Reporting Period: 1 January – 30 June 2021 (midyear)

Key Highlights

- Pakistan faced the third wave of COVID-19 cases during the first half of the year. As of 30th June, there have been 958,408 confirmed corona virus cases and 22,321 deaths reported with a positivity rate of 2.1 per cent in the country. ([https://covid.gov.pk/stats/pakistan](https://covid.gov.pk/stats/pakistan)).
- Over 47.9 million people have been reached with messages on COVID-19 prevention and on access to services through UNICEF support during the reporting period.
- Through UNICEF supported health sites, 86,525 children were admitted for Severe Acute Malnutrition treatment during the reporting period.
- Over 2.2 million people benefited from continuity of primary healthcare services at UNICEF supported health facilities during the reporting period.
- From January to June 2021, 307,396 parents, caregivers, children and individuals have been reached with psychosocial support through trained social workforce.
- Through UNICEF support 1,449,341 people have been reached with handwashing behaviour change programme during the reporting period.

UNICEF’s Response and Funding Status

<table>
<thead>
<tr>
<th>Sector</th>
<th>People reached (through national Media channels) with messages on COVID-19</th>
<th>People at high risk supported with hygiene promotion</th>
<th>People, including children receiving PSS</th>
<th>Children accessing safe formal and non-formal education</th>
<th>Children and women accessing primary health care in…</th>
<th>Children with SAM admitted for treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>C4D, ACE and ARP</td>
<td>64%</td>
<td>62%</td>
<td>69%</td>
<td>19%</td>
<td>63%</td>
<td>84%</td>
</tr>
<tr>
<td>WASH</td>
<td>16%</td>
<td>16%</td>
<td>19%</td>
<td>15%</td>
<td>16%</td>
<td>21%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>64%</td>
<td>62%</td>
<td>69%</td>
<td>19%</td>
<td>63%</td>
<td>84%</td>
</tr>
<tr>
<td>Education</td>
<td>16%</td>
<td>16%</td>
<td>19%</td>
<td>15%</td>
<td>16%</td>
<td>21%</td>
</tr>
<tr>
<td>Health</td>
<td>64%</td>
<td>62%</td>
<td>69%</td>
<td>19%</td>
<td>63%</td>
<td>84%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>16%</td>
<td>16%</td>
<td>19%</td>
<td>15%</td>
<td>16%</td>
<td>21%</td>
</tr>
</tbody>
</table>

Funding Status (in US$)

- Humanitarian funds: $1m
- Other Resources: $4m
- Carry-forward: $7m
- Funding gap: $44m

1 Leveraging resources and working with Government and partners helped in getting better results under C4D, WASH, nutrition and CP.
Funding Overview and Partnerships

In 2021, UNICEF Pakistan needs US$ 55.73 million to support the in-country humanitarian response. To date, US$ 12.6 million (22 per cent) have been mobilised to provide humanitarian support in the country. Additional funds have been received from USAID to support the rollout of COVID-19 vaccination campaign. A substantial funding gap of US$ 43.67 million (78 per cent) persists to provide essential emergency services throughout the country.

In addition to the humanitarian resources received during the year, US$ 3.76 million of existing resources have been re-purposed to support the on-going response. This includes funds received from the United Kingdom, Canada, UNICEF’s set-aside funds, Global Thematic Funds and regular resources.

UNICEF expresses its sincere gratitude to the Governments of United Kingdom, United States, and the Austrian Committee for UNICEF, Asian Development Bank, CERF, World Bank, ECHO, Global Partnership for Education, Gavi -The Vaccine Alliance, Solidarity Fund, Standard Chartered, along with all its public and private donors for their contributions.

Situation Overview and Humanitarian Needs

At the end of March 2021 and facing a third wave of COVID-19 cases, the Government of Pakistan started imposing smart lockdowns in major high burden districts (in which positivity rate is higher than 10 per cent), restricting the movement of the people within these areas and outside them. There was also a complete ban on gatherings of all kinds for social, religious or other purposes at any place, public or private, in these areas. By mid-May, there was a marked decrease in COVID-19 cases; hence, on 19 May the National Command and Operations Centre (NCOC) announced the lifting of a number of restrictions. The government is currently urging compliance on wearing masks and broader lockdowns continue to be implemented with stringent enforcement protocols based on risk assessments.

To mark having administered 10 million vaccine doses, Pakistan held a ceremony on 9th June where the Federal Minister for Planning, Development and Special Initiatives said that the government aimed to inoculate 70 million people by the end of the year.

The Humanitarian Response Plan (HRP) 2021 was also launched jointly by the Ministry of Foreign Affairs, Government of Pakistan and UN on 9th June, 2021. The HRP aims to provide integrated lifesaving services to some 4.3 million of the most vulnerable people affected by shocks ensuring living conditions, resilience and protection.

EPIDEMIOLOGICAL OVERVIEW

As of 30th June, there have been 958,408 confirmed cases, 31,767 active cases, 904,320 recoveries and 22,321 deaths reported. The highest number of these cases are in Punjab, followed by Sindh and Khyber Pakhtunkhwa (detailed figures are given in map below). The bar graph below shows the daily COVID-19 cases from 1st January to 30th June 2021. Based on data from NCOC2, as of the end of June, Pakistan conducted 14,590,230 laboratory tests.

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2 https://ncoc.gov.pk/#section2
COVID-19 Vaccine Updates: The COVID-19 vaccination rollout started on the 3rd February, 2021 in Pakistan. The vaccination is being carried out in a phased manner with priority first given to frontline health/workers, senior citizens to people in lower age brackets. Starting from 27th May, the vaccination registration has now been opened for above 18 years old; hence, the entire population over 18 years can now get registered and vaccinated, provided that the supply chain is maintained.

Pakistan has received 22.35 million vaccines doses so far and NCOC vaccine related statistics are shown below:

<table>
<thead>
<tr>
<th>Vaccine Name</th>
<th>Delivered</th>
<th>Source</th>
<th>Pipeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sinopharm</td>
<td>6,720,000</td>
<td>Donation/Government supply agreement</td>
<td>-</td>
</tr>
<tr>
<td>Cansino</td>
<td>1,740,939</td>
<td>Government supply agreement</td>
<td>-</td>
</tr>
<tr>
<td>Sputnick</td>
<td>200,000</td>
<td>COVID-19 Market place/UNICEF</td>
<td>10,100,000</td>
</tr>
<tr>
<td>AstraZeneca</td>
<td>1,238,400</td>
<td>COVAX</td>
<td>2,239,200</td>
</tr>
<tr>
<td>Sinovac</td>
<td>12,050,000</td>
<td>Government supply agreement</td>
<td>3,000,000</td>
</tr>
<tr>
<td>Pfizer</td>
<td>100,620</td>
<td>Government supply agreement</td>
<td>26,870</td>
</tr>
<tr>
<td>PakVac</td>
<td>307,600</td>
<td>In country production</td>
<td>-</td>
</tr>
<tr>
<td>Moderna</td>
<td>-</td>
<td>COVAX</td>
<td>2,500,000</td>
</tr>
</tbody>
</table>

Total 22,357,559 17,866,070

Advance Market Commitment/Purchasing Additional Doses:
On 8th June, the first batch of COVID-19 vaccine 'PakVac' was launched for mass vaccination after successfully developing it with the help of China’s CanSino Bio[1].

In June, Pakistan received 1.01 million doses of Cansino vaccine, 2 million doses of Sinopharm vaccine, and 7.05 million doses of Sinovac vaccine and 307,600 doses of PakVac vaccine were also introduced for mass vaccination.

COVAX, HAC Access to COVID-19 Tools Accelerator (ACT-A)4 Updates:

AstraZeneca Vaccine:
From the second round of COVAX allocation, Pakistan was allocated 2.4 million doses from Astra Zeneca directly. The first batch of 1.2 million doses was received in Islamabad on 7th May 2021, and the second batch of 1.2 million doses is anticipated to arrive in the country in July.

From the fourth round of COVAX allocation, Pakistan has been allocated one million doses of Astra Zeneca vaccine; however, due to the current global shortage of the Astra Zeneca vaccine the current anticipated arrival is scheduled for September depending on availability.

Moderna Vaccine:
A donation of 2.5 million doses of Moderna vaccine from the U.S. will be delivered into Pakistan in the first week of July through COVAX facility.

So far, the following vaccines have been registered in Pakistan by the Drug Regulatory Authority of Pakistan (DRAP) and received in-country:

Cold Chain Updates:
* All 23 ultra-cold chain equipment (CCE) have been installed: 5 in Federal EPI, 16 in districts and 2 in NIH for lab products.
* Vaccine will be distributed up-to district levels by the manufacturers.
* For Moderna the Polio vaccine cold chain will suffice, as it does not need more then -20 degrees refrigeration.

*1 https://ncoc.gov.pk/
Summary Analysis of Programme Response

1. C4D, COMMUNITY ENGAGEMENT AND AAP:

Coordination: UNICEF continues to provide leadership, coordination and technical support to the Ministry of National Health Services Regulation and Coordination (MONHSR&C) and its Risk Communication and Community Engagement (RCCE) partners. Both the National and UN RCCE task force teams were established in March 2020. These RCCE forums provide the strategic direction for RCCE efforts in the country. The UN task force team that includes eight UN agencies, meets monthly, and the National RCCE Coordination Taskforce meets fortnightly with partners. In addition to coordination at the federal level, UNICEF is co-lead in all provincial RCCE task-force teams, aiming to strengthen coordination, planning, monitoring and ensuring timely implementation at both provincial and district levels.

Response:

Evidence-based knowledge, understanding and planning: Key RCCE priority areas focused on the continued promotion of vaccine-confidence, with special emphasis on the public registration process, and increased participation from women, youth and teachers. Other focus areas included preparations for the religious events including Eid-ul Fitr and continued data analytics and social listening.

Vaccination. As of June, vaccination registration has expanded to individuals above 18 years of age and as such, new and targeted messages are being developed that also address vaccine hesitancy among younger participants. Vaccine registration records show that COVID-19 vaccination among men is nearly double that of women. Social surveys suggest that reasons for this may be rooted in either cultural norms or system-related causes. In more traditional provinces, cultural reasons include low permissibility for women to participate in external events and RCCE is addressing this through advocacy with religious influencers at both provincial and district levels. System-related causes include fear of side effects, low trust in the medical system, general mistrust in vaccines, rumours or conspiracy theories, long distances, inappropriate times, and lack of transportation. Through the RCCE briefs and advocacy with RCCE task-force focal points, results from social surveys and analytical insight on vaccine hesitancy are being translated into policy recommendations at both federal and provincial levels. Monthly quantitative and qualitative Knowledge Attitude and Practice (KAP) surveys are being conducted to further investigate reasons for low-vaccine uptake among women, younger generations and special population groups.

Through analysis of the public COVID-19 helpline, most complaints in June are related to the vaccine-registration system. It relies on digital and internet skills, which are not always available in rural Pakistan. The government has promised to consider putting in place a walk-in policy for those who cannot register online or who do not have a computerized national identity card. While the demand for vaccines remains high, other complaints (31 per cent) are related to the unavailability of vaccines at COVID-19 vaccination sites. In addition, social listening, data collected and analysed from social media, community feedback, and COVID-19 helpline, is showing that many believe the second dose is not as important as the first, thus not returning to complete the mandatory protection cycle. Messages to counter and promote the importance of the second dose is being prioritised through all national media platforms.

Social analytics and social listening continue to play a driving force with all RCCE teams. A contract was signed with International Public Sector Accounting Standards (IPSOS) to conduct: a) Monthly KAP surveys in 26 districts across Pakistan on vaccine hesitancy and SOPs; b) advanced weekly social-media analytics; c) quarterly direct-observational surveys and d) A national media landscape survey to help orient a UNICEF national media strategy. In June, other anthropological and qualitative surveys were conducted to better understand low vaccine uptake among women and teachers. The insight from two telephone surveys motivated the RCCE team to develop a Social and Behaviour strategy specific to women and teachers. The plan included a commitment to conduct personalized interactions with teachers from respected and trusted specialists. The surveys showed that the respondents demanded more in-depth information on vaccine efficiency, effectiveness, and main differences between available vaccines, with special focus on side effects. More advanced Frequently Asked Questions (FAQs) were shared with teachers and Frontline Workers (FLW). Surveys addressing lower vaccine uptake among women is being addressed at provincial level through trusted religious and influential leaders. All RCCE strategies are guided by a special focus on high-burden districts, identified by percentage of positivity cases and low vaccine uptake.

UNICEF and WHO combined efforts to update the vaccination FAQs. This updated version will soon be shared widely with partners, websites, religious and community leaders, media personnel and journalists, teachers, FLWs and medical personnel. The FAQs are being translated to other local languages and more adaptive versions will be drafted for adolescents and teachers.
Religious leaders' engagement: Through existing polio and health alliances, 68,099 religious leaders were engaged and mobilized to promote a higher risk-perception towards COVID-19 and its hidden dangers. Preaching from local mosques, religious leaders reminded followers to abide to SOP rules, including the importance of vaccination, handwashing, the continuous usage of masks and to limit large gatherings, especially during festivities of Eid ul Adha.

Media, social-media and production of educational materials (print/video): Television and radio remain the primary sources of trusted information on the COVID-19 in Pakistan. Although TV and radio have the highest outreach, social media is catching up with them in terms of outreach. However, there is a risk of misinformation, since social media is not well regulated. Through national Media channels with messages on COVID-19 prevention and vaccination reached 1.94 million people.

On social media, Facebook has been the best performing platform for UNICEF Pakistan with 139.1 million total impressions and 3.7 million total engagements in the first six months of 2021. On average, each Facebook post received 1,300,655 impressions and average 516,775 engagements in a month. On Twitter, the total impressions have been 1,041,509 and total engagements have been 44,2017 during the period. On Instagram, the total impressions have been 1,344,677 and total engagements have been 30,740 during the period. Social media posts regarding arrival of COVID-19 vaccines through COVAX received the most impressions and engagements.

Community mobilization activities continued in six high risk districts throughout the country with additional support from the Polio teams who continued to disseminate messages on the importance of respecting SOPs, vaccination uptake and testing along with messages on Polio. During the first half of the year, 12.78 million at risk people have been reached with COVID-19 preventive messages.

Feedback Mechanisms: The Polio helpline, now also used for COVID-19 purposes, responds to nearly 40,000 calls each day, of which nearly one-third has been from callers requesting information on vaccinations. Most of the questions were related to the effectiveness of the vaccine, the registration process and information regarding the second dose, including its revised timeline.

The helpline has proven to be an effective tool in building trust between the population, the government and also with implementing partners. It informs callers on how they can register for the vaccine, receive information on eligible citizens, and be directed to the closest vaccination sites. The helpline also provided critical information on where they can get tested and/or get treatment for COVID-19.

Gaps and Challenges: The arrival of the COVID-19 vaccine continues to overshadow the importance for continued adherence to the COVID-19 SOPs and of the use of mask. It is perceived as if the vaccine has already ended the pandemic in Pakistan. The most common public concerns regarding the COVID-19 vaccine are related to side effects, lack of clear and consistent communications from the government, unavailability of vaccines, difficult access to vaccination centres, complex electronic registration systems, doubt about the general effectiveness of the COVID-19 vaccine, confusion over the six existing vaccines in Pakistan and the differences between them and the revised schedule between two doses.

Partnerships: UNICEF is working with the federal and provincial governments as well as implementing partners which include: 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, Rural Support Programme Network (RSPN), Pakistan Alliance for Early Childhood (PAFEC).

2. Water, Sanitation and Hygiene:

Coordination: UNICEF works in close collaboration with the Government of Pakistan, WHO and other sector CSO partners. UNICEF advocated and supported the Ministry of Climate Change to convene coordination meetings with WASH partners at the federal level, while the provinces also held regular coordination meetings with WASH partners in collaboration with the provincial departments. WASH sector coordination meetings at federal level brought together over 70 organizations and government representatives from all the provinces. The same support was extended to the departments of local government in the four provinces to hold similar coordination meetings on weekly basis. All participating organizations regularly report their progress through the 4Ws matrix (Who is doing what, where and when), ensuring effective coordination and efficient use of resources by avoiding duplication.
The IPC/WASH sector, with support from UNICEF and the Global WASH Cluster, 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:


Response: UNICEF is implementing country-wide WASH/IPC interventions, focusing its efforts on 20 high burden districts. UNICEF rehabilitated and installed WASH facilities which included ultraviolet water filters, toilets and handwashing stations in 98 healthcare facilities (HCFs): 33 in Sindh, 2 in KP and 63 in Balochistan. During the reporting period, more than 392,554 people gained access to safe drinking water and sanitation facilities in these HCFs contributing towards reducing the risk of COVID-19 infection among the healthcare workers.

UNICEF utilized existing WASH programs such as Clean and Green Pakistan and communication networks of volunteers to undertake hygiene promotion and support RCCE efforts. Given the travel restrictions, UNICEF used digital and social media platforms to engage with communities, including with religious leaders in hygiene promotion. To promote handwashing by the public as one of the critical COVID-19 prevention and control measures, UNICEF supported the fabrication and installation of 957 handwashing stations placed at strategic points in cities and communities enabling over 2.2 million people to wash hands properly. Almost 1.45 million people were supported with hygiene promotion services including COVID-19 prevention and control information.

During the reporting period, UNICEF supported the training of 3,617 frontline sanitary and health workers on WASH/IPC in HCFs and high-risk communities on WASH/IPC. UNICEF reached 282,256 children (138,305 girls and 143,951 boys) in 472 schools (331 in KP, 30 in Balochistan and 111 in Sindh) with WASH/IPC services during the first half of the year.

Gaps and Challenges: Due to limited resources, UNICEF focused mainly on handwashing in public places, schools and HCFs. However, providing handwashing stations and soap to vulnerable households could have had a significant positive impact.


3. Child Protection, GBVIE AND PSEA:

Coordination: Child Protection (CP) coordination for the COVID-19 response continued at both the national and provincial levels in close collaboration with the Protection Sector and GBV sub-sector. In KP, the CP sub-working group meeting continues to be an important platform for supporting coordination between operational actors engaged in the delivery of prevention and response child protection interventions. Also in KP, the Technical Working Group (TWG) on Psychosocial Support (PSS) has been notified by Provincial Disaster Management Authority (PDMA) and the membership has been finalized. The draft outline of the Psychological First Aid (PFA) handbook was shared with the TWG members during the first meeting, held in June, 2021. Messages related to stigma prevention regarding COVID-19 were also shared with the members for further dissemination in the community. In Sindh, the first TWG meeting for development of the Child Protection Case Management and Referral System (CPCMRS) was also organized, the meeting aimed to provide a forum for participation of all stakeholders for ensuring their input in the process of development of the CPCMRS. This will be part of CP system development and available to respond in cases of humanitarian crises as well.

Response: UNICEF and its partners trained a total of 7,932 social workforce professionals (4,801 women and 3,131 men) during the first half of the year in PSS and stigma prevention in all provinces using a package developed by UNICEF.

From January to June 2021, a total of 307,396 parents, caregivers, children and individuals (49,564 girls, 48,363 boys, 106,773 women, 102,696 men) received PSS by trained social workforce professionals in Punjab, KP, Sindh,
Balochistan, GB and AJ&K. Also, 11,415 Individuals (1,923 girls, 1,864 boys, 4,166 women and 3,462 men) received specialized counselling sessions in Punjab, KP and Sindh provinces.

Messages on stigma and violence against children reached a total of 10,634,154 and the total number of children who received CP services supported by UNICEF in Sindh and Balochistan reached 2,567 children (877 girls, 1,690 boys), during the reporting period (January to June, 2021).

**Gaps and Challenges:** The increase in COVID-19 positivity rate in major cities of country caused delays and challenges in conducting capacity building trainings/community-based interactions. It was also challenging to conduct virtual community sessions due to non-availability of smart phones and internet in some vulnerable communities. Some communities are also denying the existence of corona virus which poses specific concerns when conducting outreach sessions; for instance, it became difficult to make them follow the SOPs like wearing a mask or maintain social distancing. To mitigate these challenges smaller groups are formed and masks and sanitizers are also provided for the face-to-face sessions in the communities. Social distancing and open space is also arranged for these sessions. Efforts are also made to arrange a smartphone and internet connection with at least a couple of participants in the communities.

**Partnerships:** PAHCHAAN, Center for Clinical Psychology, Social Welfare Department, the Department of Health notified three Committees: steering committee; programme management committee and implementation committees (district level).

4. Health:

**Coordination:** As a frontline partner of the Government of Pakistan in COVID-19 response, UNICEF is working closely with MoNHSR&C, Provincial and Regional Health Departments, UN partner organizations, Development partners, Academia and CSOs since the start of the pandemic.

**Response:** UNICEF is supporting Provincial and Regional health departments to ensure the continuity of essential primary healthcare services including immunization, Ante-Natal Care, Post-Natal Care, delivery services, childcare and curative care for adults in 136 targeted health facilities reaching 2.25 million people during the reporting period of January to June 2021 with measles immunization reaching a total of 65,505 children in the 136 UNICEF supported health facilities. UNICEF has provided basic PPEs (gloves, sanitizers and masks) to a total of 15,637 frontline workers during the first six months of 2021.

UNICEF supported IPC training reached 9,312 frontline health workers during the first half of the year and UNICEF supported the training of 3,306 frontline health workers and community volunteers on COVID-19 case identification and referral of suspected cases. Clinical Management of Children with COVID-19 training was provided to a total of 1,343 paediatricians trained during the period January to June 2021.

**Gaps and Challenges:** There is low COVID-19 vaccine coverage with only 1.6 per cent of the population been fully vaccinated as of end June. The government is making an effort to ensure uninterrupted supply of vaccines and avoid shortages in the pipeline. Additionally, gender disparity in COVID-19 vaccine uptake has been observed for which UNICEF is working with the government to resolve the issues and help improve equitable vaccine uptake.

**Partnerships:** GAVI, MoNHSR&C, Federal and Provincial EPI and provincial and regional health departments and the National EOC on polio. Health Service Academy, Pakistan Pediatric Association, Pakistan Medical Association, Public Health Association, Family Physician Association of Pakistan, Sir Ganga Ram Hospital, SARHAD (a CSO), PHC Global, Aga Khan Foundation and Agha Khan Development Network, in GB and Health Services Academy, Premier Advertisers, for COVID-19 pandemic response.

5. Nutrition:

**Coordination:** Sector coordination continued under the joint leadership of the Government of Pakistan and UNICEF. To coordinate and oversee the nutrition response to the COVID-19 pandemic, the Nutrition Working Group (NWG) is regularly meeting at National and the sub-national level during the year thus far.

The National NWG made the National Nutrition Dashboard more effective with the inclusion of supply information in the 4W matrix and shared with partners for tracking and monitoring of supplies.
The maternal nutrition strategy including provincial implementation plans were validated in a consultative workshop held by MoNHSR&C. The evidence generation on Iron Folic Acid bottleneck analysis was also reviewed and findings have been validated by the Federal Ministry of Health and provincial Departments of Health.

The South Punjab Stunting Reduction Program review and trainings are underway and planned to be carried out in 15 districts of Punjab. In Sindh, a meeting was held on School Health and Nutrition strategy with the Department of Education and first draft of the strategy is under review with the Education Department.

**UNICEF Response:** As part of the Nutrition Response during the COVID-19 pandemic, a total of 2,844 UNICEF-supported Outpatient Therapeutic Feeding Program sites provided nutrition services (Balochistan: 183; KP: 128; Punjab: 1,720; Sindh: 813). During the reporting period of January to June this year, 86,525 Severe Acute Malnourished children (38,685 boys and 47,840 girls) have been admitted for Severe Acute Malnutrition (SAM) treatment and a total of 213,179 children 6-59 months (105,357 boys and 107,822 girls) received Multi-micronutrient supplementation.

With UNICEF’s support, counselling on Infant and Young Child Feeding (IYCF) practices (in the COVID-19 context) through Lady Health Workers and other community-based networks conducted in the communities and 677,056 pregnant and lactating women were reached during the first half of the year through community engagement efforts and IYCF counselling through health facilities.

In KP, UNICEF supported the establishment of nine new nutrition sites in Super Polio High Risk Union Councils (SHRUCs) of Peshawar which have been functional since the 7th June 2021 providing services for the management of SAM, IYCF, ECD and simplified guidelines for SHRUCs.

Currently, the pre-testing of the newly developed Social and Behaviour Change Communication material on Maternal, Adolescent, and Infant, Young Child Nutrition is underway. Through Social media (Facebook, WhatsApp, Instagram, and Twitter) 9,023 viewers have been reached in Punjab and KP.

**Gaps and Challenges:** Issues reported on the quality of Ready to Use Therapeutic Food (RUTF) is being resolved in close coordination with supply. Around 33,000 cartons of RUTF were observed in the warehouse and in the field leaking oil which was also effecting printing on the cartons. The nutrition services in KP province’s settled districts are continuously experiencing shortage of supplies mainly RUTF, especially in the COVID-19 high risk districts of KP. The funding constraints to support nutrition services will lead to closure of 74 nutrition sites by 30th June 2021 in the Newly Merged Districts.

**Partnerships:** To respond to COVID-19, UNICEF is working with MoNHSR&C, Provincial Health Departments, Ministry of Planning Development and Reform, WFP, WHO, Nutrition Development Partners, CSOs UN, Scaling UP Nutrition (SUN) networks, NDMA, PDMA, Pakistan Paediatrics Association and Pakistan Gynaecologist Association.

**6. Education:**

**Coordination:** UNICEF supports coordination with federal and provincial education ministries/departments, humanitarian organizations, UN and development partners for the continuation of learning during school closure and adherence to SOPs for safe reopening of schools. In a recent National Education Sector Working Group (ESWG) – Education in Emergencies (EIE) meeting, sector members discussed the needs of capacity building of parents regarding implementation, monitoring and assessment of distance learning during this pandemic. The Punjab Disaster Risk Reduction (DRR) working group agreed to developed emergency preparedness for future emergencies particularly floods in Punjab province.

All educational institutions reopened under strict adherence to the SOPs and in KP, Punjab and Sindh, 50 per cent attendance of students is advised and in Balochistan all children are expected to attend schools. Due to the hot weather conditions, school opening hours have been reduced to 7 to 11 am.

Teachers’ vaccination is ongoing: 64 per cent of teachers and 48 per cent of non-teaching staff in KP and over 70 per cent of teaching and non-teaching staff in Punjab have been vaccinated during the first half of the year. Vaccination is continued in Sindh and Balochistan provinces and UNICEF is providing technical support in monitoring systems that are being put in place by the government to track vaccination compliance.
Response: UNICEF is supporting the Provincial Education departments with the safe return to schools and ensuring adherence to the Safe Schools SOPs following school reopening and monitoring the compliance. With UNICEF’s support, the Directorate General Monitoring & Evaluation has included an indicator on Teachers’ vaccination in the Sindh School Management System application, which will help to track the number of teachers being vaccinated.

To support safe operation of schools during the first half of the year, 9,419 (3,512 women) teachers and education officers have been trained on safe reopening and operations of schools across the country. Awareness-raising campaigns for promoting the Continuity of Learning (CoL), Safe Schools SOPs and teachers’ vaccination continued to reach students, teachers, and parents.

During the first half of this year, 79,131 children are assessing formal and non-formal education, including Early Childhood Education (ECE), and 20,547 teachers (9,300 women) and education officers have been trained on Mental Health and Psychosocial Support. To support of continuity of learning, an additional 525,020 parents have been reached with encouraging messages through SMS and different social media platforms during this reporting period.

Gaps and Challenges: Due to hot weather conditions, students and teachers are facing difficulties during learning and teaching activities. To address this issue the time at which schools open has been changed to 7 am in the morning. As a result of the prolonged closure of schools, it is challenging to get children to return to schools, which UNICEF and partners are addressing through the continuous mobilization of parents and community elders to ensure children attend schools.


Supply and Procurement Services

Apart from the update on the supplies received through the COVAX facility stated in the overview, all supplies have now been delivered to UNICEF (including PPEs procured from local suppliers) from the US$ 15 million World Bank Pandemic Emergency Financing (PEF) Fund allocated to Pakistan. The distribution of the remaining supplies has been undertaken as agreed with the Ministry of National Health Services Regulation and Coordination (MoNHSRC).

Moreover, 2.4 million surgical masks are being procured which are to be delivered by sea from the UNICEF Hub in Dubai. Additional approvals are now needed from DRAP when importing surgical masks into Pakistan, therefore these will be expedited to the extent possible to have customs clearance completed within July. Masks will then be distributed as agreed with MoNHSRC in support of the COVID-19 vaccine rollout in Pakistan.

Delivery of all Laboratory Equipment to the value of US$ 1.5 million funded by Asian Development Bank (ADB) is anticipated to be delivered to UNICEF warehouse within the month of July. There have been extended delays to the delivery of some items due to global supply chain disruptions. Some equipment is already delivered and stored in UNICEF warehouse, but on the request of MoNHSRC will be delivered once the final supplies arrive as one delivery, to each of the 20 laboratories as agreed with MoNHSRC.

Humanitarian Leadership, Coordination and Strategy

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 COVID-19 transmission and mitigate its consequences. The NCC established the NCOC to synergize and articulate a unified national effort to respond to the COVID-19 pandemic, and to implement NCC’s decision. It also 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 thePDMA as the leading provincial operational agency. Furthermore, the Emergency Operation Centre (EOC) at the National Institute of Health (NIH) has been activated as an Incident Command and Control Hub. A technical working group with three sub committees for RCCE, supply/cold chain and vaccine logistic and surveillance of Adverse
Event Following Immunization (AEFI) have been established at Federal EPI. They regularly report on the readiness level to the MoNHSRC.

UNICEF contributed to the development of the National Vaccine Deployment Plan (NVDP), prioritization of eligible populations for vaccination and application for COVAX vaccines exercise, National Immunization Technical Advisory Groups (NITAG) and National Interagency Coordination Committee (NICC).

**UN COORDINATION**

The UN in Pakistan has established a Crisis Management Team (CMT) comprising of: WHO; UNICEF; WFP; UNHCR; UNFPA; IOM; UNOCHA; UNDP; UNAIDS; DSS and the RC which meets every Friday. For COVID-19 vaccine introduction, together with national authorities, WHO, World Bank and donors, UNICEF is part of the country Technical working group and sub committees on cold chain/vaccine logistics and RCCE. UNICEF is supporting the planning for cold chain and vaccine need assessment and procurement, as well as RCCE.

**UNICEF’s Response Strategy**

UNICEF Pakistan is working through a multipronged response strategy which includes: (1) public health response to COVID-19; (2) continuity of essential services; and (3) mitigation of the socio-economic impact of COVID-19. To support breaking the current chain of transmission, the public health response is focused on the high burden cities which are most affected with the highest number of new COVID-19 cases and high case test positivity rates since March 2021 – the 3rd wave of COVID-19 in Pakistan.

**Public health response to COVID-19**

- **C4D, Community Engagement and AAP:** to provide timely and accurate information to families and communities and promote behaviour to reduce risk and limit transmission during the second wave of COVID-19 cases. For the third wave response, particular focus will be given to adapt according to the epidemiology and leverage four platforms including 1) Civil society (prioritizing AJK and GB), 2) Religious leaders’ engagement and mobilization, 3) Polio Networks mobilizing the community-based volunteers and 4) Youth Groups to be engaged for peer-to-peer awareness.

- **Water sanitation and Hygiene** 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.

- **COVID-19 Vaccine introduction and Deployment:** UNICEF as a member of technical working group is providing support for preparation of COVID-19 vaccine, procurement and deployment including risk communication and awareness raising as well as support for cold chain. UNICEF is also part of the COVAX consortium comprised of GAVI, WHO, CEPI and UNICEF that is supporting Pakistan in the scale up of the COVID-19 vaccination.

- **Procurement services** in support of the Government to ensure timely sourcing and availability of quality essential medical supplies and personal protective equipment (PPE).

- **Child protection, GBVIE and PSEA** 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**

- **Education** to ensure teachers, parents and students are informed about COVID-19, continuity of learning and facilitate safe reopening of schools and learning education institutions.

- **Health** for managing mild cases and referral of severe cases with the aim to strengthen primary healthcare (PHC) system and ensure continuity of life saving basic health services like MNCH and immunization.

- **Nutrition** 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. **Nutrition Emergency:** Similar approach is to be adopted to ensure nutrition services in selected high burden malnutrition districts. It is also important to note that UNICEF in partnership with the government will functionalize nutrition
facilities across country by making them safe through provision of PPEs and thus will leverage recourses of Government and secure same services for children with malnutrition.

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 respond 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 (CRVS) 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.

Human Interest Stories and External Media

During the first six months of 2021, UNICEF continued its campaign through mass and social media calling on people to keep adhering to COVID-19 preventive behaviours even as the vaccine is being rolled out in the country, and to get vaccinated. UNICEF continued to implement its 2020-2021 Sub-Advocacy Strategic Framework to help reduce COVID-19 virus transmission and promote the continuity of essential services for the most vulnerable children while mitigating the socio-economic impact of the crisis on families.

Multimedia content was developed to promote adherence to public safety behaviours, build trust in vaccines in general and encourage people who were eligible to register for COVID-19 vaccination. UNICEF documented the delivery of four consignments of COVID-19 vaccines through the COVAX Facility, while encouraging people to get vaccinated and advocating for vaccine equity. Video messages were also produced with and by adolescents.

UNICEF continued to advocate for the continuity of essential services. This included a campaign to promote immunization during the typhoid conjugate vaccination (TCV) campaign, and the documentation of the impact of the Integrated Service Delivery (ISD) programme which provides families living in districts at super high risk of polio with a packaged of essential services. Several video messages and photo threads on the ISD were published during field visits of the Regional Director and of the Representative. The publication of human-interest stories also helped document UNICEF multisectoral interventions across the country.

**LINKS**

**COVAX & supplies**
Videos (Urdu, English):
www.facebook.com/unicefpakistan/videos/219022506324020
www.facebook.com/unicefpakistan/videos/4113469272006612
www.facebook.com/unicefpakistan/videos/141514685848070
COVID-19

1- Videos encouraging adherence to SoPs in daily life and at school:
www.facebook.com/unicefpakistan/videos/474859757069757
www.facebook.com/unicefpakistan/videos/30417649455930
www.facebook.com/unicefpakistan/videos/752602408764561
www.facebook.com/unicefpakistan/videos/478073270050625
www.facebook.com/unicefpakistan/videos/336774774822499
www.facebook.com/unicefpakistan/videos/463372111393012
www.facebook.com/unicefpakistan/videos/17392604739520
www.facebook.com/unicefpakistan/videos/41736722590148
www.facebook.com/unicefpakistan/videos/71924362105198
www.facebook.com/unicefpakistan/videos/462625561428876
www.facebook.com/unicefpakistan/videos/1561025130760319
www.facebook.com/unicefpakistan/videos/3542879039099010

2- Video messages from celebrities encouraging adherence to SoPs at school
www.facebook.com/unicefpakistan/videos/22550412691923
www.facebook.com/unicefpakistan/videos/734224727453669
www.facebook.com/unicefpakistan/videos/90915260584291
www.facebook.com/unicefpakistan/videos/719791408903280
www.facebook.com/unicefpakistan/videos/243438333996948
www.facebook.com/unicefpakistan/videos/44922999547817
www.facebook.com/unicefpakistan/videos/719057108753911

3- “V for vaccination” campaign: a few examples
www.facebook.com/unicefpakistan/photos/a.191248050895440/4197303130289892/
www.facebook.com/unicefpakistan/photos/a.191248050895440/4183021586084680/
www.facebook.com/unicefpakistan/photos/a.191248050895440/4243151482371723/
www.facebook.com/unicefpakistan/photos/a.191248050895440/4180373921982813/

4- Pak Youth Diaries – Adolescents speak out to COVID-19 SoPs and mental health – a few examples
Videos, video messages & photos
www.facebook.com/unicefpakistan/videos/1342123159466879
www.facebook.com/watch/?v=205445940930954
www.facebook.com/unicefpakistan/videos/268488404853157
www.facebook.com/unicefpakistan/photos/a.191248050895440/3975142762505931
www.facebook.com/unicefpakistan/photos/a.191248050895440/3855868777766664/

5- Coping with Corona campaign targeting adolescents & youth - examples:
https://www.facebook.com/unicefpakistan/photos/a.837480312938874/4040036726016534/
www.facebook.com/unicefpakistan/photos/a.191248050895440/4092148960805310/

TCV campaign: Multimedia content (videos, GIFs, infographics...)

1- Press release:
www.unicef.org/pakistan/stories/millions-children-vaccinated-against-typhoid-pakistan?fbclid=IwAR0YX4oUG1hyrP7fqsLH4xhZEywPEPt7Qw_rhbvGb-OFxc0B4_E4U4HI5M

2- Videos, GIFs, infographics:
www.facebook.com/unicefpakistan/videos/1099530847187573
www.facebook.com/unicefpakistan/videos/277900258899645
www.facebook.com/unicefpakistan/videos/16665114866852310
www.facebook.com/unicefpakistan/photos/a.191248050895440/3861165437236998/
www.facebook.com/unicefpakistan/photos/a.191248050895440/3833822506637958/
3- Photos:
www.facebook.com/unicefpakistan/photos/a.191248050895440/3853421581344717/
www.facebook.com/unicefpakistan/photos/a.2998924893461061/3876807142339494/
www.facebook.com/unicefpakistan/photos/a.2998924893461061/3869019369784938/

Human Interest Stories
www.unicef.org/pakistan/stories/improved-access-drinking-water-and-sanitation-helps-protect-students-infections-pakistan
https://www.unicef.org/pakistan/stories/offering-girls-education-and-skills-employability

Next SitRep: 1 August 2021

Who to contact for further information:
Ms. Aida Girma
Country Representative Pakistan
Tel: +92 300 854 4275
Email: agirma@unicef.org

Mr. Innousa Kabore
Deputy Representative Pakistan
Tel: +92 345 500 6578
Email: ikabore@unicef.org

Dr. Hari Krishna Banskota
Chief of Health Pakistan
Tel: +92 301 856 4602
Email: hbanskota@unicef.org

Annex A: Summary of 2021 Programme 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* Gender Results</td>
<td>Change since last report ▲▼</td>
</tr>
<tr>
<td></td>
<td>Target Results</td>
<td>Change since last report ▲▼</td>
</tr>
<tr>
<td>C4D, Community Engagement And Accountability to Affected People</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People engaged through social media</td>
<td>550,000** Total 516,775 1,367,891▼</td>
<td></td>
</tr>
<tr>
<td>People reached (through national Media channels) with messages (on COVID-19 prevention and) on access to services</td>
<td>75,000,000 Total 47,978,392 1,338,608▼</td>
<td></td>
</tr>
<tr>
<td>At-risk populations reached through community engagement activities.</td>
<td>7,000,000 Total 3,800,000 323,752▲</td>
<td></td>
</tr>
<tr>
<td>Callers through the national Helpline who shared relevant concerns, received clarifications, and provided feedback.</td>
<td>3,000,000 Total 1,492,496 312,603▲</td>
<td></td>
</tr>
</tbody>
</table>

Water Sanitation and Hygiene

| People at high risk of COVID-19 supported with hygiene promotion activities. | Males 710,177 30,198▲ | TBD 710,177 30,198▲ |
| Female 739,164 31,430▲ | TBD 739,164 31,430▲ |
| Total 1,449,341 61,628▲ | TBD 1,449,341 61,628▲ |

Children accessing appropriate water, sanitation and hygiene facilities and hygiene services in learning facilities and safe spaces.

| Boys 143,951 1,525▲ | TBD 143,951 1,525▲ |
| Girls 138,305 1,465▲ | TBD 138,305 1,465▲ |
| Total 282,256 2,990▲ | TBD 282,256 2,990▲ |

Health facilities provided with essential WASH services.

| Total 98 0 | TBD 98 0 |

Community sites with handwashing facilities in the affected areas.

| Total 957 0 | TBD 957 0 |

CHILD PROTECTION, GBVIE AND PSEA

Who to contact for further information:
Ms. Aida Girma
Country Representative Pakistan
Tel: +92 300 854 4275
Email: agirma@unicef.org

Mr. Innousa Kabore
Deputy Representative Pakistan
Tel: +92 345 500 6578
Email: ikabore@unicef.org

Dr. Hari Krishna Banskota
Chief of Health Pakistan
Tel: +92 301 856 4602
Email: hbanskota@unicef.org
## Children and caregivers accessing mental health and psychosocial support.

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Female</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>445,333</strong></td>
<td>102,696</td>
<td>106,773</td>
<td>48,363</td>
<td>49,564</td>
<td><strong>621,107</strong></td>
</tr>
<tr>
<td><strong>People reached with prevention messages on stigma and violence against children, including gender-based violence.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>18,025,391</strong></td>
<td>Total</td>
<td>10,634,154</td>
<td>1,517,408</td>
<td>19,563,421</td>
<td></td>
</tr>
<tr>
<td><strong>5,500</strong></td>
<td>Boys</td>
<td>1,690</td>
<td>877</td>
<td>48,363</td>
<td>49,443</td>
</tr>
<tr>
<td></td>
<td>Girls</td>
<td>221</td>
<td>118</td>
<td>6,580</td>
<td>7,660</td>
</tr>
<tr>
<td><strong>10,234</strong></td>
<td>Males</td>
<td>3,131</td>
<td>877</td>
<td>4,801</td>
<td>10,634</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>743</td>
<td>118</td>
<td>890</td>
<td>1,517</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Children accessing safe formal and non-formal education, including ECE.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>533,451</strong></td>
<td>Boys</td>
<td>38,393</td>
<td>0</td>
<td>1,040,803</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Girls</td>
<td>40,738</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>79,131</td>
<td>0</td>
<td></td>
<td><strong>106,131</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Schools (formal and non-formal) implementing safe school protocols (infection prevention and control).</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5,335</strong></td>
<td>Total</td>
<td>1,181</td>
<td>0</td>
<td>9,736</td>
<td></td>
</tr>
<tr>
<td><strong>Teachers /education officials trained on MHPSS (Mental Health and Psychosocial Support)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10,675</strong></td>
<td>Males</td>
<td>11,247</td>
<td>5,802</td>
<td>16,687</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>9,300</td>
<td>5,862</td>
<td>16,166</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20,547</td>
<td><strong>11,664</strong></td>
<td>16,687</td>
<td><strong>21,108</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Teachers /education officials trained on safe reopening/operation of schools</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10,675</strong></td>
<td>Males</td>
<td>5,907</td>
<td>293</td>
<td>5,907</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>3,512</td>
<td>96</td>
<td>3,512</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>9,419</td>
<td>389</td>
<td></td>
<td><strong>9,419</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Parents reached with messages encouraging learning activities (through SMS and different social media).</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1,067,541</strong></td>
<td>Total</td>
<td>525,020</td>
<td><strong>112,609</strong></td>
<td>551,042</td>
<td></td>
</tr>
</tbody>
</table>

## Health

<table>
<thead>
<tr>
<th><strong>Number of people benefitting from continuity of primary healthcare services at UNICEF supported health facilities</strong></th>
<th>Males</th>
<th>Females</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3,511,636</strong></td>
<td>206,330</td>
<td>237,456</td>
<td>16,522</td>
<td>21,793</td>
<td><strong>2,225,250</strong></td>
</tr>
<tr>
<td><strong>Number of children &lt; 1 vaccinated against Measles</strong></td>
<td>Boys</td>
<td>6,487</td>
<td></td>
<td>6,270</td>
<td></td>
</tr>
<tr>
<td><strong>247,242</strong></td>
<td>Girls</td>
<td>6,487</td>
<td></td>
<td></td>
<td><strong>12,757</strong></td>
</tr>
<tr>
<td><strong>Number of frontline health workers reached with basic PPEs (masks, gloves and hand sanitizers)</strong></td>
<td>Males</td>
<td>121</td>
<td></td>
<td>90</td>
<td></td>
</tr>
<tr>
<td><strong>150,000</strong></td>
<td>Females</td>
<td>90</td>
<td></td>
<td></td>
<td><strong>211</strong></td>
</tr>
<tr>
<td><strong>Health care facility staff and community health workers trained on infection prevention and control</strong></td>
<td>Males</td>
<td>14</td>
<td></td>
<td>14</td>
<td></td>
</tr>
<tr>
<td><strong>20,000</strong></td>
<td>Females</td>
<td>14</td>
<td></td>
<td>137</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>9,312</td>
<td>1,331</td>
<td></td>
<td></td>
<td><strong>2,437</strong></td>
</tr>
<tr>
<td>Number of frontline health workers and community volunteers oriented on COVID-19 and referral of suspected cases</td>
<td>50,000</td>
<td>Males</td>
<td>32 ▲</td>
<td>Females</td>
<td>32 ▲</td>
</tr>
<tr>
<td>Number of Paediatricians &amp; Family Physicians Trained on Clinical Management of Children with COVID</td>
<td>2,000</td>
<td>Males</td>
<td>11 ▲</td>
<td>Females</td>
<td>9 ▲</td>
</tr>
</tbody>
</table>

### Nutrition

| Children aged 6 to 59 months with severe acute malnutrition admitted for treatment | 102,413 | Boys | 38,685 | 12,525 ▲ | 167,857 | 57,155 | 16,271 ▲ |
| | | Girls | 47,840 | 15,061 ▲ | 62,901 | 70,388 | 19,269 ▲ |
| Total | 86,525 | 27,586 ▲ | 114,111 | 127,543 | 35,540 ▲ |

| Primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling | 1,607,460 | Total | 677,056 | 152,799 ▲ | 1,904,846 ▲ | 1,261,448 | 284,646 ▲ |

| Children aged 6 to 59 months receiving multiple micronutrient powders | 813,940 | Boys | 105,357 | 136,823 | 242,180 | 38,841 ▲ | 53,772 ▲ |
| | | Girls | 107,822 | 137,780 | 245,602 | 39,590 ▲ | 53,525 ▲ |
| Total | 213,179 | 78,431 ▲ | 291,610 | 274,603 | 107,297 ▲ |

* The indicators/targets in this sitrep have been revised, the new HAC appeal is in the process of approval currently.
** This is the average engagement per post on Facebook for the first 6 months of 2021
*** Typo error in reporting in last sitrep.

### 2020+2021 Cumulative Response COVID-19

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF Results</th>
<th>Sector Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2020</td>
<td>2021</td>
</tr>
<tr>
<td><strong>Risk Communication and Community Engagement (C4D)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People engaged through Social Media</td>
<td>41,895</td>
<td>49,462</td>
</tr>
<tr>
<td>People reached (through national Media channels) with messages (on COVID-19 prevention and) access to services</td>
<td>83,000,000</td>
<td>47,978,392</td>
</tr>
<tr>
<td>At-risk populations reached through community engagement activities.</td>
<td>37,102,079</td>
<td>12,789,608</td>
</tr>
<tr>
<td># of callers through the national Helpline shared relevant concerns, received clarifications, and provided feedback.</td>
<td>5,428,871</td>
<td>1,492,496</td>
</tr>
<tr>
<td><strong>Infection Prevention and Control (WASH)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People at high risk of COVID-19 supported with hygiene promotion activities and facilities</td>
<td>10,247,624</td>
<td>1,449,341</td>
</tr>
<tr>
<td>Children accessing appropriate WASH facilities and hygiene services in learning facilities and safe spaces.</td>
<td>701</td>
<td>282,256.00</td>
</tr>
<tr>
<td># of community sites with handwashing facilities in the affected areas</td>
<td>2,138</td>
<td>98</td>
</tr>
<tr>
<td># of schools in targeted high-risk areas supported with IPC measures and improved water and sanitation</td>
<td>1,352</td>
<td>957</td>
</tr>
<tr>
<td><strong>Psychosocial Support and Child Protection</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children and caregivers accessing mental health and psychosocial support</td>
<td>216,144</td>
<td>307,396</td>
</tr>
<tr>
<td>People reached with prevention messages on stigma and violence against children, including gender-based violence</td>
<td>57,532,480</td>
<td>10,634,154</td>
</tr>
<tr>
<td>Children and adolescents received child protection services, including gender-based violence services</td>
<td>1,176</td>
<td>2,567</td>
</tr>
</tbody>
</table>
Social and care workers trained on psychosocial support and stigma reduction | 8,290 | 7,932 | 16,222 | 8,388 | 7,932 | 16,320

**Education**

Children accessing safe formal and non-formal education, including ECE. | 79,131 | 79,131 | 158,262 | 8,814,507 | 106,131 | 8,920,638

Schools (formal and non-formal) implementing safe school protocols (IPC). | 0 | 1,181 | 1,181 | 0 | 1,217 | 1,217

Teachers / education officials trained on MHSS | 28,258 | 20,547 | 48,805 | 538,494 | 21,108 | 559,602

Teachers / education officials trained on safe reporting/ operation of schools | 3,035 | 9,419 | 12,454 | 3,035 | 9,419 | 12,454

Parents reached with messages encouraging learning activities (through SMS and social media). | 278,857 | 525,020 | 803,877 | 354,864 | 551,042 | 905,906

**Building Resilient Health Systems - Health**

Number of people benefitting from continuity of primary health care services at UNICEF supported health facilities | 3,459,844 | 2,225,250 | 5,685,094 |

Number of children < 1 vaccinated against Measles | 215,241 | 65,505 | 280,746 |

Number of frontline health workers reached with basic PPEs (masks, gloves and hand sanitizers) | 104,565 | 15,637 | 120,202 |

Number of frontline workers trained on infection prevention and control | 137,079 | 9,312 | 146,391 |

Number of frontline health workers and community volunteers oriented on COVID-19 and referral of suspected cases | 92,273 | 3,306 | 95,579 |

Number of Paediatricians & Family Physicians Trained on Clinical Management of Children with COVID | 0 | 1,343 | 1,343 |

**Nutrition**

Children aged 6 to 59 months with SAM admitted for treatment | 161,702 | 86,525 | 248,227 | 228,819 | 127,543 | 356,362

Primary caregivers of children aged 0 to 23 months receiving IYCF counselling | 1,575,965 | 677,056 | 2,253,021 | 1,898,018 | 1,261,448 | 3,159,466

Children aged 6 to 59 months receiving MM powders | 0 | 213,179 | 213,179 | 0 | 274,603 | 274,603

Annex B Funding Status:

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>*Humanitarian resources received in 2021</th>
<th>Other Resources used in 2021</th>
<th>2020 carry forwarded funds</th>
<th>$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>16,367,560</td>
<td>300,000</td>
<td>115,000</td>
<td>3,011,199</td>
<td>12,941,361</td>
<td>79%</td>
</tr>
<tr>
<td>Health</td>
<td>4,237,920</td>
<td>650,000</td>
<td>-</td>
<td>2,326,955</td>
<td>1,260,965</td>
<td>30%</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>14,642,291</td>
<td>-</td>
<td>1,956,868</td>
<td>376,892</td>
<td>12,308,531</td>
<td>84%</td>
</tr>
<tr>
<td>Child protection, GBVIE and PSEA</td>
<td>9,887,364</td>
<td>85,749</td>
<td>921,950</td>
<td>882,589</td>
<td>7,997,076</td>
<td>81%</td>
</tr>
<tr>
<td>Education</td>
<td>4,708,089</td>
<td>-</td>
<td>762,913</td>
<td>9,731</td>
<td>3,935,445</td>
<td>84%</td>
</tr>
<tr>
<td>C4D, community engagement and AAP</td>
<td>4,708,800</td>
<td>126,360</td>
<td>-</td>
<td>444,509</td>
<td>4,137,931</td>
<td>88%</td>
</tr>
<tr>
<td>Emergency preparedness</td>
<td>1,177,200</td>
<td>64,251</td>
<td>-</td>
<td>28,787</td>
<td>1,084,162</td>
<td>92%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$55,729,224</strong></td>
<td><strong>$1,226,360</strong></td>
<td><strong>$3,756,731</strong></td>
<td><strong>$7,080,662</strong></td>
<td><strong>$43,665,471</strong></td>
<td><strong>78%</strong></td>
</tr>
</tbody>
</table>

*Funding Received in 2021 includes HQ allocations to HAC appeal