Key Highlights

- A total 390 million viewers/listeners and social media contacts have been reached through TV, radio, whatsapp and social media (Facebook, Twitter, Instagram) through Government and UNICEF efforts.
- Over 34.7 million at risk population reached through community engagement on COVID-19 (UNICEF 18.8 million) with 402,751 reached (UNICEF 388,855) during the reporting period.
- Using WASH sector communication networks, over 13.4 million (2.1 million new) people reached with COVID-19 hygiene promotion messages.
- Over 150,270 (31,568 new) religious leaders engaged and mobilized to emphasize the importance of physical distancing and promoting key preventive messages building risk perception.
- UNICEF supported 42,644 SAM children admissions for treatment (5,370 new).
- UNICEF supported 38,571 parents, caregivers, children and individuals with PSS by trained social workforce professionals (4,951 new).
- UNICEF supported alternate learning opportunities reaching 86,157 children (2,361 new)

UNICEF’s Response and Funding Status

- People reached: 9%
- Funding status: 18%
- People supported with: 64%
- Funding status: 21%
- People, including: 77%
- Funding status: 37%
- Children utilizing: 1%
- Funding status: 36%
- Number of frontline: 50%
- Funding status: 34%
- SAM treatment: 61%
- Funding status: 1%

UNICEF’s Response and Funding Status

- Reporting Period: 2nd July – 15th July 2020 (fortnightly)

Situation in Numbers

- 255,769 Confirmed cases
- 172,810 Recovered cases
- 5,386 Deaths

Source: [http://COVID.gov.pk/](http://COVID.gov.pk/)
Date of report: 15th July 2020

UNICEF Appeal for COVID-19 Preparedness and Response

US$ 50.2 million

Funding Status (in US$)

- Humanitarian funds: $6,869,254, 13.68%
- Other resources: $4,423,097, 8.81%
- Funding gap: $38,907,649, 77.51%
EPIDEMIOLOGICAL OVERVIEW

As of 15th July 2020, there are 255,769 confirmed coronavirus cases, with Sindh being the most affected province with 107,773 cases, followed by Punjab with 88,045 cases and Khyber Pakhtunkhwa (KP) with 31,001 cases. Of the total number of confirmed cases, 5,386 patients have died and 172,810 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>
</tr>
</thead>
<tbody>
<tr>
<td>Balochistan</td>
<td></td>
<td>11,239</td>
</tr>
<tr>
<td>Khyber Pakhtunkhwa (KP)</td>
<td></td>
<td>31,001</td>
</tr>
<tr>
<td>Punjab</td>
<td></td>
<td>88,045</td>
</tr>
<tr>
<td>Sindh</td>
<td></td>
<td>107,773</td>
</tr>
<tr>
<td>Azad Jammu and Kashmir (AJK)</td>
<td></td>
<td>1,688</td>
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<tr>
<td>Gilgit-Baltistan (GB)</td>
<td></td>
<td>1,708</td>
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<tr>
<td>Islamabad Capital Territory (ICT)</td>
<td></td>
<td>14,315</td>
</tr>
<tr>
<td></td>
<td></td>
<td>255,769</td>
</tr>
</tbody>
</table>

The table below shows trend of infection and daily COVID-19 cases in Pakistan as of 15th July 2020:

NATIONAL COORDINATION

The National Security Committee, chaired by the Prime Minister, established a National Coordination Committee (NCC), to formulate and implement a comprehensive strategy to stop the transmission of the virus and mitigate its consequences. The NCC designated the National Disaster Management Agency (NDMA) as the leading operational agency. In each province the Chief Ministers have convened task forces to coordinate the response, with the Provincial Disaster Management Agencies (PDMA) as the leading provincial operational agency. Furthermore, the Emergency Operating Centre (EOC) at the National Institute of Health (NIH) has been activated as an Incident Command and Control Hub.

As directed by National Command and Operations Centre (NCOC), chaired by Prime Minister of Pakistan on 8th July, 227 areas, with a high number of COVID-19 cases, in 30 cities have been put under smart lockdown down across the country. In preparation for Eid Ul Adha, the NCOC has issued Standard Operating Procedures (SOP's) for cattle markets aimed at protecting people from COVID-19. They have decided to increase the number of cattle markets across the country to keep them smaller thereby reducing overcrowding and all the markets will be kept outside the cities. The local administrations would be responsible for the screening of people at the entrance of the markets and will ensure the wearing of face masks and physical distancing. All the traders have been informed about healthcare protocols and the SOPs.

The PKR 144 billion (US$ 861 million) Government of Pakistan’s Ehsaas Emergency Cash (social protection) initiative started on the 9th April and, as of 15th July 2020, PKR 153.55 billion (US$ 922.23 million) has been distributed reaching more than 12.68 million people.

Based on the WHO situation report, as of 15th July, Pakistan has conducted 1,627,939 laboratory tests, of which 255,769 were positive. A total of 3,727 cases have been admitted in hospitals; 172,810 (67.56 per cent) have recovered and

1 [http://COVID.gov.pk/stats/pakistan](http://COVID.gov.pk/stats/pakistan)
2 [https://www.pass.gov.pk/ecs/uct_all.html](https://www.pass.gov.pk/ecs/uct_all.html)
discharged, 1,778 are in critical condition and there were 5,386 deaths with the Case Fatality Rate (CFR) of 2.10 per cent.

The Polio Programme is providing support for the COVID-19 response, especially in the areas of surveillance, data management, communication and logistics management. The National Emergency Operations Centre (NEOC) has recently issued a resumption of SIAs schedule from July to December 2020 accompanied by operational guidelines in the context of COVID-19, which will be regularly reviewed depending on the evolving COVID-19 situation in Pakistan. The first campaign is planned for 20th of July for which currently preparations are underway.

UN COORDINATION
The UN in Pakistan has established a Crisis Management Team (CMT) comprising of: WHO; UNICEF; WFP; UNHCR; UNFPA; IOM; UNOCHA; UNDP; DSS and the RC which meets every Tuesday and Friday evenings. Currently, UN agencies, including UNICEF, are working on finalizing the sectoral plans for the Global Humanitarian Response Plan being coordinated by OCHA and lead by sector lead agencies. UNICEF COVID-19 Task Force meeting now holds Tuesday and Friday morning, and UNICEF SitRep on COVID-19 is now issued twice monthly.

UNICEF’s Response Strategy
UNICEF Pakistan has updated its multipronged response strategy to bring additional focus to high burden areas affected by COVID-19 and focus on three key areas (1) public health response to COVID-19, (2) continuity of essential services and (3) mitigation of the socio-economic impact of COVID-19. The key strategies include:

Public health response to COVID-19
• Risk Communication and Community Engagement (RCCE) to provide timely and accurate information to families and communities and promote behaviour to reduce risk and limit transmission.
• Infection prevention and control (IPC) through (a) Water Sanitation and Hygiene (WASH) support to targeted primary health facilities, quarantine and isolation centres and in the communities and (b) protection of frontline health workers.
• Procurement services in support of the Government to ensure timely sourcing and availability of quality essential medical supplies and personal protective equipment (PPE).
• Psychosocial support (PSS) to ensure children and families of cases and contacts affected by COVID-19 are provided with appropriate care and psychosocial support, and for stigma prevention.

Continuity of essential services
• Continuity of education and learning to ensure teachers, parents and students are informed about COVID-19, continuity of learning and facilitate safe reopening of schools and learning education institutions.
• Building resilient primary healthcare system for managing mild cases and referral of severe cases with the aim to strengthen primary health care (PHC) system and ensure continuity of life saving basic health services like MNCH and immunization.
• 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.

Mitigation of the impact of COVID-19
• Advocacy through (a) parliamentary engagement on child sensitive budgeting; (b) national and provincial advocacy, including joint advocacy with other UN agencies and partners, in support of the COVID-19 socio-economic impact framework and plan, and (c) implementation of the UNICEF Pakistan Advocacy plan ‘Response and Recover’ to COVID-19
• Evidence generation on (a) multi-dimensional child poverty analysis to influence policy action and allocations, (b) development of Nutrition Sentinel Surveillance system to provide routine information on nutrition and inform policy and programme action and (c) VAC study to identify and response to violence against children due to the COVID-19 response,
• Systems Development: (a) Continuing engagement in the finalization of the Universal Health Benefit Package and tools that are COVID-19 sensitive, (b) Education sector analysis and planning, (c) provision of alternative care for children without parental / family care and (d) positioning of civil registration and vital statistics (CVRS) in the context of COVID-19
• **Social Protection**: Technical / advisory support (studies) to the emergency cash transfer scheme on children to inform medium term policy action on child-sensitive social protection programme in Pakistan

**Summary Analysis of Programme Response**

1. **Risk Communication and Community Engagement**

**Coordination**: UNICEF supports the Ministry of Health Services Regulation and Coordination (MoHSRC) to convene the RCCE task force meetings and leads the UN communication group on RCCE. So far, 21 RCCE task force meetings, 12 UN RCCE group meetings and 3 federal and provincial coordination meetings have taken place. At the provincial level, weekly RCCE taskforce meetings take place. The surveillance team and the RCCE team had a meeting to discuss how best to utilize the surveillance data to inform the RCCE interventions and it was agreed that the surveillance data will be a standing agenda item in every RCCE taskforce meeting.

**National Response**: A total 390 million viewers/listeners and social media contacts have been reached through TV, radio, whatsapp and social media (Facebook, Twitter, Instagram) through Government and UNICEF efforts. A total of 19 million people have been reached in the last week (July 3-11) with information on COVID-19 through the Facebook pages of Digital Pakistan, which supports the social media for MoHSRC. of which 16 per cent were women and 84 per cent men.

**UNICEF Response:**

**Data analytics**: The 12th RCCE brief, informed by combined analysis of the social and behavioural data, weekly social media sentiment data, records from the polio helpline (1166) and other surveys is available. The key findings include:

1. Recovery rate from COVID-19 was 55.5 per cent on 3rd July with 11,471 recoveries recorded across the country in the past 24 hours which means it should be possible to develop positive stories (of people who recovered from COVID-19 demonstrating that recovery is possible if the public health guidance is followed. (2) Beyond the broader belief that COVID-19 is fake, three specific reasons for not following social distancing in Pakistan have emerged: (a) it contradicts religious or social practice (e.g. congregational prayer, or the custom of shaking hands and hugging); (b) it leads to stigma from peers (e.g. being shamed as “weak-of-faith”, or laughed at for ‘naively’ trusting government) and (c) it is physically or economically not possible (e.g. living in crowded, poorly ventilated spaces, or the need to meet people for work). Moreover, available evidence indicates similar trends with regards to the use of protective facemasks. (3) as a precaution to avoid the COVID-19 surge observed as a result of Eid-ul-Fitr, the Prime Minister of Pakistan has called for strict compliance to the public health guidance for Eid-ul-Adha. He has specifically called for: (a) strict implementation of public health guidance for Eid-ul-Adha; (b) effective rollout of smart lockdowns and (c) mass awareness-raising campaigning before Eid-ul-Azha. However, this remains a challenges for full adoption by local religious leaders who are the competent authority to influence their followers.

For Eid Ul Adha, to address some of these concerns and to support the government’s cattle markets SOPs UNICEF will roll out a specific IPC/WASH and RCCE campaign focusing on: cattle markets; grocery shops; family gatherings and places of worship. Trade Unions and leaders of these small markets will be engaged to disseminate messages on social distancing, mask use and hand washing and this will be reinforced through the use of mobile miking though the use of specifically developed IEC materials. Orientations will be provided to grocery shop owners in small groups and they will be provided with streamers and posters to place outside of their shops and in urban areas mobile miking will be used to disseminate messages on social distancing, mask use and hand washing. The ‘Reboost’ campaign will be launched to reach families with messages on the importance of avoiding large gatherings, maintaining physical distancing, using face maks in public places and frequent hand washing with soap and water. Government approved messages to encourage the SOPs to be followed for religious rituals will be disseminated by religious institutions as well as through government channels and partners will continue to engage religious leaders to promote preventive behaviours. IPC/WASH will focus on the 27 high burden districts supporting the establishment of hand washing stations at strategic sites in the cattle markets as well as providing safe water points. These safe water points will also be used to for information dissemination to the public. Support will also be provided to ensure the functionality of sanitation facilities and UNICEF will work with utilities on the management of the waste generated.
Religious leaders’ engagement: Through existing polio alliances and health programme, 150,278 (31,568 new) religious leaders have been engaged and mobilized to promote the risk perception of the Corona virus, emphasize the importance of hand washing, mask use and physical distancing as well as convincing other religious leaders on risk perception. The religious leaders use the information provided to talk to their followers during the Friday sermons and to make announcements in mosques with key preventive messages on COVID-19, during this period a total of 70,658 mosque announcements were made. The religious leaders are being engaged in increasing risk perception related to COVID-19 for the upcoming Eid Ul Adha as well as being engaged to promote both the upcoming polio campaigns and Essential Immunization (EI).

Social Media: In the last 2 weeks (2-14 July), UNICEF’s Advocacy and Communication and Polio social media platforms have reached over 530,000 people with the number of impressions reaching over 28.2 million (Facebook - 28.1 million, Twitter: 45,000 and Instagram: 14,000). Additionally, 2.8 million people were reached through WhatsApp. The number of people engaged through social media3 in the last 2 weeks 13,402 and the number of impressions that solicited and engagement reached over 712,981 (Facebook: 710,306, Twitter: 2,010 and Instagram: 665).

Social media sentiment analysis: The conversation in Pakistan around “Coronavirus” with geo location set to Pakistan was 124+ million between 17th - 26th June 2020, it reduced to 76+ million in the week of 27th June – 3rd July 2020 and then increased again from 3rd July – 10th July to 113+ million. The trend from 27 June to 10th July shows that conversation around Coronavirus peaked on multiple days due to international news coverage on Pakistan creating its own ventilators because of surge in COVID-19 cases. Conversation also peaked around news of boycotting fuel stations who had increased their prices during COVID-19, except PSO. The news about the Prime Minister (PM) launching Pakistan’s Protected Areas Initiative as part of COVID-19 Green Stimulus Vision also raised interest. Another peak was seen (i) when the Special Advisor to the PM on Health and the Foreign Minister tested positive for COVID-19; 1(ii) 00 ventilators donated from USA to Pakistan and around the conversation between WHO DG Dr. Tedros and (iii) the PM about COVID-19 efforts in Pakistan. A massive spike in conversation was seen on 7th July about World Tourism Forum 2021 to be held in Pakistan, post-COVID-19. The positive sentiment for the week increased to 42 per cent from 34 per cent last week and the negative sentiment reduced to 15 per cent from 18 per cent last week, while neutral sentiment was at 42 per cent.

Reaching at risk populations through community engagement: With the increasing number of confirmed cases in specific locations in Pakistan, the RCCE team has designed a differentiated approach to ensure optimum use of available resources, which is informed by the surveillance and social data, focusing on 27 high burden districts which account for 65% of the confirmed cases and 61% of deaths; and alignment with high density locations using differentiated RCCE strategies dependent on the setting i.e. community engagement (with protection) in high burden settings/high density areas and mass media for the general population. An orientation of more than 54 UNICEF and implementing partners was conducted to prioritize implementation according to the strategy.

Mobile vans, rickshaws and mobile floats were used in all provinces, including through polio and health structures, to disseminate messages. During the reporting period, 1,736,737 loudspeaker announcements were made to reach communities in high risk areas with messages on the importance of physical distancing, preventive behaviours, hand washing and hygiene. Cumulatively 18.8 million at risk people were reached with preventive messages on COVID-19 with 388,855 reached during the reporting period.

Through CSOs and community engagement sessions in small groups of 5 – 6 peoples using protective measures, across all provinces, (and through UNICEF’s partnerships with local CSOs, frontline workers and social mobilisers) 10,163 people were trained/provided orientations on social distancing and government SOPs.

WhatsApp continues to be used as an important communication channel and has been used 209,251 times to date to reach people with information on behaviour change communication related to COVID-19. The content of specific

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3 Definition of social media engagement includes likes, shares and retweets
messages designed for various levels of health facilities as part of the infection prevention strategy will also form part of the “We Care” campaign and communication material is being produced for each level of health facility.

Through partnership with Zong 4G, 89,986 people have been reached with Facebook and Twitter; and 1,823 engaged on social media (Facebook and twitter). Through Zong 4G partnership, Information Education and Communication (IEC) material produced by UNICEF with MoHSRC and WHO is shared through the digital platforms.

Polio programme pursued different partnerships to support community mobilization for the upcoming Polio campaign starting on 20th July. The partners are oriented on an integrated social mobilisation package which is primarily focussed on Polio and Essential Immunisation but also encourages COVID-19 precautionary measures: use of masks; hand sanitization and social distancing. The polio team continued to reach out to at risk populations both at the business places and households visiting 375 shops and 243 at risk families to promote COVID-19 SOPs, including precautionary measures, use of masks, hand sanitization and social distancing.

**Helpline:** The Polio helpline (1166) which is being used for COVID-19 has received over 5.9 million calls and responded to over 2.9 million calls. Of the calls received: 23 per cent were related to medical conditions; 22 per cent to basic information and preventive measures (a decrease from 80 per cent last time), 36 per cent suspected cases (increase of 26 per cent from last time); 10 per cent others, 7 per cent Hospitals/tests, 5 per cent Symptoms. There is a total of 250 helpline agents, of which UNICEF supports 85 agents and the rest are supported by Digital Pakistan

**Media orientation and mobilization:** A total of 18,342 (1,473 new) journalists, reporters and bloggers were engaged at both federal and provincial level for promoting key messages on COVID-19 and to counter negative media and COVID-19 related myths. To counter the belief that corona virus is fake, journalists and reporters continued writing about the severity of the disease, importance of testing, early professional health seeking behaviours and the importance of physical distancing as well as key behaviours to follow, such as hand washing and general hygiene.

**Partnerships:** UNICEF is working with the federal and provincial governments as well as implementing partners which includes: WHO, UNHCR, UNDP, FAO, UNAIDS, UNESCO, UNODC, UNWOMEN, UNFPA, UN HABITAT, UNRC, WFP, ICRC, PRCS, GRASP/ITC, Digital Pakistan, UNILEVER, Daraz.pk, Zong4G, AKF, HANDS, Pakistan Medical Association.

### 2. Infection Prevention and Control

**Coordination:** UNICEF continues to coordinate with WHO and other UN agencies providing technical support in IPC through the UN IPC technical working group. UNICEF is supporting the Ministry of Climate Change (MOCC) to convene bi-weekly virtual WASH sector coordination meetings at federal level bringing together over 70 organizations and government representatives from all the provinces to bring focus to the WASH component of IPC. The same support is being extended to the departments of local government in four provinces to hold similar coordination meetings on weekly basis. All participating organizations are reporting their progress through the 4Ws matrix, ensuring effective coordination and efficient use of resources by avoiding duplication.

The IPC-WASH sector, with support from UNICEF and the Global WASH Cluster (GWC), has developed an online dashboard which gives a visual view of the 4Ws matrix analysis, showing progress by each partner in each location.
The online version is accessible through the following link:

UNICEF Response: To date, UNICEF has rehabilitated and installed WASH facilities which include Ultraviolet (UV) water filters, toilets and hand washing stations in 434 (18 new) out of 266 assessed Health Care Facilities (HCFs, Sindh: 38, KP: 46, Punjab: 332 and Balochistan:18). More than 853,568 people (380,568 new) have gained access to safe drinking water and sanitation facilities in these HCFs contributing towards reducing the risk of COVID-19 infection among healthcare workers. Around 2.6 million (600,000 new) people have used the 961 (391 new) hand washing stations at communal points in affected areas. UNICEF supported the training of 5,377 frontline sanitary workers (1,027 new) to enhance the capacity of sanitary and health frontline workers on WASH/IPC in HCFs and high-risk communities.

UNICEF developed an integrated IPC-WASH strategy focusing on primary healthcare facilities in 27 high burden districts harbouring 65 per cent of the caseload, where 41 per cent of the deaths have occurred. This will ensure an efficient and effective use of limited UNICEF resources towards the overall prevention and control of COVID-19 pandemic.

UNICEF distributed detergents and disinfectants to HCF to ensure effective cleaning and disinfection of surfaces thereby reducing the risk of infection among healthcare workers, patients and caregivers. With support from UNILEVER, UNICEF distributed 8,000 bottles of bleach and 140,000 bars of soap to 38 HCF (Sindh: 20; Punjab: 18). An additional 60,000 bars of soap were distributed to at risk communities in Punjab. No new soap distribution was done during the reporting period.

Guided by research conducted by the government, UN agencies and developmental partners, UNICEF developed targeted hygiene and COVID-19 prevention messages. UNICEF is working through implementing partners to disseminate the messages through social mobilisers, religious leaders, FM radio and Community Resource Persons (CRPs). IEC material is displayed on communal hand washing stations and Clean and Green Pakistan digital and social media platforms reaching more than 6.4 million people (200,000 new) across the four provinces.

Under the coordination of MOCC, sector partners, including UNICEF, have provided WASH services to 774 HCFs (163 new) reaching to more than 2.6 million people with WASH services and installed 1,328 handwashing stations (296 new). Over 13.4 million people (2.1 million new) have been supported with hygiene promotion services including COVID-19 prevention and control information. The mobile application allowing for two-way communication with the Clean and Green Pakistan champions has been approved and the platform is used to engage with the youth (18 years and above) by registering 119,000 with 50,000 acknowledging the messages on COVID-19 related social and behaviour change communication around hand hygiene. A total of 50 schools have been so far provided with IPC-WASH facilities in preparation for safe schools opening.

Partnerships: UNICEF is working with the federal and provincial governments as well as with implementing partners including: AKF, IRP (Islamic Relief Pakistan), HANDS, SRSP, WASA Lahore, WSSC Swat, WSSC Abbottabad, WSSP, Peshawar, BRSP, Unilever and DFID, WHO, UNFPA and UN-Habitat.
3. Psychosocial Support and Child Protection

Coordination: The child protection sub-sector group at the federal level, co-chaired by UNICEF and NDMA, discussed in detail modalities for sector projects to be included in the project module of the Global Humanitarian Response Plan (GHRP). An umbrella project for the child protection sub-sector has been drafted in consultation with the working group members and is going to be shared with protection sector for further submission.

UNICEF Response:
A total of 2,673 social workforce professionals (1,396 women and 1,277 men) have been trained in psychosocial support and stigma prevention in all provinces through package developed by UNICEF, including 636 trained within the reporting period (354 female and 282 males in Balochistan, KP and GB).

A total of 38,532 parents, caregivers, children and individuals (2,105 girls, 2,283 boys, 17,231 women, 16,913 men) received Psychosocial Support and Services (PSS) by trained social workforce professionals in Punjab, KP, Sindh, Balochistan and GB with 4,912 reached within the reporting period (Punjab: 947, KP: 53, Sindh: 1,275, Balochistan: 2,292 and GB: 345). This includes 602 individuals (19 Girl, 27 Boys, 327 women and 229 men) who received specialized counselling sessions in Sindh, KP, Punjab and Balochistan.

Key findings from the rapid assessment on the impact of confinement on children (500 respondents) indicate that changes in their home life, as a result of COVID-19, may be linked to increases in violence and reduced patience of caregivers with 34.5 per cent of the respondents reporting that they believed people were screaming at/slapping their children more as a result of the confinement. Positive disciplinary measures such as talking to children about their actions was less commonly mentioned as a disciplinary method adopted by the respondents. Caregivers also reported increases in indicators of stress in children (38 per cent crying and throwing tantrums more than before and 30.3 per cent not sleeping properly like before), which is concerning as stress has significant negative impacts on child development and health and, in children, stress usually manifests in disruptive behaviours thus making children potentially more vulnerable to violent discipline from their caregivers. Further waves rapid assessments will take place in the coming weeks enabling the possibility to analyse changes over time.

During the reporting period stigma prevention messages reached over 6.9 million people during the reporting period and a total of over 34.4 million people.

Partnerships: UNICEF is working with the Federal and Provincial Governments as well as implementing partner DANESH (Drugs and Narcotics Educational Services for Humanity) and Agha Khan Foundation.

4. Health

Coordination: UNICEF Health is working in close coordination with Ministry of National Health Services Regulation and Coordination (MNHSR&C), Provincial Health Departments, UN and Development partners. UNICEF participated in a planning meeting with National EPI cell and Health Services Academy (HSA) where it was decided that a session on COVID-19 preventative measures will also be part of the training package designed for training of 3,000 vaccinators.

UNICEF Response: UNICEF is supporting the Provincial and Regional health departments to ensure continuation of essential primary health care services including immunization, Ante-Natal Care (ANC), Post-Natal Care (PNC), delivery services, childcare and curative care for adults in 136 targeted health facilities reaching a total of 1.2 million people of which 121,561 people were reached during the reporting period (Balochistan: 3,265; Sindh: 78,415; KP: 3,496; Punjab: 36,385). Measles immunisation reached a total of 30,920 children (under 1 year) and a total of 5,718 children (under 1 year) (Balochistan: 96; Punjab: 5,004; KP: 323, Sindh: 295) during the reporting period in the 136 UNICEF supported health facilities. Pakistan Paediatric Association (PPA) has finalized COVID-19 Paediatric Case Management Guidelines with the support of UNICEF which is ready to be rolled out along with trainings. UNICEF has provided basic PPEs (gloves, sanitisers and masks) to a total of 50,363 frontline health workers with 6,889 reached during the reporting period (Balochistan: 6,405; KP: 484).

UNICEF supported IPC training reached 55,164 frontline health workers in total (11,783 new) and supported the training of 63,580 frontline health workers and community volunteers on COVID-19 and case identification and referral of suspected cases (11,731 new).
In KP, UNICEF continues to provide telemedicine services through the Public Health Association and during the reporting period, a total of 342 beneficiaries have benefited from this service, which included 186 diarrhoea and 84 Acute Respiratory Infection (ARI) patients under the age of 5 years as well as 72 ANC support calls. From 20th April to 10th July, a total of 6,455 calls have been received: 646 people benefitted from ANC consultations, 1,483 children under 5 managed for Diarrhoea and 702 under 5 children have been managed for ARI through telemedicine.

To ensure continuity of paediatric HIV services in Larkana in the context of COVID-19, UNICEF is supporting community-based interventions and Anti-Retroviral Therapy (ART) services. During the reporting period, 517 follow ups conducted with HIV Patients through Telephone plus Home visits reaching a total of 2,078 patients to date. To date, a total 115 Mothers’ Groups and 115 Fathers’ Groups have been formed with 894 and 891 members respectively, of which 5 new Mothers’ Support Groups were formed with 38 members while 5 Fathers’ support Groups were also formed with 35 members during the reporting period.

A total of 111 Women Leaders have been identified from the community, of which 20 were identified during the reporting period. A total of 927 HIV affected families have been reached on key COVID-19 prevention messages, of which 517 were reached during the reporting period. During the reporting period, 8 girls, 7 boys and 7 mothers tested HIV positive. A total of 1,297 tests have been conducted out of which 22 were found positive.

**Partnerships:**
MNHSR&C, Provincial and Regional Departments of Health, Health Education Cell under DG Health Services, MNCH, EPI, LHWs, AIDS Control, PPA, Family Physician Association of Pakistan , Sir Ganga Ram Hospital, SARHAD (a CSO) and Public Health Association , PHC Global, Aga Khan Foundation and Agha Khan Development Network, in GB and Health Services Academy, Bridge consultant, Premier Advertisers, Pakistan Medical Association

**5. Nutrition**

**Coordination:** The Nutrition sector coordination led by government and co-chaired by UNICEF continued to meet weekly at federal and provincial levels to support the nutrition response to COVID-19 pandemic. During the reporting period 2 coordination meetings took place at Federal level and 2 meetings in each province. Thirty partners were trained on the use of the recently developed 4W and data collection has started. The online training for health workers on the simplified guidelines for delivering safe Infant and Young Child Feeding (IYCF) practices and management of wasting in the context of COVID-19 was successfully piloted with 23 sector partners on July 10th. This online training will be replicated at province level and be cascaded down to frontline health workers. A total of 650 health workers are expected to be trained.

**UNICEF Response:** During the reporting period, the treatment of Severe Acute Malnutrition (SAM) was available in 2,820 UNICEF supported health facilities providing SAM treatment, no change when compared to the previous report. A total of 42,644 SAM children have been admitted for treatment with 5,370 children (2,770 girls and 2,600 boys) admitted for treatment during the reporting period (Balochistan 406; Sindh 2,191; KP 1,163 and Punjab 1,610). Countrywide, the quality of treatment is in line with international standards with a recovery rate higher than 80 per cent, death rate estimated at 1 per cent and defaulter rate ranging from 2 per cent to 6 per cent in all the provinces except in Punjab where defaulter rate is as high as 20 per cent. The observed high defaulter rate in Punjab could be partly explained by the fact that smart lockdowns are still imposed on many localities resulting in a reluctance of visiting health facilities.

With UNICEF support, inter-personal communication on Infant Young Child Feeding (IYCF) practices in the COVID-19 context reached 73,753 mothers/caregivers (Balochistan 3,752; Sindh; 22,475; KP 7,947 and Punjab; 39,579) through counselling during the reporting period, reaching 361,639 in total. During the reporting period, about 1.6 million viewers were reached with IYCF messages through videos displayed in health facilities in Punjab.

Vitamin A supplementation targeting children aged 6 to 59 months will be carried out along with the Polio Sub National Immunization Days (SNID) scheduled for August. To ensure safe distribution of vitamin A in the context of COVID-19, UNICEF worked with the NEOC and Federal EPI to develop a flyer to guide action of frontline workers. UNICEF is also in the process of finalizing COVID-19 sensitive IYCF Counselling Cards.
Partnerships: To respond to COVID-19 UNICEF is working with MoNHSR&C, Provincial Health Departments, Ministry of Planning Development and Reform, NDMA, PDMA, Nutrition Development Partners, CSOs and UN SUN networks, Association for Gender Awareness and Human Empowerment (AGAHE), Rural Community Development Society (RCDS), Rural Education and Economic Development Society (REEDS), Health and Nutrition Development Society (HANDS) and Nutrition International (NI). UNICEF also established partnership with FAO, WFP and WHO to develop and roll out a nutrition and food security surveillance system to monitor impact of COVID-19.

6. Education

Coordination: On 9th July, the Minister of Federal Education and Professional Training (MoFE&PT) announced that all education institutions in Pakistan will reopen from 15th September. The decision was taken during the Inter-Provincial Education Ministers Conference (IPEMC) that was chaired by the Federal Minister and attended by representatives from all four provinces, Gilgit Baltistan and Azad Kashmir. UNICEF supported the Ministry to prepare a National Paper on the Safe Reopening of Schools that outlined principles, key considerations, criteria on WASH, social distancing and other IPC measures that are required to be in place to safely reopen schools. In his press conference the Minister informed that all schools, colleges and universities, which were closed on 13th March due to the coronavirus pandemic, will strictly follow health guidelines formulated by the federal government and provinces are authorized to close those institutions that do not follow these SOPs. The government will review the virus situation in the first week of September and based on the prevailing situation will take the final decision on school reopening date.

UNICEF response: At Provincial level UNICEF is supporting all Education departments in developing provincial SOPs and guidelines for safe school reopening which after finalization will be translated into Urdu and other local languages for dissemination at school level. UNICEF is also supporting the Ministry of Federal Education and Professional Training in the development of the National Learning Continuity Framework. The framework will address distance learning and include different back to school scenarios through blended learning approaches.

The total number of children directly benefiting from UNICEF supported alternate learning opportunities is 86,157 children with 2,361 additional children reached in the reporting period. In Sindh, 449 Master trainers and teachers (110 females) from teachers’ trainings institutes from 29 districts were trained on Microsoft team application and school data sync tool through the Digital Learning Platform initiative of School Education department.

In Balochistan, 306 content-based videos of Mathematics, Science and English have been shared with Parent Teacher School Management Committees (PTSMC) and teachers for primary level classes (KG-5th) through WhatsApp to support the continuity of learning. The My Home My School campaign is also successfully continuing and now has 16,647 home centres established and providing continuity of learning to 55,333 children (32,975 boys, 22,358 girls).

During the reporting period a survey was conducted by UNICEF to measure the efficiency and effectiveness of the WhatsApp educational videos being shared with PTSMC members. The results show that videos are very popular amongst the My Home My School learners, but also, on average each member is reaching out to more than 3 children outside their immediate family circle. The tele-school broadcast is also attracting attention and in KP a total of 8,228 messages were received by school education department by parents inquiring about the schedule of tele-school channel which were shared with them.

In total 140,302 parents have been reached with messages encouraging learning activities including 111,933 during in the reporting period. Additionally, 46,874 Parent Teacher and School Management Committees (PTSMCs) members, teachers were reached with COVID-19 prevention information via SMS and other social media platforms during the reporting period, taking the total to over 1.55 million people. To date, 666 teachers have been trained on psychosocial support and safe reopening of schools, including 96 during the reporting period.


Adolescent and Youth Development and Participation

Coordination: Pakistan is a young country. Sixty-eight per cent of the population is under the age of 30, and 65.4 million Pakistanis are between the ages of 10 and 24 years. Young people are directly and indirectly affected by COVID-19. An estimated 27 per cent of people infected by the virus are in the 15-29 age bracket. The pandemic has severely curtailed education, skills development, and income opportunities for young people, and they are also at increased risk
of mental health problems. However, adolescents and youth are also engaged in the response, supporting themselves, their peers and others during the COVID-19 crisis. On this premise, UNDP, UNESCO, UNFPA, UNHCR and UNICEF are collaborating on a joint program to engage Adolescents and Youth under three key strategies: Inspire and Engage; Inform and Educate; and Engage and Call to Action.

Response:

- **Inspire and Engage**: A youth perception survey to understand how Pakistan’s young people are coping with the COVID-19 emergency has been completed by UNICEF, UNFPA and UNDP with partner Viamo and will be released soon. Preliminary findings indicate that, behaviour change messages on COVID 19 have been largely successful among the digitally literate adolescents and youth. This is because, more than 69 per cent of online respondents identify COVID-19 as a threat as compared to more than 50% of interactive voice response (IVR) audiences who do not consider COVID-19 as a risk to the youth of Pakistan. In addition, 44 percent % of IVR respondents feel that more children will have to leave school to find work after COVID-19 is over, with the start of the new normal.

- **Inform and Engage**: An open call to identify 200 adolescent and youth ambassadors across the country has been launched by UNICEF and the other UN agencies through the School of Leadership. This group will be trained to lead adolescent and youth focused COVID-19 response activities within their peer networks and in their communities.

- **Engage and Call to Action**: A youth innovation challenge that provide adolescents and youth the opportunity to work together to jointly create solutions for COVID-19 response for COVID-19 has been launched by UNDP, UNICEF and the other UN agencies. The selection of 25 winning teams who will receive mentorship and a cash support of up to PKR 70,000 (approximately US$500) for their projects is underway.

Supply and Procurement Services

A total of US$ 6.15 million worth of supplies and services have been committed from UNICEF’s own resources in response to COVID-19 outbreak including PPEs (gloves, surgical caps, boot covers), sanitizers, IEC and RCCE materials, media engagement related services, WASH sanitation products, rehabilitation of Health Facilities, COVID-19 call centre and consultancy services.

UNICEF is currently supporting Ministry of National Health Services Regulations & Coordination, to procure Personal Protective Equipment (PPEs), test kits and medicines for a total value of US$14.5 million with funding support from World Bank (US$8.5 million), ADB (US$0.5 million and Gavi The Vaccine Alliance (US$5.5 million). The PPEs will be distributed to hospitals, isolation centres, quarantine areas and front line vaccinators. So far PPEs worth US$2 million have been delivered and handed over to MNHSR&C for distribution. UNICEF is arranging the shipment of more PPEs through WFP Transport Common Services to arrive through Karachi, starting 13 July, on behalf of MNHSR&C. The WFP flights are being made available for free to all COVID-19 response humanitarian actors. A total of 168 test kits (1,000 tests per kit) with a total value of US$ 2.4 million, funded from World Bank funding are expected to arrive in Pakistan in July/August.

Human Interest Stories and External Media

A new COVID-19 Advocacy and Communication Strategic Framework (2020) was finalized during the reporting period. It builds on three pillars: (1) Reduce the transmission of the virus; (2) Ensure the continuity of essential services for children; (3) Mitigate the socio-economic impact of COVID-19 on the most vulnerable children and is aligned with UNICEF’s new global Respond, Recover, Reimagine campaign. This framework complements the office’s overall Advocacy and Communication Strategic Framework (2019-2022).

UNICEF continues to produce and disseminate content on how to protect oneself from the virus. A video featuring UNICEF ‘We The Future’ in which an Adolescent Champion singing in support of the frontline health workers was seen 1.8 million times and reached more than 7 million people. It was released as part of UNICEF ROSA’s ‘Health Care Heroes’ campaign and UNICEF Pakistan’s ‘Pak Youth Diaries’ series. Other social media content was posted on adolescents and young people’s mental health and nutrition; on remote education; on ECD and on UNICEF’s ‘Corona Song’.

UNICEF supported ‘My Home My School’ remote learning programme in Balochistan was mentioned in a BBC story, ‘The coronavirus effect on Pakistan’s digital divide’.
**Funding**

UNICEF appeals for US$ 50.2 million to sustain the COVID-19 humanitarian response in Pakistan. Additional resources from Standard Chartered Bank have been received to provide child protection services to vulnerable children affected due to illness and approval has been received from the European Union to reprogram existing funds from the Balochistan Basic Education Program (BBEP) to support 300 schools in Balochistan to prepare for safe reopening and ensuring of hand washing facilities and supplies for infection, prevention and control in all the targeted schools.

To date, contribution of US$ 11.29 million (22 per cent) has been received for the humanitarian response in the country. The funds received include US$ 4.42 million existing resources/programmes re-purposed for COVID-19 from the European Union, DFID funded ASWA II, Aawaz II and Khyber Pakhtunkhwa Merged Districts (KPMD) Support Programme, UNICEF’s Global Thematic Humanitarian Funds and Regular Resources. A significant funding gap of US$ 38.91 million (78 per cent) for the response remains.

In-kind contribution received from Unilever and Procter and Gamble (includes sanitation, hygiene and disinfection material) along with airtime to reach people through mass media. Partnership with Zong 4G, on communicating preventive behaviour messages on their social media pages have contributed and helped achieve positive results for behavioural change.

UNICEF expresses its sincere gratitude to the Government of Japan and United Kingdom, CERF Secretariat, Asian Development Bank, World Bank, European Union, Global Partnership for Education, Solidarity Fund, Standard Chartered, Unilever, Zong along with all its public and private donors for their contributions. UNICEF also recognizes the repurposing of polio programme assets with funding from the Bill and Melinda Gates Foundation, Rotary Foundation, CIDA and CDC towards the COVID-19 response.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Humanitarian resources received</th>
<th>Existing resources reprogrammed for response</th>
<th>Funds available</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Communication and Community Engagement (C4D)</td>
<td>9 500 000</td>
<td>1 733 414</td>
<td>0</td>
<td>7 766 586</td>
<td>82%</td>
</tr>
<tr>
<td>Infection Prevention and Control (WASH)</td>
<td>17 100 000</td>
<td>2 090 841</td>
<td>1 563 506</td>
<td>13 445 653</td>
<td>79%</td>
</tr>
<tr>
<td>Psychosocial Support and Child Protection</td>
<td>4 825 000</td>
<td>1 138 000</td>
<td>653 874</td>
<td>3 033 126</td>
<td>63%</td>
</tr>
<tr>
<td>Building Resilient Health System</td>
<td>7 790 000</td>
<td>1 205 000</td>
<td>1 436 836</td>
<td>5 148 164</td>
<td>66%</td>
</tr>
<tr>
<td>Continuity of Education and Learning</td>
<td>3 350 000</td>
<td>471 000</td>
<td>718 881</td>
<td>2 160 119</td>
<td>64%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>5 625 000</td>
<td>181 000</td>
<td>50 000</td>
<td>5 394 000</td>
<td>96%</td>
</tr>
<tr>
<td>Coordination, technical support and operational costs</td>
<td>2 010 000</td>
<td>50 000</td>
<td>0</td>
<td>1 960 000</td>
<td>98%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$50 200 000</strong></td>
<td><strong>$6 869 254</strong></td>
<td><strong>$4 423 097</strong></td>
<td><strong>$38 907 649</strong></td>
<td><strong>78%</strong></td>
</tr>
</tbody>
</table>

*Internal resources utilized for the response reduced due to revised unit costs for COVID-19 supplies*
SitRep: 1st August 2020

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## Summary of Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF and Operational partners</th>
<th>Task Force /Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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 reached through social media*</td>
<td>650,000</td>
<td>531,752</td>
</tr>
<tr>
<td>Number of people engaged through social media**</td>
<td>15,000</td>
<td>13,402</td>
</tr>
<tr>
<td>Number of at-risk populations reached through community engagement</td>
<td>201,066,962</td>
<td>18,883,259</td>
</tr>
<tr>
<td>Number of members of religious leaders engaged in promoting key messages</td>
<td>230,000</td>
<td>150,278</td>
</tr>
<tr>
<td>Number of media practitioners oriented on reporting on COVID-19</td>
<td>20,000</td>
<td>18,342</td>
</tr>
<tr>
<td>Number of calls received from helpline</td>
<td>16,000,000</td>
<td>5,958,316</td>
</tr>
<tr>
<td>Number of calls from helpline responded to</td>
<td>11,000,000</td>
<td>2,965,913</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>900</td>
<td>434</td>
</tr>
<tr>
<td>Number of people at high risk of COVID-19 supported with hygiene promotion activities and facilities</td>
<td>10,000,000</td>
<td>6,400,000</td>
</tr>
<tr>
<td>Number of community sites with handwashing facilities in the affected areas</td>
<td>1,800</td>
<td>961</td>
</tr>
<tr>
<td># of schools in targeted high-risk areas supported with IPC measures and improved water and sanitation</td>
<td>700</td>
<td>0</td>
</tr>
<tr>
<td>**Psychosocial Support and Child Protection ******</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of affected people, including children, who received psycho-social support</td>
<td>50,000</td>
<td>38,532</td>
</tr>
<tr>
<td>Number of social and care workers trained on psychosocial support and stigma reduction</td>
<td>3,500</td>
<td>2,673</td>
</tr>
<tr>
<td>Number of people reached with stigma prevention messages</td>
<td>50,000,000</td>
<td>34,403,658</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>1,555,220</td>
</tr>
<tr>
<td><strong>Number of parents reached with messages encouraging learning activities through SMS</strong></td>
<td>5,000,000</td>
<td>140,302</td>
</tr>
<tr>
<td><strong>Number of children benefiting from alternate learning opportunities</strong></td>
<td>7,500,000</td>
<td>86,157</td>
</tr>
<tr>
<td><strong>Number of SMCs trained on safe reopening of schools</strong></td>
<td>8,500</td>
<td>0</td>
</tr>
<tr>
<td><strong>Number of teachers trained on psychosocial support and safe reopening of schools</strong></td>
<td>100,000</td>
<td>666</td>
</tr>
</tbody>
</table>

**Building Resilient Health Systems**

| **Number of people benefitting from continuity of primary health care services at UNICEF supported health facilities** | 3,200,000 | 1,146,622 | 121,561 ▲ |
| **Number of children < 1 vaccinated against Measles** | 170,000 | 30,920 | 5,718 ▲ |
| **Number of frontline health workers reached with basic PPEs (masks, gloves and hand sanitizers)** | 100,000 | 50,363 | 6,889 ▲ |
| **Number of frontline workers trained on infection prevention and control** | 50,000 | 55,164 | 11,783 ▲ |
| **Number of frontline health workers and community volunteers oriented on COVID-19 and referral of suspected cases** | 70,000 | 63,580 | 11,731 ▲ |

**Nutrition**

| **Number of sites which are safe for service providers and patients.** | 3,000 | 2,820 | 0 | 3,500 | 3,200 | 0 |
| **Number of mothers and care givers at high risk of infection supported with IYCF and hygiene promotion.** | 380,800 | 361,639 | 73,753 ▲ | 403,461 | 539,050 | 73,753 ▲ |
| **Number of children treated for SAM without complication in a safe environment at health facility** | 70,000 | 42,644 | 5,370 ▲ | 78,400 | 66,386 | 6,334 ▲ |

* To minimize double counting UNICEF HQ RCCE Guidelines define the result as the number of impressions per post from the highest performing platform for last two weeks.
** For the Social media engagement (likes, shares and retweet) results the UNICEF HQ RCCE Guidelines define the result as the number of impressions per post from the highest performing platform for last two weeks.
*** As the methodology for social media calculations has been revised and implemented in this SitRep, the result for ‘reach’ cannot be compared to the last SitRep’s result. The change in result will be calculated from Next SitRep.
**** As the methodology for social media calculations has been revised and implemented in this SitRep, the result for ‘engagement’ cannot be compared to the last SitRep’s result. The change in result will be calculated from Next SitRep.