee villages in Balochistan and Khyber Pakhtunkhwa.

• **ITC** installed handwashing facilities and distributed masks, soaps and sanitizers to small business owners at fruit and vegetable markets in Hazar Ganji, Balochistan.

• **UNODC** provided PPE to law enforcement agencies in Balochistan, Sindh and Punjab, including 24,000 surgical face masks, 470,000 latex gloves, 1,500 KN-95 masks, 2,414 protective medical suits, 680 goggles and 166 thermal scanners.

• **UNICEF** has supported training for 7,172 frontline sanitary workers to date, enhancing their IPC capacities in health facilities and high-risk communities.

• **WHO** supported a five-day IPC certificate course for master trainers at Karachi’s Indus Hospital as part of its strategic approach to standardize and institutionalize IPC training in Pakistan. Experts deployed by WHO continued to support Pakistan’s provinces and Islamabad Capital Territory to improve infection prevention and control.

• **UNDP**-trained Local Government Ambassadors supported disinfection and sanitation campaigns by Tehsil Municipal Administrations and district administrations in the Newly Merged Districts of Khyber Pakhtunkhwa. The disinfection of 27 schools benefitted 3,246 students, teachers and administrative staff. Technical associates identified 37 blocked drains and 19 spots for improved sanitation at the tehsil level, as well as five landfill sites for solid waste disposal. Moreover, 316 businesses, trade and service centres were identified. Seven Tehsil Municipal Administrations led disinfection campaigns to combat both COVID-19 and dengue fever.

**WASH FACILITIES**

**CAPACITY BUILDING**

**DISINFECTION**

**QUARANTINE AND CASE MANAGEMENT**

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

**TRAINING**

• **WHO** and the Punjab Healthcare Commission conducted a one-day training for 30 health workers on the clinical case management of COVID-19 patients at Bahria International Hospital in Lahore.
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$8 million of its own resources for procuring COVID-19 supplies – including PPE (gloves, surgical caps and boot covers) and sanitizers – developing IEC and RCCE materials, media engagement services, providing WASH products, rehabilitating health facilities, school safety activities, and delivering COVID-19 call centre and consultancy services.

**UNICEF** will manage the US$2 million grant agreement between the Asian Development Bank and the Government of Pakistan to provide life-saving medical supplies, diagnostic and laboratory facilities, and critical equipment for communities affected by COVID-19. This grant supplements an initial US$0.5 million that ADB provided through UNICEF to support Pakistan’s procurement of emergency supplies and PPE. These supplied and equipment have been delivered to health facilities prioritized by the Government.

In November 2020, the Ministry of National Health Services, Regulations and Coordination allocated the Pandemic Emergency Financing Facility’s (PEF) grant of US$15 million to **UNICEF** as a PEF-accredited responding agency. UNICEF initiated the procurement of diagnostic equipment (1.15 million tests and eight PCR machines), PPE (300,000 surgical masks, 600,000 gloves, 600,000 surgical caps, 6,000 surgical gowns and 1,500 hand sanitizers) and 1,320 oxygen concentrator kits. These will be distributed to all of Pakistan’s provinces. UNICEF and the ministry also signed the Pandemic Response Effectiveness in Pakistan (PREP) Agreement – valued at US$70 million and funded by the World Bank – for procuring hospital equipment through UNICEF to strengthen Pakistan’s health system.

**WFP** supported the implementation of the National Action Plan for COVID-19 by Disaster Management Authorities and Departments of Education at the national, provincial and district levels. It finished building an emergency storage facility for Sindh’s Provincial Disaster Management Authority (PDMA) and a cold storage facility for Khyber Pakhtunkhwa’s Department of Health. WFP plans to develop a web-based coordination system for Sindh’s PDMA, and to provide search and rescue equipment to Dera Ismail Khan’s District Disaster Management Unit in Khyber Pakhtunkhwa. Plans are also afoot to conduct emergency response simulation trainings and exercises with the National Disaster Management Authority in Khyber Pakhtunkhwa, Punjab and Sindh.

**UNDP** supported the Government to ensure that reliable data on COVID-19 cases informs decision-making. It continued to verify the accuracy of data in the Integrated Performance Monitoring System (IPMS) and assisted timely data-sharing on COVID-19 between Departments of Health and the National Command and Control Centre.

**UNFPA** provided technical support to the Ministry of National Health on the management, cleaning and analysis of ‘round II’ COVID-19 data.

**WHO** updated the COVID-19 referral pathway on diagnostic testing and medical support for UN staff and their dependants in Pakistan. This support, ongoing since the pandemic began, will be continued.
The UN is addressing the humanitarian impact of COVID-19 on the most vulnerable groups in Pakistan.

**FLOOD RESPONSE**

- **WHO**’s Country Representative met with Sindh’s Director General of Health Services to discuss the province’s COVID-19 and flood response. WHO provided hundreds of tents and thousands of mosquito nets for flood-affected communities in the district of Umerkot. It also delivered medical supplies for early essential newborn care to the Liaquat University of Medical and Health Sciences.

**CASH AND FOOD AID**

- **WFP** distributed emergency food and cash assistance to 44,005 food-insecure people as of December 2020. It aims to reach 180,000 people in Balochistan, Khyber Pakhtunkhwa and Sindh affected by multiple shocks, including natural hazards and COVID-19. By December, WFP provided emergency cash assistance to 78,234 flood-affected people in Sindh; its overall target is to reach 120,000 people. This follows WFP’s initial emergency food aid for 72,000 people in September and 13,000 in November. New cash distributions target households that have not previously received assistance from WFP, the Government or other partners.
The UN Resident and Humanitarian Coordinator is leading the overall UN response to COVID-19 in Pakistan based on five key pillars, supported by the technical guidance of UN agencies, funds and programmes (AFPs). The RC/HC continues to meet federal and provincial government counterparts to extend UN assistance for the COVID-19 response.

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

**IMMUNIZATION**
- **WHO** supported enhanced outreach activities (EOA) nationwide to reach ‘unreached’ children who have missed out on essential immunization due to COVID-19. Mobility support benefitted vaccinators, supervisors and government monitors. Using KOBO Collect, a mobile application developed by WHO, they collected real-time monitoring data to inform action on the ground. Support for integrated outreach and vaccination teams sought to increase demand for vaccination and provide health services in remote, underserved communities. In October 2020, 8,545 outreach teams deployed in 133 districts administered 6 million vaccine doses to 2 million children. Since June, more than half of all vaccines in Pakistan have been provided through enhanced outreach activities. Immunization coverage reached 99% in October, up from 28% during the lockdown in April 2020. Activities continued in December. For instance, as of 28 December 2020, Enhanced Outreach Activity Phase XIV in Sindh immunized 303,014 children and vaccinated 36,571 women against tetanus toxoid.
- **The UNICEF-supported measles immunization campaign vaccinated 65,826 children at 136 health facilities.**

**ESSENTIAL SERVICES**
- **UNICEF** helped sub-national Departments of Health to ensure the continuity of essential primary health services, including immunization, antenatal and postnatal care, delivery services, child care and curative care for adults in 136 targeted health facilities. These services have benefitted 3 million people since the onset of the COVID-19 pandemic.
- **WHO** provided supplies and equipment for early essential newborn care to Sindh’s Department of Health and Population Welfare in December. These included an ambulance, two PCR machines, six mobile vans, a 500 KV generator, a cardiotocograph machine, an ultrasound machine, three pulse oximeters, three mobile sphygmonanometers, 3,000 baby drying towels, wall clocks, room temperature thermometers, gloves boxes, face masks and sanitizer dispensers. In Balochistan, WHO provided 2,000 glucantime injections for leishmaniasis treatment and control.

**TRAINING**
- **UNDP and UNFPA** continued to support the Tele-ICU Programme. The first initiative of its kind in Pakistan, it will enable critical care specialists to provide advice virtually to public and private intensive care units (ICUs) nationwide. Two rounds of training at seven hospitals in Balochistan honed doctors’ and nurses’ capacities on critical care, COVID-19 screening and treatment, and tele-ICU implementation.

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2 Civil Hospital Quetta, Fatima Jinnah Chest Hospital, Bolan Medical Complex, Children Hospital Quetta, Benazir Hospital, District Headquarters Hospital Mastung and District Headquarters Hospital Qilla Saifullah.
• Training for 635 doctors and health workers on tele-ICUs was paired with support for telemedicine platforms in Islamabad Capital Territory and Balochistan, alongside 507 telemedicine consultations. UNDP, through Sehat Kehani, will train a total of 5,000 medical workers on intensive care, including 1,000 in Balochistan.

• UNICEF-supported IPC training engaged 142,978 frontline health workers, including 51,677 polio workers from Sindh who were trained on IPC SOPs. UNICEF also supported the training of 83,744 frontline health workers and community volunteers on COVID-19 case identification and referral.

• WHO trained 164 health care providers on lactation management and the Baby-Friendly Hospital Initiative at five hospitals in Rawalpindi and Islamabad. Participants in this certified ‘training of trainers’ included specialists in gynaecology, paediatrics, neonatology, nursing, community medicine, quality assurance and administration. Two similar trainings were organized at Lahore’s Services Hospital and Sir Ganga Ram Hospital.

• WHO organized a three-day workshop on early essential newborn care (15 December) at the Pakistan Institute of Medical Sciences for core team members of Islamabad’s major public hospitals.

• UNICEF, the Pakistan Paediatric Association and the Paediatric Department of Sindh’s Liaquat University of Medical and Health Sciences organized a two-day training on paediatric COVID-19 case management. Its 26 participants were faculty members and post-graduate students. Training also continued in all of Punjab’s districts, with seven sessions held and 900 paediatricians trained to date.

• WHO organized a four-day training on the Patient Safety-Friendly Hospitals Framework (16–19 December 2020) in Karachi for health workers from 11 hospitals in Balochistan and 12 hospitals in Sindh. It also organized a four-day training for 35 Basic Health Units’ Community Health Committees. Engaging 74 participants, the training focused on community engagement and empowerment.

• UNHCR and its partners regularly visited health facilities in refugee village to engage health workers on COVID-19 messages and identify health and WASH-related needs.

• UNODC delivered a sensitization module for prison staff on preventing and mitigating COVID-19’s transmission. It enhanced their knowledge of infectious diseases, as well as international and national laws, regimes and best practices on protection measures for vulnerable prisoners. These include the Nelson Mandela Rules, the Sindh Epidemic Act of 2014 and the Sindh Prison Rules of 2020.

• WHO supported efforts to strengthen primary health care and find ‘missed’ tuberculosis cases with the National Tuberculosis Programme, the Ministry of National Health Services, Regulation and Coordination, and Islamabad Capital Territory’s District Health Office. WHO’s support package included capacity building for doctors, paramedics and Lady Health Workers, engaging general practitioners (GPs), improving referrals, establishing specimen transportation for Xpert testing, preventive treatment, mandatory electronic notifications and community awareness raising. On 14 December, WHO delivered specimen transportation materials and PPE for the TB-free Islamabad initiative. It has trained more than 300 Lady Health Workers in Shah Allah Ditta, in Islamabad Capital Territory, on tuberculosis contact tracing and referrals. A community session in the village (30 December) raised awareness of the initiative which can serve as a model for similar efforts across Pakistan.

• WHO and Punjab’s Expanded Programme on Immunization Cell held a comprehensive one-day sentinel site surveillance review meeting on congenital rubella syndrome (1 December) to assess hospital surveillance performance, identify gaps and agree on ways forward.

• WHO and the National AIDS Control Programme held a webinar on World AIDS Day (1 December) entitled National Solidarity: Resilience of HIV services. It advocated for resilient, gender-sensitive HIV services and the continuity of services for people living with and affected by HIV during crises like COVID-19.

• WHO’s Country Representative met with the Chairman of the Federal Board of Revenue to advocate for higher tobacco taxation to reduce consumption and the risks of non-communicable diseases.

• WHO supported the Government’s formulation of federal and provincial legislation for persons with disabilities, alongside the development of the Disability Strategic Action Framework, adapting and translating disability guidelines into local languages, promoting community-based rehabilitation and improving the reliability of disability data.

• WHO provided 87 wheelchairs for 36 hospitals in Balochistan to enable the safe transfer of patients and support the mobility of people with disabilities. As part of its Protection of the Rights of Older People with Disabilities (PROD) project, WHO supplied assistive devices to Balochistan’s Social Welfare Department.

• UNFPA organized a high-level advocacy event on the International Day of Persons with Disabilities (3 December) to call for their improved access to sexual and reproductive health and GBV services during the COVID-19 pandemic. WHO’s Country Representative spoke at the International Day’s celebration, highlighting the need to mainstream disability inclusion across key dimensions – population, services and health care costs – so that no one is left behind. On 17 December, WHO delivered a presentation on improving access to assistive technology at a meeting chaired by the President of Pakistan.

• WHO helped develop a software application in December for the Service Availability and Readiness Assessment (SARA) Survey on the Universal Health Coverage Benefit Package.

• Three experts hired by UNDP concluded their consultancies for supporting the Ministry of Health’s Digital Health Team on the management and execution of digitization.  

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2 Fauji Foundation Hospital Rawalpindi, Islamic International Medical College Trust Railway Hospital Rawalpindi, Akber Niazi Teaching Hospital/ Islamabad Medical and Dental Hospital, Pakistan Air Force Islamabad and Shifa International Hospital Islamabad.
II. PROTECTING PEOPLE: SOCIAL PROTECTION AND BASIC SERVICES

1. SOCIAL PROTECTION

**DATA AND RESEARCH**

- The ILO helped to develop a web-based reporting mechanism for all of Pakistan’s social protection agencies to improve coordination and data collection on SDG target 1.3. Training courses for social protection focal persons began in December 2020. The ILO also worked on designing Pakistan’s first potential Unemployment Insurance Programme.

- ILO studies analysed progress on social security for vulnerable groups, including domestic workers, workers in brick kilns, construction workers and miners. An exploratory study to inform the development of a National Registry of Workers and Enterprises is underway.

- UNFPA and the Ministry of Planning, Development and Special Initiatives launched Pakistan’s first comprehensive Population Situation Analysis on 9 December. Among other issues, the analysis discusses COVID-19’s impact on population dynamics.

**EHSAAReas**

- ITC conducted four sessions in Sindh on the Government’s Ehsaas Emergency Programme, launched in response to COVID-19. Held in villages in the districts of Thatta and Khairpur, the sessions helped 64 women and 24 men to understand what the programme involves and how to register. Other sessions addressed refinancing and credit guarantee schemes.

**CASH TRANSFERS**

- UNHCR identified 80,636 vulnerable Afghan refugee families for its emergency cash assistance, 73,916 of whom collected their cash by the end of December 2020. This innovative initiative with the Pakistan Post and the Ministry of States and Frontier Region (SAFRON) mirrors the Government’s Ehsaas Emergency Programme for vulnerable Pakistani families.

- WFP’s COVID-19 response targeted the transgender community for the first time, through its cash transfer programme in Khyber Pakhtunkhwa’s district of Dera Ismail Khan. As COVID-19 has taken a disproportionate toll on the transgender community’s livelihoods, 30 transgender persons will receive unconditional cash transfers from WFP for the next six months.

2. FOOD AND NUTRITION

**MALNUTRITION**

- WFP engaged with WHO, UNICEF, FAO and government counterparts on the Global Action Plan Roadmap on Wasting. WFP will lead the plan’s ‘social protection and food system’ approach. WHO reviewed policies to pinpoint gaps and identify ways to strengthen the health and nutrition system.

- WFP and the Government of Pakistan continued to roll out the Ehsaas Nashonuma programme to combat chronic malnutrition. As of December 2020, 27 Facilitation Centres were functional, as were 62 sites for the community management of acute malnutrition (CMAM) and 10 small-scale wheat flour fortification sites. All of these sites have COVID-19 safety measures in place. WFP made sure to display safety messages and IEC materials – in line with guidance by WHO and the Ministry of Health – at nutrition, project and distribution sites. WFP also integrated CMAM activities with primary health care in Khyber Pakhtunkhwa, funded through the Strategic Resource Allocation Committee (SRAC).

- 2,756 UNICEF-supported health sites delivered nutrition services for 140,730 severely malnourished children – 13 more sites than in the last reporting period. In Punjab, UNICEF procured 12,000 cartons of ready-to-use therapeutic food (RUTF) and 100,000 cartons of micronutrient powder to ensure the continuity of lifesaving nutrition services by assisting the province’s Integrated Reproductive, Maternal, Newborn and Child Health and Nutrition Programme. In Sindh, UNICEF’s supported 10 mobile teams that delivered services in the remote reaches of Tharparkar – screening 12,008 children, providing micronutrients to 2,582 and enrolling 618 in treatment for severe acute malnutrition (SAM). In Balochistan, 1,880 adolescent schoolgirls received multi-micronutrient supplements to combat micronutrient deficiencies.

- WHO provided a six-month supply of F75 and F100 therapeutic milk to seven Nutrition Stabilization Centres in Balochistan and enough supplies for a several months to 58 centres in Punjab. Replenishment kits benefitted eight centres – four each in Balochistan and Sindh – while work continued on building a training centre in Balochistan and renovating the province’s leading Children’s Hospital.

- UNICEF and the Government of Sindh trained 25 implementing partner staff members on the Nutrition Information Management System, as well as 1,900 health care providers and community midwives on lactation management and the Baby-Friendly Hospital Initiative (BFHI). In Balochistan, 17,206 health care providers were trained to apply simplified guidelines on infant and young child feeding (IYCF) and the community management of acute malnutrition. WHO and the Ministry of National Health Services, Regulation and Coordination organized a three-day training of trainers (ToT) course on the BFHI and lactation management at Islamabad’s Pakistan Air Force Hospital (10–12 December).
• **UNICEF** helped social media messages on infant and young child feeding and COVID-19 reach 32,856 people (8,917 in Punjab, 11,939 in Khyber Pakhtunkhwa and 12,000 at the federal level). Community engagement reached out to another 295,307 mothers and caregivers (17,206 in Balochistan, 19,041 in Khyber Pakhtunkhwa, 124,555 in Punjab and 134,505 in Sindh) with COVID-sensitive messages on IYCF, breastfeeding and nutrition. Balochistan’s Nutrition Directorate conducted 35 orientation sessions on nutrition protocols and COVID-19 SOPs for 21,500 people.

• **WFP** carried out an independent assessment of food security in the Newly Merged District of Khyber, at the request of the Government of Khyber Pakhtunkhwa. This assessed 6,000 households of the Zakha Khel Tribe in 41 villages within Landi Kotal tehsil, near the Afghan border. The assessment examined the socio-economic impact of COVID-19 and border closures on livelihoods. It reveals that:
  
  • 53% of households are food insecure. Among them, 8% are severely food insecure, while 45% are moderately food insecure. Another 38% are marginally food secure; that is, they are likely to become food insecure group if they experience any additional shock.
  
  • In January 2020, before the COVID-19 pandemic, the livelihoods of 63% of households depended on cross-border trade. This has fallen to 16%. Others are increasingly engaged in non-agricultural and casual labour, with rates rising from 20% in January to 55% in December.

• **WFP** and **FAO** completed a Food Security and Livelihoods Assessment of 21 districts across three provinces with the Food Security and Agriculture Working Group, Provincial Disaster Management Departments and districts line departments. These include 10 districts in Balochistan, two in Punjab and nine in Sindh. The assessment examined the combined impacts of multiple shocks – including desert locust swarms and COVID-19 – on households’ food security and livelihoods. The assessment finds that 93% of households reported reduced wheat crop production, compared to a normal year, due to locust swarms. Half of the households in the districts surveyed are food insecure; while 5.4% are severely food insecure, 44.7% are moderately food insecure.

• **WHO** started work on a Health Co-benefit Study with the Aga Khan University and the Ministries of Climate Change and Health.

• **FAO** provided 50 kilogrammes of wheat seed each to 2,000 families – including 1,000 members of the Zakha Khel tribe in Landi Kotal, Khyber, and 500 families each in North and South Waziristan.

• **FAO** supported the construction and rehabilitation of agricultural infrastructure in Khyber Pakhtunkhwa’s Newly Merged Districts. It installed 80 walk-in tunnels to improve vegetable production in Khyber and completed civil work for the rehabilitation of 28 irrigation channels in Khyber and Kurram. Forty-two damaged broiler farms were rehabilitated (10 in North Waziristan, 10 in South Waziristan and 22 in Khyber) and 13 market structures completed in these districts. Physical work began on collective marketing centres in Khyber and Kurram for vegetables, fruit, poultry and eggs.
• **FAO** devised a business and financial plan for setting up 300 metric tonne cold storage facilities in Orakzai, Kurram, North and South Waziristan.

• **FAO** trained master trainers through an exposure visit to tunnel farming sites in Punjab, while forging market linkages with traders, commission agents and marketers. Value chain trainings in Khyber and South Waziristan benefitted three value chains: pine nuts, apples and tomatoes. In Khyber Pakhtunkhwa’s district of Swat, 16 farmers and Agriculture Extension Department staff members were trained on establishing and managing nurseries, as well as forming links with registered growers in Mingora.

• **FAO** trained 107 women on the post-harvest management of tomatoes in Orakzai and South Waziristan. In North Waziristan, it trained 69 men – including 3 government staff members – and seven women on record keeping and financial numeracy. Similar trainings benefitted 60 men and 12 women in South Waziristan. FAO field staff also trained four Producer Marketing Groups – two each for women and men.

• **FAO** held consultative sessions with ‘green sector’ actors to develop climate-smart agriculture guidelines and farming practices. The sessions engaged 61 men, including 35 farmers, 22 government representatives and four dealers from Orakzai, Kurram, and North and South Waziristan. It held 20 Farmer Field School (FFS) sessions on orchard pruning and nursery transplantation in walk-in tunnels in these districts. Farmer Business Schools on vegetables – one each for women and men – were set up in Kurram. Using the FFS approach, 96 tomato and 48 onion plots were created in Khyber, as were 20 onion plots in Kurram.

• The **IFAD-assisted Economic Transformation Initiative** in Gilgit-Baltistan (ETI-GB) invested PKR 715.48 million in building infrastructure, including irrigation (PKR 388 million) and farm-to-market roads (PKR 327.48 million). Of this sum, PKR 151.9 million was used for labourers’ wages. These construction activities have become locals’ leading source of livelihoods during the pandemic, while transforming access to services and opportunities. As one resident, Muhammad Rasheed from Astore, Gilgit, put it, “Due to improved access to the market, we are cashing our crops and vegetables, at 75% less transportation cost and we are in a better position to access health services and better education for our children.”

• The **IFAD-assisted Southern Punjab Poverty Alleviation Project** (SPPAP) launched 16 community infrastructure schemes to improve livelihoods, food security and access to social services. The schemes include building link roads, bridges, irrigation channels and turbines.

• **IFAD** and the Government of Punjab strengthened wheat farmers’ resilience through 900,000 customized calls and SMS advisory messages. Equipping them with up-to-date information will help them navigate the pandemic and prevent disruptions in key services.

• The **UNIDO-implemented Project for Agri-Food and Agro-Industry Development Assistance (PAFAID)**, funded by the Japan International Cooperation Agency (JICA), provided teleconference equipment to Khyber Pakhtunkhwa’s Agriculture Department and its Food Safety and Halal Food Authority (KPFSFHA), as well as to Balochistan’s Department of Agriculture and Cooperatives.

• **UNIDO**’s support for developing technical documents and connecting district offices to headquarters benefitted KPFSFHA and Khyber Pakhtunkhwa’s Livestock and Dairy Development Department in Peshawar, Dera Ismail Khan, Kohistan and Abbottabad, as well as Balochistan’s Agriculture Extension Departments.

• **ITC**, through **FAO**, organized free livestock vaccination camps in Balochistan’s districts of Nushki and Kharan as part of the COVID-19 emergency response. In Sindh, a five-day training of livestock beneficiaries was held in Thatta and Khairpur, while 75 women were trained on animal health and nutrition, livestock management, vaccination and fodder-making. Civil building works began on 10 poultry hatcheries. *Integrated Natural Resource Management (INRM) Plans were implemented in the Newly Merged Districts of Khyber, Kurram, Orakzai, and North and South Waziristan.***

• **FAO** set up a Farmer Business School on livestock rearing for men in Khyber.

• **IFAD’s Southern Punjab Poverty Alleviation Project** and its implementing partner, the National Rural Support Programme, distributed 509 small ruminants across 10 districts to extremely poor households.

• **UNIDO’s Project for Agri-Food and Agro-Industry Development Assistance** conducted a session on controlling COVID-19 in the meat industry – including slaughterhouses and butcher shops.

### 3. EDUCATION

• **UNICEF** continued to support provincial and district Education Departments to ensure the continuity of learning through remote learning platforms, home-based learning materials and the TeleSchool initiative. As schools prepared to close due to COVID-19’s second wave, UNICEF helped Punjab’s Literacy Department provide remedial worksheets to 185,312 students through accelerated learning programmes in 16 districts – including the high-burden districts of Faisalabad and Lahore. As a precaution, Khyber Pakhtunkhwa’s Elementary and Secondary Education Department instructed district authorities to prepare assignments for children covering five weeks of content. These will be graded and added to students’ examination scores. UNICEF also supported Sindh’s School Education and Literacy Department to prepare guidelines on studying at home. These explain how to create What’sApp groups and Microsoft teams for students and teachers, and how to use these platforms to deliver homework, provide support and give feedback. They discuss teacher training on developing homework based on the compressed curriculum, as well as remote or on-site monitoring, weekly progress reviews and public service radio messages.
• **WFP** finished implementing school safety activities with Sindh’s School Education and Literacy Department. It is developing an emergency response e-learning module for students and teachers; WFP will support the module’s launch by providing ICT equipment to the department. The agency also kickstarted an education support programme for adolescent girls in the Newly Merged Districts of Khyber Pakhtunkhwa, which will boost family incomes to help get girls back to school.

• **UNICEF** trained 2,705 School Management Committees on safe school operations and 30,112 teachers on mental health and psychosocial support (MHPSS). Before schools closed, District Monitoring and Health Teams regularly monitored the implementation of SOPs in schools. To date, UNICEF has reached 1,708,347 School Management Committee members, teachers and education personnel with COVID-19 prevention information via SMS messages, ‘robocalls’ and social media.

• **UNFPA** strengthened the computer laboratory at the Regional Training Institute of Balochistan’s Population Welfare Department in Quetta. This will enable students to access digital learning through UNFPA’s implementing partner, Pathfinders International. The institute will serve as a hub that facilitates quality education and family planning services through trained health care providers, while providing information on COVID-19.

• **UNESCO** revised a health and education guidebook with Sindh’s School Education and Literacy Department. The manual is now available in Urdu, English and Sindhi. A pool of 60 master trainers will be trained to use the manual to orient teachers and students; 20 of them were trained in December.

• **UNICEF** package has been used to train 6,705 social workforce professionals to date (3,487 women and 3,218 men) on psychosocial support and stigma prevention across all of Pakistan’s provinces. Trained social workers delivered psychosocial support services for 52,640 parents, caregivers, children and adults during the reporting period, bringing the total number reached to 114,857 (11,594 girls, 12,003 boys, 47,719 women and 43,541 men) in Balochistan, Khyber Pakhtunkhwa, Sindh and Gilgit-Baltistan. Among them, 46,853 people (6,921 girls, 5,907 boys, 18,839 women and 15,186 men) received specialized counselling in Balochistan, Khyber Pakhtunkhwa and Punjab.

• **UNICEF’s** stigma prevention messages reached over 9 million people in the reporting period, raising the total number reached to 45.6 million. Messages on violence against children and online safety reached 5.3 million people (1.27 million girls, 1.34 million boys, 1.28 million women and 1.42 million men) in Balochistan, Punjab and Sindh. To date, 868 children have accessed UNICEF-supported child protection services in Sindh and Balochistan (198 girls and 670 boys), including 239 children reached in this reporting period.

• **IFAD’s** Southern Punjab Poverty Alleviation Project championed secure land tenure, housing security and local work opportunities during the pandemic. It approved grants to purchase 83 plots for landless households and started building 88 small houses for extremely poor families.
• UNDP continued to support Khyber Pakhtunkhwa’s Prison Department and judiciary to protect prisoners from COVID-19 by reducing overcrowding in prisons. Forty prisoners have been freed thanks to legal support for prisoners allegedly involved in petty offences.

5. SUPPORT FOR SURVIVORS OF GENDER-BASED VIOLENCE

• WFP distributed 110,996 brochures and 529 banners to communities and partners as part of the 16 Days of Activism against Gender-Based Violence. It also launched a social media campaign to raise awareness of GBV during the COVID-19 pandemic.

• UNFPA supported its NGO partner Rozan to conduct training on gender-based violence – including on mental health and psychosocial support services, case management and referral mechanism – for its governmental and non-governmental implementing partners. One of these was a training of trainers initiative for UNHCR field teams at the national and provincial levels.

• UNODC, UN Women and UNFPA curated a series of thematic webinars on sexual and gender-based violence (SGBV), engaging criminal justice stakeholders and civil society actors. The webinars focused on three key ‘streams’: strengthening access to, and the availability of, essential services for SGBV survivors, accelerating the reporting of SGBV, and improving access to e-justice. The webinars improved understanding of SGBV and the challenges that survivors’ face, examined current laws and SOPs, and sought identity recommendations for preventing and better responding to violence.

• UNODC developed policy briefs on gender-based violence for criminal justice actors, provincial authorities – including Women Development Departments – and civil society. These highlight the crisis facing women and girls in the absence of effective response and referral mechanisms. The briefs offer immediate and mid-term recommendations for collective action by the criminal justice system, provincial governments, Women Development Departments, civil society and the media to address the increased risks that COVID-19 presents for women and girls. UNODC is also delivering a module on gender-based violence in all its virtual trainings for prison staff and police during the pandemic.

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

• UNDP concluded its Cash-for-Work COVID-19 Rapid Response Project in nine villages of Peshawar, Khyber Pakhtunkhwa, in October 2020. Since the project began in June, it created short-term employment for 1,010 people, including 344 women. The COVID-19 awareness raising campaign launched by the project continued in December. Videos were displayed on a digital screen mounted on a vehicle, which traversed Peshawar’s main roads. UNDP also launched 14 public service awareness (PSA) messages in Urdu and Pashto. These will be aired daily on the FM 101 radio channel until the end of January 2021.

• UNDP launched a cash-for-work initiative in Balochistan with two main components: rehabilitating government centres and a Clean and Green tree planting drive. Balochistan’s Forest Department selected tree species and locations to plant them in. UNDP’s implementing partner, the Taraqee Foundation, began rolling out the Clean and Green Jobs project and tree planting with the Balochistan Command and Operation Centre and Forest Department. It is also resolving payment issues raised by daily wage workers.

• UNDP continued supporting small enterprises to bolster business continuity during the COVID-19 pandemic. The Small and Medium Enterprise Development Authority (SMEDA) reviewed an online platform developed by UNDP to help SMEs create their own websites and pursue online commerce. UNDP’s COVID-19 Socio-economic Survey of 973 SME owners explored the pandemic’s impact on their businesses. It also finished collecting data from 1,000 respondents for a COVID-19 Knowledge, Attitudes and Practices (WASH) Survey in Khyber Pakhtunkhwa.

• UNDP-backed training and mentoring supported young people’s innovative business ideas in Khyber Pakhtunkhwa’s Newly Merged Districts. Pitching sessions helped 34 trainees from Khyber, North and South Waziristan (eight women and 26 men) practise presenting their plans to a panel of judges. In the reporting period, 93 entrepreneurs (42 women and 51 men) received the first tranches of their incubation grants.

• The ILO organized a training course on ‘Labour migration trends in the Pakistani media 2017–2020’ with the Centre of Excellence in Journalism at the Institute of Business Administration, as well as a course for media professionals on reporting on forced labour and fair recruitment. A programme developed with the Ministry of Overseas Pakistanis and Human Resource Development will train returning Pakistani migrants on key entrepreneurial approaches: Generate Your Business Idea (GYB) and Start Your Business (SYB).

• The IFAD-assisted National Poverty Graduation Project – under the Government’s Poverty Alleviation and Social Safety Division – validated extremely poor households in 388 union councils across 23 districts. Over 5,000 ‘ultra-poor’ households were identified to receive productive assets and interest-free loans.
36-year-old Bhagwanti lives with her family of nine in Taluka Kunri, a town in Sindh’s district of Umerkot. Her husband used to be a master tailor, but an accident left him bedridden and unable to earn. Between them, her brothers-in-law barely earned a few dollars a day. Bhagwanti yearned to lift her family out of poverty by turning the small stall outside their house into a grocery shop. It seemed a distant dream, until the IFAD-supported National Poverty Graduation Programme got involved. It helped Bhagwanti secure the resources she needed to set up her own shop. Now, her husband and brother-in-law run their family shop together, earning PKR 700–800 per day (US$4–5).

“I considered that time [of COVID-19] an opportunity,” explains Bhagwanti. “[I] selected three different points for selling my fruits at specific times. During the pandemic my sales increased significantly compared to normal days.”

Khatoon Begum has had to depend on men all her life. Traditions are deep rooted in this corner of Shangla, Khyber Pakhtunkhwa; working outside the home simply isn’t an option for most women. Her husband, Khan Muhammad is the only breadwinner for their family of eight. Selling local greengrocers’ produce on his hand-held cart, his income was barely enough to sustain them. The IFAD-supported National Poverty Graduation Programme secured the assets that their family needed to set up their own business. Now, they save PKR 100 (US$0.62) every day and invest it in a local Rotating Credit and Savings Association.

“On my turn when I will get money from the monthly committee draw,” says Khan Muhammad, “I will use the PKR 30,000 (US$186) to establish a proper fruit and vegetable shop in the market.” With their earnings, they aim to educate their children.
The ILO completed the first draft of its landmark report, *Livelihood protection and youth employment in response to COVID-19 in Pakistan*, which it shared with the Planning Commission. It also finalized its *Rapid assessment of the impacts of COVID-19 on labour migration governance, recruitment practices, and migrant workers in Pakistan*.

### IV. MACROECONOMIC RESPONSE AND MULTILATERAL COLLABORATION

#### RESEARCH

**UNICEF** developed policy recommendations on increasing allocations for children, based on its analysis of Pakistan’s budget for the 2020–21 fiscal year.

**UNICEF** restarted work on Azad Jammu and Kashmir’s *Multiple Indicator Cluster Survey* (MICS) which was postponed by the pandemic. Government endorsement of Sindh’s MICS data has been delayed by the second wave of COVID-19.

### V. SOCIAL COHESION AND COMMUNITY RESILIENCE

#### TRAINING AND OUTREACH

**UNDP, UNESCO, UNFPA, UNHCR** and **UNICEF** continued to collaborate on engaging young people in governance beyond the COVID-19 pandemic. Ten more Youth Ambassadors were trained, bringing the total number trained to 130. They have, in turn, trained 974 young people and reached 3,720 people with COVID-related safety messages. Mentoring sessions helped the 28 participants of the *Youth Innovation Challenge* – including 10 adolescents between 15 and 18 years old – take their projects forward.

**UNFPA** continued its *Neighbourhood Watch Project* with local partners in urban slums across six areas of Karachi. The project engaged 1,224 community health workers, who reached out to 600,000 households with COVID-19 messages and support for accessing sexual and reproductive health services. Awareness raising slogans adorned rickshaws, while 48 radio programmes aired myth-busting messages and discussed the important role played by midwives. The project also trained 240 health care providers on COVID-19 case management.

**UNFPA** launched a video on women’s roles during the COVID-19 pandemic through social media channels and youth networks. Three audio dramas based on the video were used to reach 100,000 rural women with low levels of literacy.

**UNFPA** trained members of the Young Parliamentarians Forum on their role in contributing to, implementing and overseeing the Government’s COVID-19 response. Some 100 young journalists, all between 23 and 35-years-old, were trained on data-informed development journalism in the context of the pandemic. The training encouraged accurate, verifiable stories on the nature and spread of the pandemic, of hardships faced and the resilience of groups affected by COVID-19, and the Government’s policy and administrative actions to contain the virus.

**IFAD’s Southern Punjab Poverty Alleviation Project** helped to form 349 community organizations which engaged 4,780 people (4,734 women and 46 men) to strengthen social cohesion and community resilience. The project began delivering enterprise development training to 626 people (154 women and 472 men) in December 2020, and enrolled another 417 trainees in its vocational training programme. Skills development will expand livelihood opportunities and mitigate COVID-19’s economic impact. The project also held two conferences on getting grassroots actors involved in a community-led development approach – an approach that is sorely needed for robust outreach during the pandemic.

**UNICEF’s Country Representative** met with three ‘appreciative enquiry’ participants on World Children’s Day to learn how they are taking action as agents of positive change in their communities. Phase 2 of the Adolescent and Youth Engagement initiative focused on 27 high burden areas and three ECHO districts: Karachi, Larkana and Jaffarabad.