



UNITED NATIONS  
PAKISTAN اقوام متحدہ پاکستان



# BRIEF

## UNITED NATIONS RESPONSE TO COVID-19 IN PAKISTAN

Update 10 August 2020

### SUMMARY

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

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*“COVID-19 has laid bare the inequality of societies worldwide. We must turn adversity into an opportunity. Now is our chance to recover better by building more a resilient, inclusive and sustainable Pakistan. The United Nations stands with Pakistan to defeat the threat of COVID-19 and to make sure, as we do so, that we leave no one behind.” –*

– Julien Harneis,  
Resident and Humanitarian Coordinator,  
United Nations Pakistan

Saving lives, protecting people and recovering better – these are the cornerstones of the UN's response to COVID-19 in Pakistan. To support the Government to minimize, mitigate and manage the pandemic, the UN's response is three-fold. First, an immediate WHO-led health response is working to suppress the transmission of the virus. Directed by the UN Resident Coordinator, UN agencies are assisting country-level coordination, planning and monitoring for a more effective COVID-19 response. We are using risk communication and community engagement to raise awareness of how to stay safe, through helplines, radio outreach, and engaging key players – from law enforcement to youth. UN myth busting is battling the tide of COVID-19 myths by increasing the volume and reach of trusted, accurate information nationwide. Support for better surveillance and case identification is helping to pinpoint COVID-19 cases and get them the health care they need. Screening and capacity strengthening at points of entry aims to keep spikes at bay, while laboratories are gearing up to do more with UN support. In tandem, our infection prevention and control measures run the gamut from providing personal protective equipment (PPE), to building water, sanitation and hygiene (WASH) facilities and delivering training, so that workers on the frontline and behind the scenes can tackle this pandemic head on.

Second, our humanitarian response is addressing the humanitarian impacts of the COVID-19 pandemic on the most vulnerable groups in the country, from Afghan refugees to marginalized Pakistani communities.

Third, our socio-economic response is confronting the human crisis that COVID-19 has wrought on Pakistan's society and economy. This socio-economic response is guided by the five pillars of the UN's COVID-19 Pakistan Socio-Economic Framework. Our first priority is health. As we focus on the immediate health response to COVID-19, we are making sure that the health system continues to deliver quality services for all, especially mothers and children, people living with HIV/AIDS, and those suffering from other illnesses, like tuberculosis and hepatitis. With our second pillar, on social protection and basic services, we are prioritizing social protection services, food security and good nutrition, the continuity of learning, the planning for the re-opening of schools, and services for survivors of gender-based violence. Our third pillar is economic recovery, giving pride of place to the most at-risk, including women, transgender persons and vulnerable groups. Through research and policy dialogue we are promoting multilateral collaboration and macroeconomic response. With our fifth pillar, we are reaching out across the country to advance social cohesion and community resilience by sensitizing the public and engaging the immense potential of Pakistan's youth.

The UN thanks the generous donors who supported the COVID-19 response actions highlighted in this brief, including the Bill & Melinda Gates Foundation, the European Union, the Japan International Cooperation Agency (JICA), the United Kingdom's Department for International Development (DFID), and the Governments of Australia, Canada, the Czech Republic, Germany, Japan, Norway, the Netherlands, South Korea, Sweden, and the United States of America.





## SUPPRESSING TRANSMISSION OF THE VIRUS



### COUNTRY-LEVEL COORDINATION, PLANNING AND MONITORING

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

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

#### PARTNERS PLATFORM

- **OCHA** and **UNRCO** oriented stakeholders on how to use the Partners Platform (<https://covid-19-response.org>) by coordinating with Provincial Disaster Management Authorities (PDMAs), provincial Departments of Health, WHO and UN agencies in Balochistan, Khyber Pakhtunkhwa and Sindh. This global tool by WHO tracks funding, standardizes health actions, and enables the procurement of medical supplies. So far, 21 donors have registered on the platform, with an outlay of US\$3.3 billion. This includes US\$540.8 million for the *COVID-19 Pakistan Preparedness and Response Plan (PPRP)* and US\$1.55 billion for the UN's socio-economic response. The total contribution delivered to date is US\$1.17 billion.

#### MEETINGS

- **UN Women** met with the Additional Chief Secretary of Khyber Pakhtunkhwa's Planning & Development to strengthen the UN's partnership with the department. Together, they will focus on implementing gender-related priorities and enhancing the capacities of the department's Social Protection and Gender Mainstreaming Unit for evidence-based planning and policy action.
- **UNDP** is facilitating coordination with the Planning Commission through the COVID-19 Secretariat set up to guide the Government's socio-economic response. Coordination meetings discussed support for five priority areas, for which the Commission will develop sectoral PC-1s. UNDP and **UNRCO** are also liaising with the Economic Affairs Division to prepare a *COVID-19 Response Plan/Appeal*.

#### TECHNICAL SUPPORT

- **UNFPA** recruited and deployed a senior public health expert, an epidemiologist and consultants to the Ministry of National Health Services, Regulation and Coordination to support strategic communications and data analysis, with a view to strengthening its COVID-19 response capacity.
- **FAO** seconded a nutritionist to the National Disaster Management Authority (NDMA) to support food security-related response.
- **UN Habitat** advocated for an urgent, integrated response to prevent COVID-19's spread and mitigate its socio-economic impact on the urban poor living in slums and informal settlements.

#### MONITORING

- **UNODC** began work on a survey to gauge COVID-19's impact on criminal justice institutions and public perceptions of its impact on their services in Sindh and Balochistan. The survey comprises three waves – with the first starting in 10 August 2020 – conducted once every three months.



## 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.

### HELPLINES

- **WHO** and **UNICEF** supported moves to scale up the *Sehat Tahafuz* Polio Helpline (1166) for the COVID-19 response. Helpline agents – whose number grew from 55 to 250, alongside 21 WHO-supported technical advisors (medical doctors) – took millions of calls. Two WHO staff members joined the helpline's new Oversight Management Team.

### AWARENESS RAISING

- **WHO** partnered with Facebook, WhatsApp and Google to design and disseminate messages using US\$ 500,000 worth of Facebook ad credits, a US\$1 million ad credit campaign with Google 'ad words' and YouTube, and by translating WHO's *Health Check* WhatsApp bot into Urdu.
- **WHO** and the Health Services Academy teamed up under the *We Care* programme to develop and translate videos on the use of PPE to raise awareness and train health workers. Advertisements in newspapers also raised awareness of protective measures. IEC materials produced on 35 IPC topics were translated into Urdu and regional languages, while 30,000 print copies were distributed to designated health facilities.
- **UNFPA's** electronic and social media awareness campaign reached 10.15 million people via videos, animation and flyers on COVID-related stress, gender-based violence and psychosocial support. The agency handed over 24,000 information, education and communication (IEC) materials to the provinces – covering hygiene, pregnancy, breastfeeding and maternity care – and helped provincial partners reprint and share materials on sexual and reproductive health. UNFPA's *Neighbourhood Watch* project raised awareness among 300,000 people on COVID-19 and sexual and reproductive health (SRH) in six districts of Karachi, thanks to 600 volunteers, including youths, transgender people and women activists. Messages on COVID-19 and SRH messages were emblazoned on 36 rickshaws and championed through 16 interactive radio programmes. A helpline set up to link women with SRH services received 4,000 calls.
- **IOM** reached 100,000+ people by: (i) providing 'preventive and protective' information to families and communities to limit person-to-person transmission and reduce secondary infection; (ii) promoting positive preventive and response behaviour among families and communities; (iii) communicating critical risk and event information to communities to counter misinformation; and (iv) engaging with communities to collectively respond to COVID-19.
- **UNDP** is supporting public health-related strategic communication by the Government of Khyber Pakhtunkhwa. It prepared a booklet on COVID-19 SOPs for Eid-ul-Azha on precautionary measures, and a video on a 'smart lockdown'. UNDP's Local Government Ambassadors in the Merged Districts reached 7,628 people – including 2,548 women – with a mass awareness campaigns, conducted 106 disinfection activities, and displayed eight banners and 1,044 posters in public places.
- **UNHCR** raised awareness through community interaction, messaging on social media and telephone calls.
- **UN Habitat** raised awareness to evoke behaviour change in urban slums, using IEC materials and creating *Virtual Community Coordination Platforms* (VCCP) to disseminate messages on hygiene and prevention. It also raised shopkeepers' awareness of Government SOPs.
- **UNESCO** is organizing a webinar on *Artificial intelligence, Advanced ICTs: Human rights and development intersection* to foster solution-oriented discussions on the COVID-19 response.

### RADIO OUTREACH

- **WHO** developed radio messages that will be disseminated via national radio channels in Urdu.
- **UN Women** used social media, the mainstream media and radio campaigns to sensitize people on COVID-19's gendered impact and implications. Its radio campaign in five Merged Districts of Khyber Pakhtunkhwa (Kurram, Khyber, Orakzai, North and South Waziristan) raised awareness of respiratory hygiene, social distancing, coughing etiquette, and handwashing. To highlight women's resilience and leadership during COVID-19, it published a story of a woman health worker as part of its storytelling series.
- **FAO** developed radio programmes on the COVID-19 response. Over 280 radio 'promos' are due to go on air, and 18 radio shows will be broadcast over 9 weeks on four major station in Khyber Pakhtunkhwa. A FAO nutrition expert with the *FIRST Programme* promoted healthy diets during COVID-19 on a programme broadcast on all Radio Pakistan channels. In Sindh, technical experts gave interviews on nutritious diets.

### ENGAGING FARMERS

- **FAO** incorporated COVID-19 awareness raising in all its activities, including awareness sessions with farmers. Many sessions were incorporated in the activities of FAO's Farmer Field Schools across all provinces. Through frontline workers, FAO reached out to thousands of farmers every week. In Punjab, livestock management sessions stressed the importance of hygiene. Sessions ahead of Eid-ul-Azha, encouraged livestock farmers and communities to follow the Government's Standard Operating Procedures (SOPs).

- **FAO** also raised awareness among rural farming communities in remote parts of Pakistan, both online and in the field. The *FIRST Programme's* interactive sessions on healthy diets were attended by farming households, including women and children. Awareness campaigns targeted rural shoppers, especially women, while 3,600+ information sheets on COVID-19 sensitized rural communities on COVID-19.

#### MYTH BUSTING

- **UNHCR** intensified messaging to dispel COVID-related myths, misconceptions and stigma in refugee communities.
- **WHO** engaged medical practitioners, religious leaders and media professionals to address myths and misconceptions surrounding COVID-19, while encouraging public health measures during Eid celebrations, including through mosque announcements during Friday prayers and. The network disseminated over 5,000 social media messages to raise awareness.

#### ENGAGING LAW ENFORCEMENT

- **UNODC** and the Federal Investigation Agency developed a quarterly newsletter on COVID-19's projected impact on trafficking, smuggling, and stakeholders' emerging priorities. UNODC also launched a targeted awareness campaign to sensitize law enforcement and criminal justice stakeholders on risks and prevention measures. It printed 2,000 posters, delivered IEC materials to police stations, the public and courts, produced short animated videos, and shared public service messages through social media platforms and radio stations.

#### ENGAGING YOUTH

- **UNHCR, UNICEF, UNDP, UNFPA** and **UNESCO** and partnered on a joint youth engagement programme for the COVID-19 response, engaging young people as educators and agents of change in their communities. Side by side, young refugees and Pakistanis took part in training on infection prevention, their responsibility in the community, coping with psychological and emotional challenges, building solidarity, and supporting other young people. As part of this programme, UNESCO fostered youth engagement on media and information literacy – including through training – to address misinformation and COVID-related information overload.



## SURVEILLANCE, RAPID RESPONSE TEAMS AND CASE INVESTIGATION

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

#### SURVEILLANCE

- **WHO's Health Emergencies Programme** hired an epidemiologist and data managers to strengthen federal and provincial government capacities for surveillance, case detection, investigation and rapid response. The polio surveillance structure – of 3,563 polio surveillance sites and 10,748 weekly zero reporting sites – is generating COVID-19 surveillance data. It also trained 19 provincial and district Rapid Response Teams.
- **UNDP** enhanced the crisis management capacity of Khyber Pakhtunkhwa's Command and Control Centre, regularly collected district level data, and helped the provincial Department of Health and Emergency Operation Centre implement a real-time clinical data system –improving patient data accuracy by 90% and the timeliness of daily situation reports by 5 hours per day.

#### IDENTIFYING CASES

- **WHO** supported the active case finding of influenza like illnesses (ILI) and severe acute respiratory infections (SARI), alongside COVID-19 testing, through the surveillance teams of the *Health Emergencies Programme* and the *Polio Eradication Initiative*. As of mid-May 2020, SARI/ILI surveillance began in major cities, including COVID-19 testing. To date, 1,518 SARI cases have been tested – 611 of which (40.25%) were confirmed as COVID-19 cases – as have 2,303 ILI cases, 366 of which (15.89%) were COVID-19 cases.



## IV. POINTS OF ENTRY

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

#### SURVEILLANCE

- **WHO's** support for screening at points of entry – including airports, sea ports and land crossings – involved assistance for screening-related data management. In total, 1.2 million travellers were screened at airports between 23 January and 7 July 2020, as were 381,903 people at land crossings. A health information desk – replete with human resources and advocacy materials – was set up to raise public awareness.



#### CLASSIFICATION

- **IOM** tracked potential cross-border disease transmission by using its flow monitoring data reports to delineate geographical zones in Pakistan and Afghanistan, and classify points of entry at the two official border crossings between the countries – Torkham and Chaman.

#### SUPPLIES

- **WHO** provided supplies at points of entry – including 5,000 protective personal equipment (PPE) kits, 118 thermal guns, 50,000 examination gloves, and alcohol-based hand sanitizers.
- **IOM** began the procurement of PPE for surveillance teams at IOM project sites – including N-95 and K-95 masks, protective goggles and face shields – at the request of health posts at points of entry. IOM and government counterparts bought ambulances to transport suspected patients to the nearest hospitals and quarantines facilities, and medical equipment to upgrade health facilities at Torkham and Chaman.

#### TRAINING

- **IOM** and government counterparts provided capacity building trainings to health teams responsible for providing emergency resuscitation and intensive care for patients.
- **WHO** conducted a *Baseline Capacity Review Assessment*, delivered capacity building training for staff at points of entry, developed SOPs for arriving and departing passengers.



## LABORATORIES

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

#### GUIDANCE

- **WHO** supported the development of national guidance on a laboratory testing strategy, the prioritization of risk groups for testing, the process of authorizing laboratories to conduct testing, proposed categories of COVID-19 labs, and guidance on the collection, storage and transport of specimens for testing.

#### NEW LABS

- **WHO** engaged with the provincial regulatory bodies to assess and authorize new COVID-19 polymerase chain reaction (PCR) laboratories and conduct on-site laboratory visits for quality assurance purposes.

#### LAB SUPPLIES

- **WHO** donated eight real-time PCR machines and 15 point of care (POC) automated PCR machines to the NDMA, the National Ministry of Health and provincial Departments of Health. It also provided sample collection materials and SARS-CoV2 testing kits for over 40,000 tests to enhance laboratory testing and support SARI surveillance.

#### TRAINING

- **WHO** trained laboratory staff across all four provinces on sample collection, packaging and transporting COVID-19 samples, the appropriate use of PPE, and molecular diagnostics. It also provided four skilled laboratory staff members to national and provincial laboratories.



## 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.

### SOPS

- **WHO** assisted the development of federal and provincial IPC guidelines, plans, and SOPs. It hired five IPC experts – one for each province, and one for Islamabad Capital Territory – to support the Government, and assigned 40 WHO staff members of the *Expanded Programme on Immunization (EPI)* and the *Polio Eradication Initiative (PEI)* to aid the implementation of IPC measures for the COVID-19 response.
- UN Women supported the development of gender-sensitive SOPs for quarantine centres in Balochistan and Khyber Pakhtunkhwa.

### PPE

- **WHO** supported quality assurance, procurement and the provision of protective personal equipment (PPE) and IPC supplies. It distributed supplies worth US\$300,000 to provincial Departments of Health, points of entry, hospitals, intensive care units, isolation centres, and quarantine facilities. IOM also provided PPE for frontline responders, while UNFPA has supplied health workers with nearly 40,000 PPE and hygiene kits to date through the NDMA, PDMA, and provincial Departments of Health and Population Welfare.
- **UNHCR** continued to distribute PPE to health staff, refugee leaders, outreach volunteers, refugee communities and street food vendors. It finalized plans to procure medical equipment for six tertiary and 10 district hospitals in Khyber Pakhtunkhwa to enhance their COVID-19 response capacity and support the health system, particularly for admissions and outpatients.
- **UNODC** and the National Counter Terrorism Authority (NACTA) handed over 25,000 PPE kits to the NDMA, procured with the European Union's financial support in the context of Pakistan's Action to Counter Terrorism (PACT) project. UNODC and NACTA also agreed to distribute 5,000 more kits to the NDMA, 10,000 kits to the Khyber Pakhtunkhwa police, 7,500 kits to the Sindh police, and 2500 kits to prosecutors and judicial officials in Sindh.
- **FAO** became the first UN agency in Khyber Pakhtunkhwa to provide 1,400 PPE kits to the Department of Health through the Provincial Disaster Management Authority.

### HYGIENE KITS

- **UNFPA** conducted a rapid needs assessment of COVID-19's socioeconomic impact on the transgender community in Islamabad and Rawalpindi, to support the Ministry of Human Rights. In response, UNFPA and UNDP distributed 120 relief packages, including food rations and hygiene kits, to the transgender community in July 2020.

### WASH FACILITIES

- **UN Habitat** installed handwashing stations and WASH facilities in market places, streets and business areas in urban slums to disinfect high-risk areas.
- **UNHCR** enhanced WASH facilities in refugee village schools and health facilities, while supporting efforts to prepare for the re-opening of schools, in line with Government guidelines. Community-based teachers and watchmen, affected by school closures in Khyber Pakhtunkhwa, received financial assistance. UNHCR paired WASH infrastructure support with institutional and community level measures to sensitize Afghan refugees on hygiene, build capacity, and cement sustainability. In Khyber Pakhtunkhwa, it implemented interventions at health centres in 21 refugee villages in eight districts while providing handwashing facilities and incinerators, building new toilets and rehabilitating existing toilet blocks. Roughly 90% of the work on new boreholes, water pumps and related solar systems was completed. In Balochistan, UNHCR installed six hand pumps in refugee villages and host communities, identified nine sites for water supply schemes, and laid the groundwork for drilling three more boreholes in the Saranan and Surkhab refugee villages.

### CAPACITY BUILDING

- **UN Women** provided hygiene supplies and trained police, social workers, prison and shelter staff to strengthen services for survivors of gender-based violence, especially in hard-to-reach and high-risk settings.
- **UNODC** and Punjab's Prisons Department trained 61 prisons staff members and health care providers through two virtual training courses. These built capacities for HIV testing and counselling (HTC) in prisons to ensure that prisoners can easily access quality HTC services at all times. UNODC's virtual training on COVID-19 preparedness and response for 25 police officers in Punjab, including four women, equipped them to plan and respond to the current situation.
- **UNFPA** trained 1,144 health workers nationwide as master trainers on infection prevention and standard precautionary measures to combat COVID-19 through 63 on-site, virtual and blended trainings. They included workers in quarantine facilities, doctors, nurses, managers, support staff, cleaners, ambulance drivers and security guards. Since March 2020, UNFPA has trained over 3,000 health workers in Pakistan.
- **UN Habitat** trained sanitary workers on managing hazardous waste and separating it from domestic waste.
- **WHO** conducted an IPC assessment of health care facilities, and trained 13,185 health workers and 100,000 frontline Lady Health Workers (FLHWs) on the responsible use of PPE.



## QUARANTINE AND CASE MANAGEMENT

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

### TRAINING

- **WHO** supported the Government to strengthen case management capacity through training, equipment and supplies. The agency assisted training for clinicians on basic life support and intensive care through the Health Services Academy. Five senior consultants were hired to train 1,000 provincial health workers – including doctors and paramedical staff – on basic life support, using PPE, the critical management and handling of COVID-19 patients. Eleven sessions using WHO case management guidelines trained 174 clinicians – 77 in Punjab, 70 in Balochistan and 27 in Khyber Pakhtunkhwa – on managing mild, moderate and critical COVID-19 cases.



## 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.

### PROCURING SUPPLIES

- **UNDP** is assisting the NDMA to improve interprovincial coordination for better supply chain management and robust financial oversight mechanisms, in order to ensure inclusive access to services nationwide.
- **UNOPS** worked with the NDMA and Khyber Pakhtunkhwa's Department of Health on the emergency procurement of critical medical equipment. Funded by the Government of Japan, the project is in its early implementation stage.
- **WFP** continued to coordinate with the NDMA on the integration of different Logistics Management Information Systems (LMIS) in Pakistan to ensure the efficient procurement and allocation of medical supplies, while avoiding duplication. In response, the NDMA has agreed to use the LMIS in use by the Ministry of Health to ensure end-to-end visibility for all stakeholders.
- **WFP** is also supporting UN and government partners with up-to-date information on incoming shipments of COVID-19 medical supplies and PPE, while assisting the UNICEF-led national logistics assessment through inputs on logistics and warehouses.





## HUMANITARIAN RESPONSE

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

### FUNDING

- **OCHA** supported the revision of the Pakistan chapter of the *COVID-19 Global Humanitarian Response Plan (GHRP)*, where seven sectors – Education, Food Security, Health, Logistics, Nutrition, Protection and WASH – requested a total of US\$145.78 million. To date, donors have committed US\$38.9 million. OCHA's headquarters indicated that a further US\$5.5 million may be provided through the *Underfunded Window of the Central Emergency Response Fund (CERF)*.
- **OCHA** allocated US\$4.3 million – contributed by Germany and the United Kingdom – from the *Pakistan Humanitarian Pooled Fund (PHPF)* to improve food security in Balochistan.
- **OCHA** disbursed US\$2.5 million through the *Pakistan Humanitarian Pooled Fund*. Its five implementing partners – the Comprehensive Health and Education Forum (CHEF International), the Education Health Social Awareness Rehabilitation Foundation (EHSAR) and the Society for Human and Environmental Developmental (SHED) in Khyber Pakhtunkhwa, and the Balochistan Rural Support Programme (BRSP) and the Taraqee Foundation in Balochistan – are supporting health facilities by building the capacity of health care providers on IPC, coupled with the provision of PPE, infection detection kits, essential medicines and psychologist services. They are also engaging communities through awareness raising activities to contribute to RCCE.

### MEETINGS AND PILLARS

- The **United Nations Humanitarian and Resident Coordinator** visited a PHPF-funded health project in Sara Rogha, South Waziristan, on 22 July 2020. He commended the EHSAR Foundation for complementing the Government's COVID-19 response by supporting the outpatient department of three health facilities, using PHPF funding to provide free medical consultations and medication to hundreds of patients every day, leading public information campaigns and providing PPE, soap, masks, sanitizers and gloves in collaboration with local Health Departments.
- **OCHA** participated in, and provided coordination and advocacy support for, sectoral working group meetings. It arranged a meeting for the RCCE Pillar lead and key UN agencies with the Secretary of Khyber Pakhtunkhwa's Information and Public Relations Department to discuss RCCE activities and challenges. The Secretary reaffirmed the department's support and appointed a focal person to liaise with the RCCE Pillar and its members, including UN agencies.
- **UNHCR**, as co-chair of the Protection Sector Working Group, assisted the NDMA and PDMA to coordinate national and provincial COVID-19 protection interventions. This included identifying gaps, strengthening referral mechanisms, and monitoring the overall protection response.
- **WHO's** technical focal points provided extensive technical support and mentoring for all working groups notified by the NDMA and PDMA – including the Health, Protection (including Child Protection and Gender-based Violence), Nutrition and Water, Sanitation and Hygiene (WASH) Working Groups – to update the Global Humanitarian and National Humanitarian Plan for COVID-19. This involved strengthening joint advocacy, programming and project development, resource mobilization, institutional mechanisms and multi-sectoral collaboration.



- **UNFPA's** senior technical experts on gender-based violence and sexual and reproductive health assisted the NDMA, to strengthen the COVID-19 response's focus on women's health and rights. UNFPA co-chaired the GBV Sub-Working Group with the NDMA – facilitating coordination, technical backstopping and oversight to ensure effective, timely and multi-sectoral prevention, mitigation and response protection services for women, girls and vulnerable groups.
- **UN Women** is assisting the Humanitarian Coordinator and Humanitarian Country Team (HCT) to reactivate the Gender Humanitarian Task Force (GHTF) to provide strategic advice, programmatic support, coordination, capacity building, data generation, and evidence-based advocacy. UN Women will assist PDMA's in Punjab, Sindh and Khyber Pakhtunkhwa as the co-lead of recently notified Women and Child Protection Working Groups, with UNFPA's and UNICEF's support. As a key member of the GHRP protection sector, UN Women backed an integrated health system response for GBV survivors – including children, adolescents, persons with disabilities, and the elderly.
- **UN Women** spearheaded the community outreach risk communication campaign, *Safe Homes, Safe Communities*. Adapted from WHO's global *Safe Homes* campaign with the International Federation of Association Football (FIFA), the campaign addresses rights-based preventive health issues, including support for GBV survivors, and research to assess vulnerability to COVID-19.

**COMMUNITY  
OUTREACH**





## SOCIO-ECONOMIC RESPONSE

The UN Resident and Humanitarian Coordinator is leading the overall UN response to COVID-19 in Pakistan based on five key pillars, supported by the technical guidance of UN agencies, funds and programmes (AFPs). The RC/HC continues to meet federal and provincial government counterparts to extend UN assistance for the COVID-19 response.

### COORDINATION

- **UNDP** coordinated the development of the *COVID-19 Pakistan Socio-Economic Framework* to help guide socio-economic policies during the pandemic. It also assisted the development of Khyber Pakhtunkhwa's *Azm-e-Nau Economic Recovery Plan* by identifying and elaborating interventions, policy briefs and notes. Worth PKR 29 billion, the three-year plan to mitigate COVID-19's impact on the provincial economy includes 43 interventions across nine pillars – including health, the economy, small and medium-sized enterprises, employment, financing, social protection, emergency relief, education, and governance.
- **UNFPA**, the Ministry of Planning, Development & Special Initiatives, and the Ministry of National Health Services Regulation and Coordination developed a *COVID-19 Family Planning National Action Plan* featuring a proposed list of 'new normal' interventions. These are aligned with existing national and provincial strategies and targets, such as the recommendations of the Council of Common Interests (CCI) and Pakistan's commitment to the *International Conference on Population and Development (ICPD25)*. Forward-looking and progressive, the interventions are expected to set the stage for new ways of working, leveraging technological advancements to enhance efficiency and expand coverage.
- **FAO** provided the Ministry of National Food Security and Research with policy briefs on its perspectives on COVID-19's immediate and expected impacts on food security, livelihoods and agricultural markets. It developed a food price monitoring mechanism-dashboard for the Ministry's use, and continued to issue a weekly *Price Monitor* of food and agricultural items.
- **UNICEF**, with support of the World Bank, assisted the Government to develop Pakistan's *National Education Plan for Education Response and Resilience for COVID-19* and coordinated support for provincial plans for COVID-19 education response, recovery and resilience.

### EVENTS

- **UN Women's** webinar on the *Gendered impact of COVID-19: The role of the private sector* highlighted promising practices, challenges and solutions to address women's needs and concerns. Panellists included representatives of the senior management of Unilever, Jazz, Interloop, and Engro.
- **UNESCO's** webinars on 8 July 2020 engaged artists, performers and cultural professionals to assess COVID-19's economic impact on the creative arts. They discussed innovative solutions to sustain the livelihoods of artisans, craft producers, creative entrepreneurs and people associated with culture sector. UNESCO re-oriented its cultural initiatives to address COVID-19's impact and engage the most marginalized communities in income generation interventions. It also organized a webinar on *COVID-19 and its relationship with nature: Build back better* with the World Wide Fund (WWF) on 21 July 2020.

### RESEARCH

- **UN Habitat's** rapid assessment of two urban slums assessed socio-economic conditions and access to services during the pandemic. This will help shape the policy response to COVID-19 in urban slums.



- **UNESCAP's** policy paper on *COVID-19 and South Asia: Socio-economic impacts, national strategies and sub-regional cooperation for building back better* estimates that the COVID-19 crisis could push as many as 132 million people in South Asia into extreme poverty (US\$1.9 per day). Most will be in India, Bangladesh and Pakistan, where 11.71 million will be affected. To date, Pakistan's stimulus package for economic revival, health and social protection amounts to 7% of GDP – less than in Bangladesh (11%) and India (14%). The paper recommends cooperation between South Asian countries to manage the crisis and recover better.



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

### MATERNAL AND CHILD HEALTH

- **WHO** developed interim guidance on the continuation of essential reproductive, maternal, child, newborn and adolescent health (RMCNAH) services, as well as clinical guidelines on the management of pregnancy in the context of COVID-19. It adopted alternative approaches to build health care providers' telemedicine, developing a virtual training course on sexual and reproductive health. Three workshops engaged doctors and midwives involved in telemedicine services nationwide, organized with COMSATS University, the Human Development Foundation, Sehat Kahani, and the Ministry of National Health Services.

### HIV/AIDS

- **WHO's** technical guidance helped the Ministry of National Health Services develop an emergency contingency plan to ensure the uninterrupted supply of antiretroviral therapy (ARV) for people living with HIV through multi-month dispensing, the disbursement of drugs through courier services and community-based organizations, backed by a vigilant monitoring system.

### TUBERCULOSIS

- **WHO** supported the National Tuberculosis Programme's IPC assessment of tuberculosis care at primary health facilities to identify gaps and advance action planning based on well-defined roles and responsibilities. WHO's guidance on maintaining tuberculosis services provided the basis for developing a contingency plan. It also printed IEC materials on tuberculosis and COVID-19 for 1,800 basic management units.

### HEPATITIS

- **WHO's** guidance on the continuity of services and the home delivery of direct-acting antivirals aided the National Programme Management Unit on Hepatitis, and Hepatitis Control Programmes in Punjab and Sindh.



## II. PROTECTING PEOPLE: SOCIAL PROTECTION AND BASIC SERVICES



### 1. SOCIAL PROTECTION

#### CASH ASSISTANCE

- **UNHCR's** emergency cash assistance reached more than 22,000 vulnerable Afghan families by 22 July 2020, and is being distributed to another 14,568 families. It expects to provide emergency cash support to 70,000 refugee households. This unique intervention with the Pakistan Post and the Ministry of States and Frontier Regions (SAFRON) mirrors the Government's *Ehsaas* emergency cash programme.
- **IOM** aims to implement cash assistance programmes aligned with efforts by *Ehsaas* and provincial social safety nets to identify and assist the most vulnerable Afghan Citizen Card-holders and undocumented Afghans in Pakistan. IOM will facilitate access to testing services and, with Ministry of National Health Services, will identify communities in need of access to handwashing facilities. Once identified, IOM will procure and provide soap dispensers and install battery-operated handwashing stations.
- **UNDP** is supporting the Government of Sindh to develop a website and mobile application to provide psychosocial support to vulnerable and at-risk people, including COVID-19 patients, their families, health professionals and survivors of gender-based violence.

#### ASSESSMENTS

- **UNDP's** socio-economic assessment of COVID-19's impact on transgender communities helped the Ministry of Human Rights and provincial partners to protect transgender persons' rights. UNDP supported the ministry to distribute relief packages to transgender persons in Islamabad and Rawalpindi.
- **UNAIDS** and the Association of People Living with HIV (APLHIV) carried out a rapid assessment of COVID-19's impact on people living with HIV in Pakistan. Its findings reveal their emerging needs in light of the crisis. Conducted between 5 and 22 May 2020 with 492 respondents from Islamabad Capital Territory and all four provinces, the assessment provides recommendations for the Government, development partners and civil society, including APLHIV. The assessment report is being disseminated to inform the design, implementation, and funding priorities of the federal and sub-national COVID-19 response.



## 2. FOOD AND NUTRITION

### ANALYSIS

- **FAO** conducted an analysis of COVID-19's effects on veterinary service delivery for dairy farmers in Karachi and Bahawalpur. A detailed report will be finalized by mid-August.
- **FAO, WFP, WHO** and **UNICEF** are preparing the 2020 edition of the *Pakistan Overview of Food Security and Nutrition* (POFI). It will provide quality national statistics on food insecurity and malnutrition, including an assessment of the impact of COVID-19 and other emergencies on the resilience of Pakistan's food system in 2020.
- **WFP, UNICEF, FAO, WHO** and the National Ministry of Health Services finalized the concept note and indicators for a *Food Security and Nutrition Surveillance System* – with an estimated annual budget of US\$950,000 – to monitor COVID-19's impact on household food security and nutrition. The UN is mobilizing resources to begin the first round of data collection using SMART surveys.

### FOOD ASSISTANCE

- **FAO** provided 228.2 tonnes of vegetable and crop seeds to around 12,975 households to improve agricultural production and food security in Khyber Pakhtunkhwa's Merged Districts.
- **WFP** is finalizing preparations to provide emergency food assistance to over 120,000 people in Khyber Pakhtunkhwa and Balochistan. While 33% will receive in-kind food support for three months, the rest will receive cash assistance to help them cope with the pandemic's economic fallout. All beneficiary mobilization, registration and distribution activities will follow WFP's COVID-19 SOPs to minimize the spread of, and exposure to, the virus.

### INPUTS

- **FAO's** *Building Disaster Resilience in Pakistan Programme* reached 9,000 small-scale farmers with agricultural inputs and livestock support to reduce COVID-19's impact on their livelihoods.

### MANAGING MALNUTRITION

- **WFP** finalized preparations to scale up its *Community-based Management of Acute Malnutrition* (CMAM) programme in Khyber Pakhtunkhwa to target 38,000 children under the age of five and pregnant and lactating women.
- **WHO** provided supplies as in-kind donations to nutrition stabilization centres across Pakistan. It developed simplified guidelines for the in-patient treatment of acutely malnourished children with medical complications in the context of COVID-19, which were endorsed by the national Nutrition Working Group led by the Ministry of National Health Services. WHO also established Maternal, Infant and Young Child Nutrition (MIYCN) Corners in nutrition stabilization centres. To date, 1,973 pregnant and lactating women have received MICYN counselling sessions.

### TRAINING

- **WHO** developed an IPC training package for the staff of nutrition stabilization centres and out-patient therapeutic programmes, delivering virtual and real-time training in Sindh and Punjab.
- **FAO** developed messages on food safety and COVID-19, which will be incorporated in training and awareness raising. It integrated gender in all planning and programmes, highlighting women's and girls' needs and vulnerability in access to safe food, good nutrition, decent incomes, and social protection.

### TECHNICAL SUPPORT

- **FAO** signed a Letter of Agreement (LoA) with Khyber Pakhtunkhwa's PDMA to assist its response to COVID-19 and climate hazards. The agency also supported the District Commissioners to run *Eid mundis* (markets) in Balochistan's districts of Nushki and Kharan.



## 3. EDUCATION

### REMOTE LEARNING

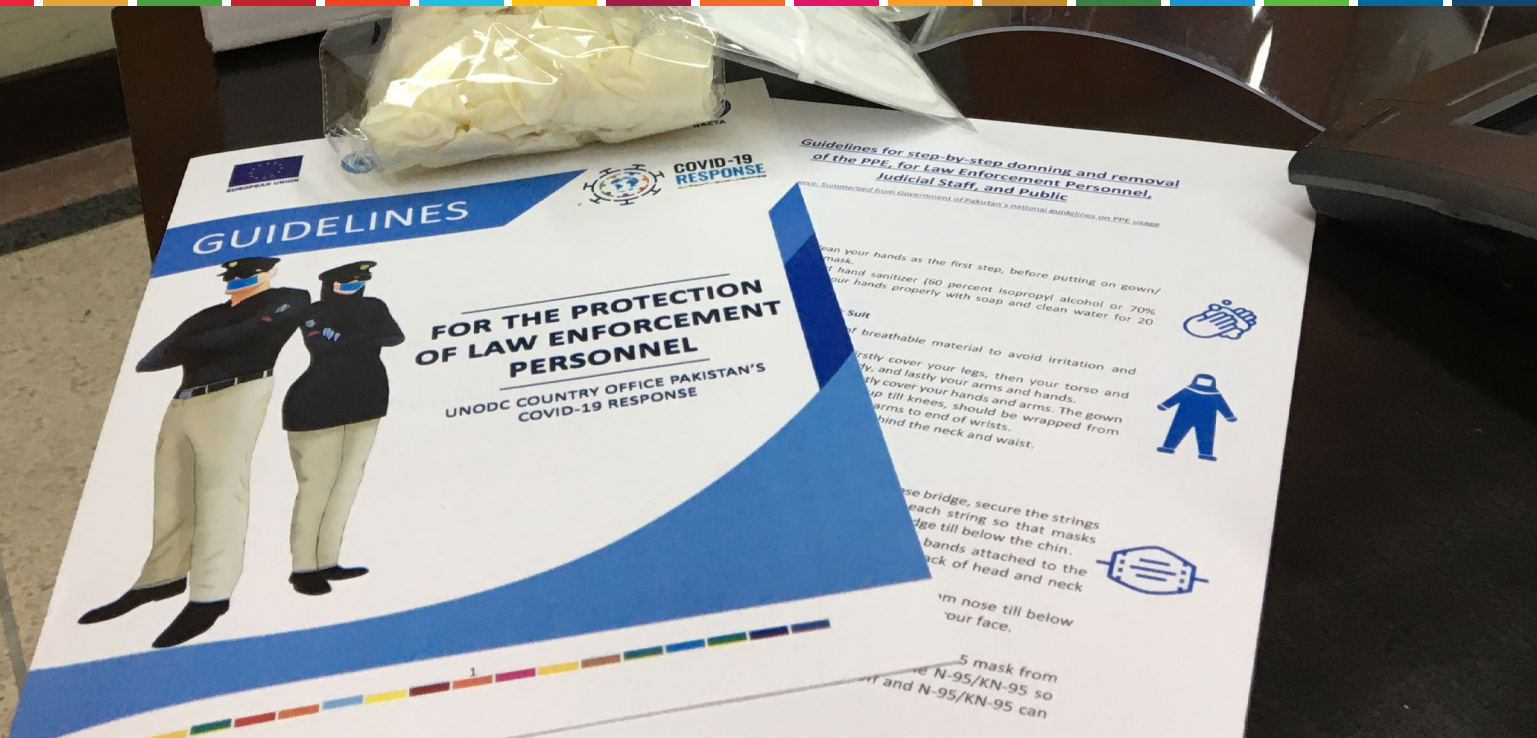
- **UNESCO** engaged the POWER 99 Foundation to broadcast radio programmes as of August 2020 for primary school children in Grades 1–3, especially those unable to access digital technologies in 18 marginalized districts. An initial rapid assessment is ongoing in seven districts. The broadcasts will follow the approved curriculum and students learning outcomes. They will be inclusive of the arts and culture, and will address COVID-19 prevention and preparedness via public service messages, infomercials, jingles, and 'infotainments'. Implementing partners will facilitate access to their contents by students, parents and communities.
- **UNICEF** and the World Bank are supporting the Ministry of Federal Education with a pedagogical approach, lesson plans and two weeks of programming for the *TeleSchool* programme, a distance learning initiative broadcast on the Pakistan Television Network.

### RE-OPENING

- **UNESCO** and its implementing partners developed plans for the safe re-opening of schools.

### TRANSFERS

- **WFP** and Khyber Pakhtunkhwa's Department of Education signed an agreement for a new cash-based education safety net, targeting 20,000 girls in secondary education in the province's Merged Districts and Frontier Regions. Cash transfers will be unconditional while schools remain closed, before becoming conditional on attendance once schools re-open to incentivize parents to send their daughters back to school. The first transfers are planned for mid-August.



## 4. CONTINUITY OF SOCIAL SERVICES AND ACCESS TO SHELTERS

### SRH AND GBV

- **UNFPA**-supported Women-Friendly Health Spaces for Afghan refugees in Balochistan, Khyber Pakhtunkhwa and Sindh remained functional, supporting COVID-19 case management, referrals, and basic GBV and SRH services. These included care for pregnant women, safe deliveries, emergency obstetric and newborn care, postpartum care, family planning, and the prevention of sexually transmitted infections. Overall, 1,330 women – 712 in Balochistan and 618 in Khyber Pakhtunkhwa – accessed these spaces and participated in awareness sessions.
- **UNFPA**'s 20 Static Health Centres in host communities and three mobile medical units in refugee camps ensured the continuity of integrated SRH and GBV services. Skilled birth attendants attended an average of 675 women per month between February and June 2020 and 4,676 Afghan refugees and women in host communities accessed family planning services.

### ADVICE

- **UNFPA** and the Population Council launched a reproductive health helpline for women to seek counselling and advice from gynaecologists on family planning, maternal health and newborn care. Within its first 10 days, it received 200 calls from women eight cities.

### DIGNITY KITS

- **UNFPA** distributed 4,000 dignity kits in all provinces to help women maintain personal hygiene during the COVID-19 crisis, in partnership with provincial departments of Social Welfare and Women Development, PDMA, Sindh's Commission on the Status of Women and the National Commission on the Status of Women.



## 5. SUPPORT FOR SURVIVORS OF GENDER-BASED VIOLENCE

### HELPLINES AND SERVICES

- **UN Women** helped the Digital Rights Foundation ensure that its *Cyber Harassment Helpline* remains available 24/7 to provide psychosocial support for callers. UN Women's assistance for national and provincial partners to strengthen GBV response helplines will generate data to inform evidence-based interventions and policies to tackle the surge in GBV and harassment.
- **UN Women** supported the Ministry of Human Rights' national helpline by integrating a panic button equipped with geo-tagging to enhance swift redressal support, offering an SMS helpline, and including referral pathways for GBV survivors affected by COVID-19.
- **UNFPA** supported Rozan's helpline for GBV survivors in Khyber Pakhtunkhwa, which responded to 2,278 calls – 1,401 by women and 1,036 by men – in 130 cities. UNFPA is replicating this model of tele-psychosocial counselling, system strengthening, and standards setting for psychosocial support with a focus on GBV for other provinces.

### DIALOGUE

- **UNODC** promoted dialogue between criminal justice stakeholders to improve response to sexual and gender-based violence. A webinar that engaged 55 professionals – including 31 women – improved understanding of the challenges survivors face, while identifying ways to respond better and mitigate risks. It explored how to increase access to e-justice, improve coordination between judges, prosecutors, lawyers and complainants, and operationalize GBV courts.



#### CAPACITY BUILDING

- **UNFPA's** partner Rozan conducted three trainings for 46 response team members from the Punjab Safe Cities Authority, the Punjab Commission on the Status of Women, Khyber Pakhtunkhwa's Bolo Helpline, Dar-ul-Aman and International Medical Corps (IMC), and Basic Health Units Balochistan. These honed the skills of participants – half of whom are women – to attend to survivors in an ethical manner.
- **WHO** aided the development and implementation of a *National GBV and Health Response Package* by the Ministry of National Health Services and provincial Departments of Health. It includes protocols, SOPs and clinical guidelines on service provision for GBV survivors. WHO also enhanced health facilities' readiness to deliver services with evidence and capacity building for facility staff and community health workers.



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

#### WOMEN'S NEEDS

- **UN Women** and the National Commission on Status of Women launched the *Report on the Status of Young Women in Pakistan 2020*, addressing knowledge gaps by identifying young women's needs, priorities and actions to advance their empowerment. The report will support advocacy for increased investment in young women, especially in the context of COVID-19, as it outlines how strategic investments can accelerate progress on women's empowerment.

#### REACHING OUT TO WOMEN

- **UN Women** continued immediate measures to minimize and mitigate COVID-19's economic impact on women and girls, especially women with disabilities and transgender persons. It also designed medium- to long-term economic recovery solutions to: i) support small and medium-sized women-led businesses to access new procurement opportunities; ii) help women farmers engage in climate-resilient agriculture; iii) and build women home-based workers' economic resilience through income replacement opportunities.

#### PROTECTING SMES

- **ITC**, under its *Growth for Rural Advancement and Sustainable Progress* project (GRASP), carried out activities to mitigate COVID-19's impact on SMEs and small-holder farmers.
- The **ILO** commissioned a rapid assessment of the COVID-19's impact on lay-offs, dismissals, non- and under payment in the textile and ready-made-garment (RMG) sectors. It supported a meeting of the Pakistan Buyers' Forum to spread awareness on the *Global Call to Action* in these sectors. The call outlines stakeholders' key priorities and commitments to address the crisis. The agency also produced an animated short film on COVID-19 SOPs in Sindh and IEC materials on SOPs in Punjab to help workers and employers enhance workplace safety.



## IV. MACROECONOMIC RESPONSE AND MULTILATERAL COLLABORATION

### COLLABORATION

- **UNESCAP's** South and South-West Asia Office organized a virtual high-level [policy dialogue](#) on 9 July 2020, where representatives of South Asian countries discussed national perspectives, lessons learned and best practices in combating the pandemic, and sought to initiate forward-looking dialogue on collaboration for recovering better.



## V. SOCIAL COHESION AND COMMUNITY RESILIENCE

### INNOVATION

- **UNFPA, UNICEF, UNDP, UNESCO** and **UNHCR** launched an *Innovation Challenge* through their youth engagement programme to provide seed funding for ideas on raising awareness of COVID-19, supporting marginalized groups, addressing mental health, and post-COVID recovery.

### LIVE SESSIONS

- **UNFPA** and Aahung reached 240,682 young people through six Facebook live sessions with experts on menstrual hygiene management, psychosocial well-being, GBV and inequalities.

### RADIO OUTREACH

- **UNFPA** and Aahung reached 66,896 people through 11 radio shows on reproductive health, gender equality, gender-based violence and psychosocial well-being. In Sindh, UNFPA and HANDS aired messages on GBV and psychosocial well-being in June and July. UNFPA and the School of Leadership Foundation trained 40 youth-led organizations on the importance of young people's sexual and reproductive health and rights (SRHR) and COVID-19's impact on them.



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