UNICEF’s Response and Funding Status

**Pakistan COVID-19 Situation Report**

**UNICEF Appeal for COVID-19 Preparedness and Response**

**US$ 26.78 million**

**Funding Status (in US$)**

- **Humanitarian funds, $3.16m, 12%**
- **Other resources, $0.4m, 1%**
- **Funding gap, $23.2m, 87%**

**Reporting Date: 23-29 March 2020**

**Key Highlights**

- As of 29th of March 2020, there were 1,547 positive Coronavirus cases with Punjab now overtaking Sindh as the most affected province with 558 cases.

- The government has designated 41 hospitals with 326 wards and 119,778 beds as isolation centres and 326 quarantine facilities with 162,743 beds and in addition 652 hotels as isolation centres with 20,441 beds.

- A total of 13,492 religious leaders have been engaged in preventive measures.

- Hygiene promotion continued through Clean and Green Punjab digital and social media platforms as well as through 100 banners displayed on strategic points reaching 216,567 people.

**Situation in Numbers**

- **1,547** Confirmed cases
- **28** Recovered cases
- **14** Deaths among confirmed cases

Date of report: 29 March 2020
EPIDEMIOLOGICAL OVERVIEW

In Pakistan the first imported case of COVID-19 was reported on 25 February 2020 and as of 29 March 2020 there were 1,547 positive coronavirus cases with Punjab being the most affected province with 558 cases, followed by Sindh Province with 502 cases and Balochistan with 138 cases. Of the total number of confirmed cases, 14 patients have died and 28 have fully recovered from the disease and have been discharged from the hospital.

<table>
<thead>
<tr>
<th>Provinces</th>
<th>Administrative Areas</th>
<th>Total</th>
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<tbody>
<tr>
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<td></td>
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<td></td>
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<td>1,547</td>
</tr>
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</table>

The table below shows trend of infection of COVID-19 in Pakistan as of 29 March 2020:

![COVID-19 Cases in Pakistan](image1)

The table below shows trend of daily COVID-19 cases in Pakistan as of 29 March 2020:

![Daily New COVID-19 Cases in Pakistan](image2)
NATIONAL COORDINATION

The Government of Pakistan has taken the emergency measures to contain the transmission of COVID in Pakistan. The government under the leadership of Ministry of Health has been working with partners for the preparedness of prevention and response of COVID 19 cases since January. The Ministry of National Health Services, Regulations and Coordination has developed a National Action Plan for Preparedness and Response to COVID-19 and established a national coordination mechanism for the COVID response within the framework of National Action Plan for Preparedness & Response to Corona Virus Disease (Covid-19).

The National Security Committee chaired by the Prime Minister constituted a high-level National Coordination Committee to carry on joint efforts to fight against coronavirus across the country and is coordinating the implementation of the decisions taken by the National Security Committee. The NCC is chaired by the Special Adviser to the Prime Minister on Health /Minister of State and the Federal Secretary - M/o NHSR&C, and Provincial Chief Secretaries are its members. A Core Group has been established at M/o NHSR&C under the leadership of Special Advisor to Prime Minister (SAPM) with members from related areas of expertise. Response to Corona Virus Disease (Covid-19). The National Disaster Management Authority (NDMA) has been activated and is playing its role as an operational agency and all further decisions will be made under the supervision of the institution. The National Emergency inter-ministerial/provincial Committee for Corona Virus comprising of relevant line ministries, provincial departments and partner agencies has been established; while coordination bodies have also been notified for supporting coordinated implementation. Furthermore, the Emergency Operating Centre (EOC) at the National Institute of Health (NIH) has been activated as an Incident Command and Control Hub. The Pakistan Army has been mobilized and its institutions and doctors are assisting the civil administration and utilizing all resources at their disposal to effectively combat the coronavirus outbreak.

The Federal Government called for the first Strategic Coordination Forum (SCF) Meeting Co-Chaired by Chairman NDMA and Resident coordinator/Humanitarian Coordinator which was held on 26 March to discuss the COVID-19 situation and way forward, especially in terms of strengthening coordination between the UN Agencies and the Government. The Pakistan National Disaster Risk Management Fund (NDRMF) has approved grant financing of $50 million to supplement Government's response for prevention and spread of Covid-19.

The Federal Government has announced a Rs1.25 trillion economic package to tackle the adverse effects of Corona Virus crisis some of which include: PKR 50 billion for health workers equipment and PPEs; PKR 50 billion for National Disaster Management Authority (NDMA) to buy medical supplies; PKR 150 billion for poor families; PKR 100 billion for Export Industry and PKR 100 billion for SMEs.

In Sindh, the Chief Minister is holding daily meetings of the COVID-19 task force to monitor the COVID-19 response in Sindh, UNICEF is participating in these meetings. The Government of Sindh has established 5 committees to respond to the crisis: Training and capacity enhancement committee; Supply chain logistics committee; Strict Quarantine Committee; Testing capacity enhancement committee and Research Committee. The first virtual meeting of Provincial Health COVID-19 group took place on 25th March and first virtual meeting of the training and capacity enhancement committee was held with UNICEF represented. The Government has established a Helpline to contact with for assistance during the lockdown period,

In Punjab, regular coordination meetings are being held between P&D and partners to coordinate the response. The Department of health has developed and shared Guidelines for preventive measures in Prisons, home quarantine, burial, disinfection & decontamination protocols. The COVID-19 Helpline 1033 is working 24/7 and received 2,650 calls from across the province on issues mostly related to health.

In Balochistan, the Chief Minister is leading the Coordination through the Apex committee and at the Sub-Divisional level COVID-19 Surveillance committees have been established whose members include Headmasters/Headmistresses of High School and hospitals.

In KP, the Chief Minister chairs a Government led high level coordination task force with the KP Department of Health is leading the response. UNICEF hosted the inter-departmental and multi-agency coordination for the RCCE, which resulted in finalizing the first draft of the communication action plan. The Department of Elementary & Secondary
Education KP has notified 135 schools as Quarantine Facilities in 6 districts including 37 specifically for females in Haripur and Swabi districts.

**Precautionary measures** taken by federal and provincial governments to contain the spread of the coronavirus include:

**Nationwide:**
- The Government of Pakistan also closed its western border with Afghanistan and Iran for a period of 2 weeks starting from the 16 March 2020.
- All international flights have been suspended since the 21 March 2020 to 4 April 2020 except for cargo
- The Government extended the closure of all educational establishments from 5 April 2020 to 31 May 2020.

**ICT:**
- The preventative measures taken are the prevention of social contacts and gathering in any form and the closure of private and public places except medical facilities as well as other essential services and food shop

**Sindh:**
- As the most affected province, Sindh provincial government has taken drastic measures to date. As of 12 a.m. on Monday 23 March (Pakistan National Day), a blanket ban has been placed on non-essential movements throughout the province. All offices, malls and restaurants have been shut down. Moreover, restaurants have been told to cease all delivery and take away operations as well.
- The province has also banned movement of people including intercity or interprovincial or gathering of any kind for social, religious, and or any other purpose at any place, public or private, including all offices, public or private situated within the territorial limits.
- Health services like hospitals, laboratories, and medical stores, law enforcement agencies, any person in the need of medical care (with an attendant where necessary) or going to buy grocery and medicines were exempt during the lock-down.

**Punjab:**
- On 23rd March, the Government of Punjab announced a partial lockdown. All public and private offices, hotels, shopping areas, public transport will be closed till 6th April as announced by the Chief Minister.
- All markets, shopping malls and restaurants will remain closed over the long weekend (22-24 March) as of 9.00pm Saturday 21 March until 9.00am Tuesday 24 March and as later announced o 23rd March, until 6th April.
- This order is not applicable to pharmacies, dispensaries and clinics, food shops, petrol pumps and home food delivery will be allowed. The Government of Punjab is also contemplating a lockdown, but this has not yet been implemented except in Tehsil Multan where movement is only allowed between 8.00 am - 10.00 am and 4.00 pm - 6.00 pm.
- There is a complete ban on gatherings of all kinds for social, religious or any other purpose at any public or private place. The Auqaf & Religious Affairs Department has issued instructions to say prayers at home in compliance with the Government’s instructions.

**Balochistan:**
- There is a complete ban on all city, inter-District and inter-Province movement of people
- The Government has issued a complete ban on gatherings of all kinds of social, religious and any other kind of gatherings at any public or private place and the Government has called on people to pray at home on Friday not in mosques
- All offices, both public and private, will remain shut
- Food shops and essential services are exempt

**Khyber Pakhtunkhwa:**
- On the 18 March 2020, introduced a number of measures: banned all private ceremonies in homes, closed compounds; reduced the opening hours for shops to 10.00am to 7.00pm except for shops selling food, medicines and essential items; all restaurants have been closed until 5 April 2020; all official meetings of more than 5 people are banned and all banks to install hand sanitizer at ATM machines.
On the 18 March 2020, both Matwani Village, Buner District and Canal Town, Peshawar have been completely locked down due to the existence of COVID 19 cases in the area.

All Inter-District passenger public transport has been suspended with effect from 9.00 am on 23 March 2020 for a period of 7 days, however, this does not apply to intra-District passenger transport, plying of private vehicles and goods/freight transport.

Gilgit-Baltistan:

The provincial government decided to put the entire region on lockdown for an indefinite period on 22 March and suspended intercity transport services.

Hospitals and laboratories in the major cities across the country are being strengthened to collect and test samples from suspected cases enabling early identification and confirmation of cases. Contact tracing and monitoring of close contacts for suspected cases will be done through robust real time surveillance and diagnosed cases will be admitted in health care facilities. The collection and analysis of the data will be harmonised through a single data hub to facilitate trend analysis and projections over time. The coordination of all case investigations contact tracing and follow up will be carried out through a federal/provincial mechanism. The government has designated 41 hospitals with 217 wards and a capacity of 119,778 beds as isolation centres, 326 quarantine facilities with a capacity of 162,743 beds and in addition 652 hotels as isolation centres with a capacity of 20,441 beds. There are currently 15 COVID-19 testing facilities across the country.

The Polio Programme is providing support for COVID 19 response, especially in the areas of surveillance, data management and communication and with the outbreak expanding this support will be increased. As a result, all Polio SIAs are halted until 1st June 2020 will be reviewed after every two weeks by the National & Provincial EOCs as the situation evolves, however, Polio surveillance will continue without any interruption.

UN COORDINATION

The UN in Pakistan has established a Crisis Management Team comprising of: WHO, UNICEF, WFP, UNHCR, UNFPA, IOM, UNOCHA, UNDP, DSS, RC and meet every Monday, Tuesday and Friday evenings.

UNICEF has established a COVID 19 Task Force that currently meets every Monday, Tuesday and Friday morning. UNICEF continues to support the Ministry of Health to convene the Risk Communication and Community Engagement (RCCE) task force meetings at federal level. As a result of UNICEF’s advocacy, all four provinces now have functioning communication taskforces, which UNICEF supports. Decisions on communication approaches, messages and material are done through the task force. So far 6 taskforce meetings have been held at Federal level and weekly meetings in provinces.

UNICEF supported the Ministry of Climate Change (MOCC) to hold the first virtual (Zoom) WASH sector coordination meeting since the outbreak of covid-19 in Pakistan. Sector partners agreed to develop a 4W matrix so as to have a coordinated approach to the response as well as avoiding duplication of efforts. Sector partners also agreed to have a weekly virtual meeting to effectively coordinate the response effort and monitor the progress.

UNICEF’s Response Strategy

The UNICEF response is aligned with the global WHO Strategic Preparedness and Response Plan (SPRP), Government of Pakistan’s National Action Plan for COVID 19 Response and the UNICEF COVID-19 Humanitarian Action for Children appeal. In Pakistan, UNICEF’s response focuses on the immediate measures that must be undertaken to ensure preparedness and response to COVID-19 pandemic and the impact mitigation measures. It builds on the Government’s National Action Plan, and considers lessons learned from disease outbreaks during H1N1 and Ebola response focusing on the need for timely action through established inter-agency partnerships, collaboration with the National Government and unhindered access and where possible sustained presence by partners.

UNICEF Pakistan is working through multiprong response strategies which include (1) Response to the Covid-19 pandemic and (2) Mitigation of the impact of Covid-19 in Pakistan. The key strategies include:
Response to Covid-19

- **Risk Communication and Community Engagement (RCCE)** with the aim to (1) provide timely and accurate information to families and communities to limit human-to-human transmission including reducing secondary infections among close contacts and health care workers, (2) promote positive behaviour among families and communities related to prevention and response to corona virus infection, (3) Communicate critical risk and event information to all communities and counter misinformation and (4) Engage with communities in order to collectively respond to Corona Virus. The strategy is implemented through the following pillars (i) RCCE task force coordination support to the Government, (ii) anthropological and social data analysis to inform communication messages and approaches, (iii) promotion of positive behaviours, (iv) responding to resistance or misinformation and (v) advocacy and capacity building.

- **Infection prevention and control (IPC)** through Water Sanitation and Hygiene (WASH) support with aim to (1) ensure infection prevention and control in 150 priority designated health facilities and isolation units and (2) support improved knowledge and practice of good hygiene, in particular handwashing with soap. The strategy is implemented through (i) preparedness and risk reduction measures in health facilities and communities in high risk areas prone to COVID-19, (ii) training of health care staff in priority isolation centres on waste management and disinfection practices, and (iii) support availability of essential WASH in health facilities and communities.

- **Procurement services** in support of the Government to ensure timely sourcing and availability of quality essential medical supplies and personal protective equipment (PPE) required for the response both through offshore and local procurement.

- **Psychosocial support and child protection** with the aim to ensure (1) children and families affected by Covid-19 are provided with appropriate care and psychosocial support and (2) Covid-19 related stigma and discrimination is prevented and addressed in families and communities. The strategy is implemented through (i) training of social workers on psychosocial support and care, (ii) provision of psychosocial support to individuals or groups in isolations or quarantine, including their care givers and families (iii) Stigma prevention by addressing myths and misconceptions and (iii) referral for mental health care for very few cases who demonstrate exacerbated distress and signs of mental health.

Mitigation of the impact of Covid-19

- **Continuity of education and learning** with the aim to ensure (1) teachers, parents and students are informed about Covid-19, (2) ensure continuity of learning and (3) safe reopening of schools and education institutions. The strategy is implemented through support to Ministries and departments of education to (i) develop and implement strategies to promote continuation of learning based on available communication means that will reach the maximum number of children and (ii) prepare contingency plans for safe reopening of schools with a gender and equity lens.

- **Building resilient health system** for managing mild cases and referral of severe cases with the aim to (1) strengthen primary health care (PHC) system to support the Covid-19 response and (2) ensure continuity of life saving basic health services like MNCH¹ and immunization and (3) mitigate adverse effect of Covid-19 and it response on regular health services. The strategy is implemented through (i) strengthening health partner coordination at province and district levels, (ii) provision of basic PPE for frontline health workers like LHW, LHV, CHW, CBVs and vaccinators², (iii) training of health frontline workers on infection prevention and control, (iv) partnership with professional association and the private sector on Covid-19 awareness and continuity of care and (v) support for health management information system (HMIS), including an e-registry of frontline health care workers.

- **Essential nutrition support for vulnerable children and families** with the aim to ensure access to promotional, preventive and curative nutrition services to people affected by, and people at risk of Coronavirus infection, with a focus on nutrition vulnerable groups. The strategy is implemented through (i) making nutrition treatment sites safe for service providers and their clients, (ii) continuation of treatment of malnourished children, especially those with

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¹ MNCH – Maternal, Neonatal and Child Health care
² LHW – Lady Health Workers, LHV, Lady Health Volunteers, CHW – Community Health Workers, and CBV – Community Based Vaccinators for Polio Eradication Programme
severe acute malnutrition (SAM) and (iv) promotion and counselling on infant and young child feeding at facility and community level.

Summary Analysis of Programme Response

Risk Communication and Community Engagement

As advised by the RCCE task force chair, UNICEF together with WHO and UNHCR convened an orientation session on RCCE to UN Agencies and 21 communication colleagues from 17 UN agencies participated. Many of them have expressed an interest in providing both technical and financial support to the National RCCE plan. UNICEF will lead on the coordination through weekly meetings and has advocated to report against common indicators.

IEC material on social distancing and orientation guidelines for frontline workers in both English and Urdu has been approved and shared with provinces. The Provinces further developed the IEC materials and videos, in local languages (2.5m posters and flyers, 300 standees, 1,000 banners and a community engagement tool). UNHCR took lead in translating the material in Pashto and IFRC produced the guides for religious leaders. Through the RCCE all partners are using the same material.

UNICEF is supporting to operate the polio helpline which is being used to address public concerns at the federal level as well as in Punjab and, as of 26 March 2020, the call centre has responded to 70,514 calls. Through advocacy, the helpline 1166 is now toll free and UNICEF has supported to increase the number of staff from 55 to 85 in order to respond to a huge increase in the daily number of calls.

More than 4 million people have been reached with social media messages from federal level and around 3.15 million people from the social media in the provinces. A total of 13,492 religious leaders have been engaged in preventive measures and 460 journalists have been provided orientation on COVID-19. Videos with religious leaders and influencers in local languages have been produced and shared via WhatsApp channels. A Sentiment analysis is being done on daily basis and shared with all partners and in RCCE taskforce to inform communication messages, highlight the emerging issues and use the results in planning the RCCE interventions.

UNICEF has joined with WHO to support the handwashing challenge to promote hand washing behaviour as a means to prevent COVID 19.

The MoH/Provincial Health Departments have broadcast Public Service Announcements through both TV and radio reaching an estimated 67 percent and 9 per cent of the population respectively. The MoH has social media platforms have over 240,000 followers and posts have reached over 14.6 million people.
Infection Prevention & Control
To date in KP, 22 handwashing stations have been installed enabling 2,800 people to practice proper handwashing and a total of 1,872 bars of soap were distributed to 3 health care facilities and 4 quarantine facilities in the province for effective infection prevention and control.

In Sindh, an additional 12 handwashing stations were installed in Karachi and Sukkar quarantine facilities and two UV water filters were installed in Karachi. UNICEF engaged a local implementing partner, HANDS to manage handwashing stations and conduct hygiene promotion activities in the province, reaching 203,416 people including religious leaders.

In Punjab, 36 UV filters (with water storage tank and electric cooler) have been installed in health care facilities in Lahore, Faisalabad & Sargodha districts. Work on sanitation and handwashing facilities started in 15 hospitals in 15 districts of Punjab. An additional 20 mobile handwashing stations were installed in strategic communal points in Lahore and, to date, 22,200 have benefitted from these facilities. Hygiene promotion continued through Clean and Green Punjab digital and social media platforms as well as through 100 banners displayed on strategic points reaching 216,567 people.

In Balochistan, 22,000 bars of soap and 102 solid waste bins have been procured and are ready for distribution to designated isolation facilities.

Psychosocial Support and Child Protection
UNICEF is focusing in equipping care workers, social workers and psychologists with skills and knowledge to provide psychosocial support to individuals, families and children affected directly or indirectly by the virus. To date a total of 137 people (67 women and 70 men) have been trained in psychosocial support and stigma prevention in Baluchistan, Punjab and Sindh, with the support of the training package developed by UNICEF. A total of 184 (61 male and 123 female) individuals have been provided with psychosocial support by trained professionals in Punjab. Currently the major challenge encountered is in reaching people in quarantine or isolation centres due to non-availability of PPE.

In KP, UNICEF in collaboration with the Ministry of Health in the area of MHPSS, Ministry of Health, Social Welfare, KP Child Protection & Welfare Commission and PDMA has developed a Sector Engagement Framework/Operational Plan on Mental Health and Psychosocial Support which will start to be operationalised next week. In addition, Psychosocial First Aid (PFA) material has been developed by the Health Department, with the support of UNICEF, and is in the process of being revised before final approval from DG Health.

UNICEF has finalised the guidance notes on the provision of psychosocial services in response to COVID-19 in Pakistan to guide implementation.

Health
UNICEF will strive to ensure the continuation of life saving basic health services (Maternal Neonatal and Child Health and immunization) and to mitigate the adverse impact of COVID-19 epidemic and its response on regular health services. This will be achieved through strengthening the Primary Health Care (PHC) System to support the current
epidemic response and improve capacity of the health system and communities to prepare for and respond to the outbreak.

UNICEF continues to strengthen the capacity of frontline workers on infection prevention and control and, to date, a total of 2,981 frontline health workers have been trained.

A Partnership agreement has been established with the Pakistan Medical Association in Sindh to orient its members and other health workers on the COVID-19 response.

In Punjab, work on developing the e-registry of health workers is initiated in 4 selected districts and in KP, 24,768 frontline workers (LHWS, LHS, EPI tech, CMWs LHVs and KPMD Staff) have been mapped using the e-registry. Guidelines on COVID-19 orientation for frontline workers have been shared with the IRMNCH Programme in 2 districts to reach out to 112 LHS and 1,410 LHWS. In KP, UNICEF supported to Health Department to conduct an orientation training on COVID-19 for 350 HCPs from isolation wards & High Dependency Units.

UNICEF is collaborating with Polio Eradication Initiative (PEI) in Pakistan to use thousands of polio health workers to maintain and strengthen routine immunization and social mobilisation for the COVID-19 response. Special instructions have been issued by Director EPI to the EPI staff and vaccinators to ensure the continuation of EPI activities. In Sindh, 209 orientation sessions reaching of 1,600 polio workers including CBVs has been completed and, in Sindh, a TOT was conducted in which 23 DSOs from all over Sindh participated. In Balochistan, all CBV workers have been oriented by DPCRs on how to keep themselves and the community safe from COVID 19.

**Nutrition**

The fear of spread the Coronavirus starts having impact on availability of health and nutrition services. While 1,779 nutrition sites are still functional, due to lockdown, over 300 nutrition sites in Sindh and Khyber and Pakhtunwha (KP) provinces have suspended treatment of severe acute malnutrition (SAM) cases.

UNICEF in close coordination with MoHSR&C and province level Health Authorities in KP and Sindh is advocating for the immediate resumption of SAM treatment services. A letter has been sent to all provinces by Federal Ministry of Health to ensure continuity of nutrition services. The is also being done by the Department of Health (Sindh Government) through a letter sent to all district administrations and district health authorities. UNICEF is in discussion with DG health (Ex-FATA districts) to address the same issue. A similar risk exists in Balochistan due to complete lockdown of the province and UNICEF is working with Directorate Nutrition to design an alternative strategy to ensure the continuity of treatment of Severe Acute Malnutrition cases.

As part of its effort to raise awareness on adequate nutrition practices in the context of COVID-19, UNICEF carried out two live radio programs (Radio Pakistan) and one live TV programme (PTV) to promote adequate nutrition practices in the context of COVID-19. Both Radio Pakistan and PTV have countrywide coverage. UNICEF has also been engaging with the SUN Civil Society network to explore potential partnerships for the promotion of adequate IYCF practices in the context of COVID-19, with a focus on community-based promotion.

Based on WHO guidelines, UNICEF worked together with Ministry of Health (MoNHSR&C), WHO and WFP, the Nutrition Working Group, to develop key messages to promote safe infant and young child feeding in the context of COVID-19. These messages are pending approval.

**Education**

The Federal Ministry of Education has postponed the reopening of schools from 5 April to 31 May 2020. In light of this development, UNICEF with the Federal Ministry of Education and Professional Training identified continuity of learning and communication as priority areas of support for the first phase of the response and UNICEF will support the MoE in disseminating education related messages targeting parents to encourage their children to continue learning.

A total of 149 schools in Baluchistan and KP (14 in Baluchistan and 135 in KP) have been designated as quarantine and/or isolation centres by the provincial governments. UNICEF contacted Federal and Provincial Governments to call for them to avoid using schools as quarantine and isolation centres because of the potential negative impact on
enrolment and retention of children after schools’ reopening. Nevertheless, UNICEF is preparing guidelines for safe schools reopening including specific actions needed for schools used as quarantine centre.

UNICEF supported the Department of Education of Baluchistan in starting outreach activities by reaching 8,105 parents (26 per cent women) with messages on the importance of learning during the period of school closure. Education program teams working with the Government of Baluchistan have installed hand-washing facilities in front of UNICEF supported schools, and mobilized shop owners, particularly chemists, to follow this example.

Supply/Procurement Services

The PPEs supplies from the first shipment were distributed to the 3 provinces – ICT 35%, GB 45%, AJK 20%. The 2nd shipment of PPEs is expected first week of April. The agreement with NISP has been increased to US$7 million to support the procurement of PPEs and lab items for COVID-19 response. The WB/GOP has allocated a total of US$155 million for the procurement of PPEs, Test Kits and Medical Equipment through UNICEF.

Several rounds of local bids have been issued and are under review to analyse the local market production, capacity and stock levels. Due to the high demand and fluctuation of market prices, it is very challenging to secure the supplies from the local market. The main export source is from the neighbouring country China as Indian made products are not accepted by Pakistan.

As of 16 March, the PCO has issued orders for around USD 230,144 for C4D materials, staff wellbeing package, hand sanitizer for Polio front line workers, the establishment of the Corona Virus Response Cell and the control centre in the MoH.

A few UN agencies, including WHO, UNHCR and UNWOPEN, have expressed their interest to consolidate the procurement request as one UN effort in the last UN Procurement Working Group virtual meeting chaired by UNICEF.

The port of entry for airlifting offshore supplies will be Karachi airport and the only port of entry for sea shipment will be Karachi Port Qasim. The Pakistan government has suspended commercial flights to Pakistan until 4 April 2020, however, this will not affect humanitarian-cargo chartered flights which requires seven days advance notice for the processing of landing permits from the airport authorities. As a result of the local travel and safety ban imposed across the country, delays should be expected due to a decline in the availability of road transport vehicles. Supply is working closely with the relevant government authorities and Damco/Maersk to secure permits and access to deliver the emergency supplies to beneficiaries.

PCO has a valid LTA with Damco/Maersk as the one stop logistics solution to provide custom clearance services, warehousing and from there do the in-country distribution to beneficiaries.

Human Interest Stories and External Media

UNICEF has been providing daily sentiment analysis to understand public concerns and to respond accordingly through the Government. UNICEF uploaded and promoted specifically designed content in Urdu & English on social media platforms to disseminate key messages using multiple platforms (country website, Facebook, Twitter, Instagram). This included: content on misinformation; where to find accurate information; prevention measures and the shipment by UNICEF of 14MT of personal protective equipment ordered by the Government with support from the World Bank. Some of the content was reposted by official Government accounts and influencers.

Funding

UNICEF appeals for US$ 28.76 million to sustain COVID-19 response activities in Pakistan. Till date, generous contributions amounting to US$ 3.1 million have been received which, in addition to UNICEF’s regular resources yield a funding level of 13%. UNICEF expresses its sincere gratitude to the CERF Secretariat, Asian Development Bank and all public and private donors for their contributions. However, the response still has a funding gap of 87%. Without additional funding, UNICEF will not be able to scale-up risk communication, community engagement and infection prevention and control activities.
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<th>Sector</th>
<th>Requirements</th>
<th>Humanitarian resources received</th>
<th>Existing resources reprogrammed for response</th>
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Next SitRep: April 6, 2020

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## Annex A

### Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF and Operational partners</th>
<th>Cluster/Sector**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UNICEF Target*</td>
<td>Results</td>
</tr>
<tr>
<td><strong>Risk Communication and Community Engagement (C4D)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people reach through social media and robocall messages</td>
<td>50,000,000</td>
<td>6,159,949</td>
</tr>
<tr>
<td>Number of members of religious leaders engaged in promoting key messages</td>
<td>15,000</td>
<td>13,492</td>
</tr>
<tr>
<td>Number of media practitioners oriented on reporting on COVID</td>
<td>200</td>
<td>460</td>
</tr>
<tr>
<td>Number of calls received from helpline</td>
<td>1,000,000</td>
<td>449,829</td>
</tr>
<tr>
<td>Number of calls from helpline responded to</td>
<td>100,000</td>
<td>66,250</td>
</tr>
<tr>
<td><strong>Infection Prevention and Control (WASH)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of health facilities provided with essential WASH services.</td>
<td>150</td>
<td>24</td>
</tr>
<tr>
<td>Number of people at high risk of COVID-19 supported with hygiene promotion activities and facilities</td>
<td>1,000,000</td>
<td>444,983</td>
</tr>
<tr>
<td>Number of community sites with handwashing facilities in the affected areas</td>
<td>120</td>
<td>42</td>
</tr>
<tr>
<td># of schools in targeted high-risk areas supported with IPC measures and improved water and sanitation</td>
<td>200</td>
<td>0</td>
</tr>
<tr>
<td><strong>Psychosocial Support and Child Protection</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of affected people, including children, who received psycho-social support</td>
<td>9,000</td>
<td>184</td>
</tr>
<tr>
<td>Number of social and care workers trained on psychosocial support and stigma reduction</td>
<td>435</td>
<td>137</td>
</tr>
<tr>
<td>Number of people reached with stigma prevention messages</td>
<td>10,000,000</td>
<td>0</td>
</tr>
<tr>
<td><strong>Continuity of Education and Learning</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of SMCs/PTMCs members, teachers and other education personnel reached with prevention information via SMS, robocall and social media</td>
<td>3,000,000</td>
<td>0</td>
</tr>
<tr>
<td>Number of parents reached with messages encouraging learning activities through SMS</td>
<td>5,000,000</td>
<td>8,105</td>
</tr>
<tr>
<td>Number of children benefiting from alternate learning opportunities</td>
<td>7,500,000</td>
<td>0</td>
</tr>
<tr>
<td>Number of SMCs trained on safe reopening of schools</td>
<td>8,500</td>
<td>0</td>
</tr>
<tr>
<td>Number of teachers trained on psychosocial support and safe reopening of schools</td>
<td>100,000</td>
<td>0</td>
</tr>
<tr>
<td><strong>Building Resilient Health System</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people benefitting from continuity of primary health care services</td>
<td>2,770,000</td>
<td>0</td>
</tr>
<tr>
<td>Number of children &lt; 1 vaccinated against Measles</td>
<td>78,000</td>
<td>0</td>
</tr>
<tr>
<td>Number of union councils with availability of e-registry of frontline health workers</td>
<td>180</td>
<td>0</td>
</tr>
<tr>
<td>Number of frontline workers trained on infection prevention and control</td>
<td>10,000</td>
<td>0</td>
</tr>
<tr>
<td>Number of health professionals, frontline health workers and community volunteers oriented on COVID-19 community awareness &amp; management of mild cases</td>
<td>10,000</td>
<td>4,581</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of sites which are safe for service providers &amp; patients.</td>
<td>2,100</td>
<td>1779</td>
</tr>
<tr>
<td>Number of mothers and caregivers at high risk of infection supported with IYCF and hygiene promotion.</td>
<td>50,000</td>
<td>7075</td>
</tr>
<tr>
<td>Number of children treated for SAM without complication in a safe environment at health facility</td>
<td>15,000</td>
<td>327</td>
</tr>
</tbody>
</table>

* The targets are flexible and would be adjusted to meet the evolving phase of the pandemic
** UNICEF is working with Sector partners to develop targets
*** The change is calculated from the 25 March and not 23 March as with other results