Key Highlights

- During December 2020, the daily number of COVID-19 cases ranged from 2,829 on December 1 to 2,463 cases by December 31. ([https://covid.gov.pk/stats/pakistan](https://covid.gov.pk/stats/pakistan)).
- Over 161,702 children were treated for SAM without complication in a safe environment at health facilities though UNICEF support.
- Using WASH sector communication networks, over 28.3 m people were reached with COVID-19 hygiene promotion messages, with 10.2 m through direct support from UNICEF.
- Over 3.4 m people benefited from continuity of primary healthcare services at UNICEF supported health facilities.
- Through UNICEF, 216,144 parents, caregivers, children and individuals reached with PSS through trained social workforce professionals.
- 137,079 frontline health workers were reached with basic PPEs (masks, gloves and hand sanitizers).

UNICEF’s Response and Funding Status

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of people reached</th>
<th>Funding status</th>
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</thead>
<tbody>
<tr>
<td>PSS (CP)</td>
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<tr>
<td>People, including children</td>
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<tr>
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<tr>
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<td>34%</td>
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<td>Number of frontline health</td>
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<tr>
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<tr>
<td>Education</td>
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<tr>
<td>learning opportunities</td>
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UNICEF Appeal for COVID-19
Preparedness and Response
US$ 50.2 million

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Funding Status (in US$)

- Humanitarian funds, $15,467,819, 30.81%
- Other resources, $5,904,761, 11.76%
- Funding gap, $28,827,420, 57.43%
EPIDEMIOLOGICAL OVERVIEW

As of 31st December 2020, there are 482,178 confirmed coronavirus cases in Pakistan, with Sindh being the most affected province with 215,679 cases, followed by Punjab with 138,608 cases and Khyber Pakhtunkhwa (KP) with 58,701 cases. Of the total number of confirmed cases, 10,176 patients have died and 437,229 have fully recovered from the disease and have been discharged from the hospital.

<table>
<thead>
<tr>
<th>Provinces</th>
<th>Administrative Areas</th>
<th>Total</th>
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<tr>
<td>Balochistan</td>
<td>Khyber Pakhtunkhwa (KP)</td>
<td>18,168</td>
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<tr>
<td>Punjab</td>
<td>Sindh</td>
<td>58,701</td>
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<tr>
<td>Sindh</td>
<td>Azad Jammu and Kashmir (AJK)</td>
<td>138,608</td>
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<tr>
<td>Gilgit-Baltistan</td>
<td>Islamabad Capital Territory (ICT)</td>
<td>215,679</td>
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<td>8,277</td>
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<td>4,857</td>
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<td>37,888</td>
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<td>482,178</td>
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The graphs below show the daily COVID-19 incidence/mortality, daily lab tests conducted and case positivity rate in Pakistan as of 31st December, 2020.

Based on Pakistan official website for COVID-19, as of 31st December 2021 Pakistan has conducted 6,696,068 laboratory tests, of which 482,178 have been positive. Out of the 482,178 reported cases there have been 10,176 deaths (CFR: 2.11 per cent). and 437,229 recoveries till 31st Dec 2020, 1877 new cases were reported, and a total of 34,773 active cases, Out of the total 34,773 currently active cases, 2,693 cases were hospitalized. While the number of cases and positivity rate started decreasing significantly early December, the decrease has slowed down but remain constant.

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 established the National Command and Operating Centre (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 the Provincial Disaster Management Agencies

\[1\] WHO Sitrep as of 30th November 2020
(PDMA) 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 3 sub committees for RCCE, supply/cold chain and vaccine logistic and surveillance of AEFI (Adverse Event Following Immunization) have been established at Federal EPI. They report weekly on the readiness level to Deputy DG.

Under the Government of Pakistan Ehsaas Emergency Cash (social protection) initiative that started on the 9th April, PKR 179.2 billion (US$ 1.13 million) has been distributed as of 1st January, 2021, reaching 14.8 million people2.

The National Vaccine Deployment Plan (NVDP), as well as the prioritization of eligible populations and the application for COVAX vaccines in general and recently the Pfizer vaccine for use in the first wave of vaccination were approved by the National Immunization Technical Advisory Groups (NITAG) and National Interagency Coordination Committee (NICC).

Under the Government of Pakistan Ehsaas Emergency Cash (social protection) initiative that started on the 9th April, PKR 179,221.93 million (US$ 1.1 million) has been distributed as of 1st January, 2021, reaching 14.8 million.

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 Tuesday. Coordinated by OCHA, humanitarian actors, including UNICEF, are working on finalizing the Pakistan Humanitarian Needs Overview 2021 which will feed into the Pakistan Humanitarian Response Plan 2021 and will include the response to mitigate the impact of the COVID-19 pandemic among other potential humanitarian situations. For COVID-19 vaccine introduction, together with national authorities, WHO, WB and donors, UNICEF is part of the country Technical working group and sub committees on cold chain/vaccine logistic and RCCE, UNICEF and is supporting the planning for cold chain and vaccine need assessment and procurement, as well as RCCE.

UNICEF’s Response
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 15 high burden areas (21 districts)3 most affected with the highest number of new COVID-19 cases and high case test positivity rates since October 2020 – the 2nd wave of COVID-19 in Pakistan.

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 during the second wave of COVID-19 cases. For the second 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.
• 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.
• Preparation for COVID -19 Vaccine Deployment: UNICEF as a member of technical working is providing support for preparation of COVID-19 vaccine deployment. UNICEF technical support lie on cold chain assessment, health communication and support for procurement services through COVAX. Thanks to this support, Pakistan has been diligent in observing the critical deadlines ensuring readiness to receive and deply the COVID-19 vaccine in prioritized populations (healthcare workers immediately exposed to the virus and adults 60+ years) by first quarter of 2021.

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2 https://www.pass.gov.pk/ecs/uct_all.html
3 Mirpur, Muzaffarabad, Hyderabad, Karachi (sub-divided into 7 districts), Peshawar, Quetta, Islamabad, Lahore, Abbotabad, Swat, Gilgit, Rawalpindi, Faisalabad, Multan and Gujranwala.
- **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 healthcare (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 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 (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:**

   **Coordination**: UNICEF continues to provide leadership, coordination and technical support to the Ministry of National Health Services Regulation and Coordination (MNHSR&C) and its RCCE partners. The RCCE task force were established in early March and 1st RCCE Task Force meeting held on 9th March, 2020 while UN RCCE meeting held on March 6th, 2020. These RCCE forums provided strategic direction for RCCE efforts in the country. This includes the facilitation and coordination of the 28th and 29th UN-RCCE task force meetings (composed of 8 UN Agencies) held on 16th and 23rd December 2020, as well as co-facilitating 87 bi-weekly RCCE task-force meetings in 2020 at both national and provincial levels.

   **UNICEF Response:**

   **Evidence-based knowledge, understanding and planning:**

   UNICEF played a key role in developing the RCCE strategy and response plan as well as developing the IEC (Information, Education and Communication) materials. The RCCE implementation plans were developed and implemented based on the evidence from epidemiology and social/ behavioral information and insight to stop the spread of the virus.

   As of 31 December 2020, 31 RCCE briefs have been prepared based on qualitative and quantitative data from behavioural pattern insights from anthropological surveys, social data, media analytics, social media sentiment analysis,
Helpline call center data and radio call-in programme. These RCCE briefs played a key role in advising strategic guidance for sector response and RCCE interventions including behavioural analysis and researches.

Four Rapid mobile-based population surveys were carried out since April 2020. This longitudinal research provided insight on changing perceptions, behaviors, coping mechanisms, emerging needs, and trust in institutions. Examples include 62 per cent of population will accept to take the new COVID-19 vaccine if made available to them, and 33 per cent (increase from 13 per cent) of the population will now seek medical consultation if they had symptoms of COVID-19. Surveys also show that there remain large levels of complacency towards the adoption of preventive behaviors, only 23 per cent of people wear masks now in public places, a drop from 68 per cent from the first wave. The learning and evidence generated informed the RCCE teams how to better develop tools and techniques to collect and analyze social data during emergencies, as well as systems to use the information to develop, adapt, and better implement response strategies and approaches.

UNICEF advocacy and technical support resulted in the establishment of a Taskforce under the MoNHSRC to address communications during emergencies. UNICEF also provided technical support in the development of a harmonized knowledge management platform (http://knowledgehub.unicef.pk/main/#topics) to share core messages/ IEC materials, robocalls, digital media sentiment analysis, and RCCE recommendations from regular coordination meetings. In 2020, 31 editions of the ‘RCCE Briefs’ were completed and widely shared. The RCCE Briefs collected social data and provided insight analysis from over 15 scientific sources and transformed into strategic and programmatic recommendations for decision makers, sectoral managers, and RCCE task-force teams. UNICEF supported the production and dissemination of 68 social-media sentiment analysis reports used by over 200 stakeholders that helped improve the design of communication strategies and fine-tune approaches. Total messaging has increased more than 50 per cent over the last month. According to Twitter, a COVID-19 related tweet is shared every 45 seconds and #Coronavirus has become the second most used hashtag of 2020. The context of what is being reported on social media platforms continues to influence the knowledge, attitude and behavior of the users. Social media listening goes beyond mere hearing, it is also engaging, and allows us to analyze and monitor the full situation. 6.84 million robocalls and 2 million text messages were disseminated in Pakistan reaching over 2.7 million beneficiaries, of which 30 per cent were female subscribers.

UNICEF also supported the MoNHSR&C to conduct a web-based poll to understand the impact of COVID-19 on Reproductive, Maternal, New-born, Child, Adolescent Health & Nutrition and to provide evidence for possible strategies to maintain essential health services in Pakistan during this global pandemic. This initiative helped improve critical understanding between public healthcare managers and beneficiaries of essential health services. RCCE promoted critical links between the population and health centers, which were initially viewed as unsafe and possible area for infection of COVID-19. Following Government precautions to maintain IPC standards of HW and health clinics, RCCE began to promote the safety of health centers, especially for nutrition, vaccination, as well as promoting safe schools. As a result of the findings, RCCE modules were then included in all healthcare trainings, including improving interpersonal communication skills for HWs and Frontline workers (FLWs) focusing on how to address misinformation and building trust.

UNICEF established partnerships with local CBOs and provincial governments to support provinces in the implementation of RCCE plans and capacity building of frontline workers. These CBOs/networks partnerships (PMA and HANDS in Sindh, AKF in GB, RSPN in KPK, AJK, Punjab and Baluchistan through govt.) work in coordination with other sectors and used innovative approaches to reach over 36.6 million people through mobile miking, mosque announcements and engaging key stakeholders such as religious leaders, youth groups.

Religious leaders’ engagement: Through existing polio alliances and the health programme 461,288 (134 per cent of target) religious leaders have been engaged and mobilized to promote the risk perception of the Corona virus, emphasize the importance of handwashing, use of mask and physical distancing as well as convincing other religious leaders on increasing 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. The religious leaders ensure the delivery of messages at least once a week during Friday sermons. These religious leaders also engage in promoting messages on polio eradication and Essential Immunization (EI).

Media, social-media, and production of educational materials (print/video): By default, mass media has become the most effective way to communicate with the population, as 81 per cent say that national Radio and TV are their most trusted source of information for COVID-19. During this period, RCCE continues to broadcast a highly popular weekly
radio show, *Kadam Kadam Sehat*. These 25 weekly shows (50 min each) were broadcasted on Radio Pakistan (Pakistan Broadcasting Corporation - PBC), and through 41 radio channels. It is estimated that PBC reaches 83 million listeners across the country.

Over the period from the 25th November till 31st December 2020, UNICEF’s Advocacy and Communication and Polio social media platforms have reached over 1,299,677 people per Facebook post with the number of total impressions reaching over 121.67 million (Facebook: 121 million, Twitter: 245,392 and Instagram: 390,985). Additionally, 8.2 million people were reached through WhatsApp. The number of people engaged through social media is 41,895 per Facebook post and the total number of engagements reached is 3.98 million (Facebook: 3.9 million, Twitter: 5,454 and Instagram: 11,216).

Mobile vans, rickshaws and mobile floats were used in all provinces, including through polio and health structures, to disseminate messages on the importance of physical distancing, preventive behaviours, handwashing and hygiene. Cumulatively 36.6 million at risk people have been reached with preventive messages on COVID-19. WhatsApp continues to be used as an important communication channel and has been used 297,109 times to reach people with information on risk perception, infection prevention and key practices related to COVID-19.

**Feedback Mechanisms:** The Polio helpline, now also used for COVID-19 purposes, receives nearly 15,000 calls per day, through 250 telephone operators/agents. Due to NDMA funding gap, the number of hotline call-agents were reduced from 250 to 85 in November, of which UNICEF maintained their commitment for the 85 remaining operators. The 85 call-agents are supported by 10 medical doctors to address technical queries from callers. The helpline has shown to have been a very effective tool to build trust between the population and the government and partner response teams, as well as to help ‘manage’ the pandemic. It also informs callers on where they can get tested and/or get treatment for COVID-19, as well as receiving feedback from callers on their views and concerns which helps all partners and sectors to adjust their messaging accordingly. The helpline has received over 7.6 million calls (47 per cent of target) and over 5.4 million calls (49 per cent of target) have been responded to.

**Media orientation and mobilization:** A total of 184,418 journalists (461 per cent of target), reporters and bloggers have been 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 handwashing and general hygiene. UNICEF supported MoH in preparation of guidelines on ethical media reporting on COVID-19.

**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.

2. **Infection Prevention and Control:**

**Coordination:** UNICEF Pakistan aligned its COVID-19 IPC and WASH response with UNICEF global guidelines for emergency prevention and control of the disease and resilience-building against future outbreaks. The response focused on the provision of safe water supply of enough quantity; ensuring basic sanitation, ensuring hygiene through the provision of handwashing stations coupled with hygiene promotion, environmental cleaning to prevent the spread of the viruses and lastly on capacity building of sanitary and frontline workers. To achieve all these, UNICEF worked in close collaboration with the government, W.H.O and other sector partners (CSOs).

UNICEF advocated and supported the Ministry of Climate Change (MOCC) to convene WASH partners coordination meetings at the Federal level, while the provinces also held regular WASH partners coordination meetings 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 throughout

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4 Definition of social media engagement includes likes, shares and retweets
All participating organizations regularly report 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:


Response: UNICEF implemented WASH-IPC interventions across the whole country, focusing on areas with the highest reported cases of COVID-19. However, as the pandemic progressed, ministry of health and other concerned government departments availed epidemiological data showing locations with high morbidity and mortality, UNICEF then concentrated its efforts in 20 of the 27 high burden districts. With the reopening of schools, UNICEF redirected its efforts towards supporting the safe reopening of schools by ensuring availability and functionality of WASH facilities, including handwashing stations.

During the reporting period, UNICEF rehabilitated and installed WASH facilities which included Ultraviolet (UV) water filters, toilets and handwashing stations in 701 Healthcare Facilities (HCFs,) (78 per cent of target) (Sindh: 38, KP: 136, Punjab: 373 and Balochistan: 154) during the year. More than 2.2 million 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 in hygiene promotion and in supporting 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 fabrication and installation of 2,138 handwashing stations (119 per cent of target) placed at strategic points in cities and communities, e.g. at cattle markets during Eid Ul Azha. The HWS included foot-operated handwashing stations, mobile Hand Washing Stations (HWS) installed on bulk water tankers, 4x4 trucks and motorcycles/rickshaws. UNICEF also supported urban water and sanitation utilities to convert old 200 litre drums into handwashing stations which were quickly placed at strategic sites. HWS also served as COVID-19 prevention and control information dissemination centers. Over 10.2 million people (102 per cent of target) were supported with hygiene promotion services including COVID-19 prevention and control information. Over 5.6 million people accessed 2,138 handwashing stations at communal points in affected areas.

In 2020, UNICEF collaborated with WHO, the ministry of health and developed training videos and manuals on cleaning and disinfection using chlorine used to train partners, youth, frontline workers and other health workers both in-person and online. UNICEF supported the training of 8,626 frontline sanitary workers, health workers on WASH/IPC in HCFs and high-risk communities on WASH/IPC.

UNICEF partnered with Unilever and distributed 8,000 bottles of bleach, 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. Distribution of detergents and disinfectants helped in ensuring effective cleaning and disinfection of surfaces in HCFs, thereby contributing towards reducing the risk of infection among healthcare workers, patients and caregivers.

To contribute to the safe school return for children, UNICEF ensured that the government and all stakeholders prioritized handwashing during the safe schools reopening phase, by making it part of the costed investment plan developed for the safe reopening of schools. This assisted the government, partners and school management authorities in the planning and budgeting process. UNICEF targeted WASH-IPC initiatives in 1,370 schools and reached 1,352 schools(99 per cent of target) (KP: 260, Punjab: 594, Balochistan: 243, Sindh: 255) with WASH – IPC services 51 per cent of whom are girls. UNICEF also provided disinfection services and supplies to some of the schools reached so far.

Under the coordination of MOCC, sector partners, including UNICEF provided WASH services to 1,477 HCFs reaching more than 9.1 million people with WASH services. During the year, 3,767 handwashing stations were installed. Over 28.3 million people were 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 was used to engage with the youth (18 years and above) and 119,000 youth have registered on the system and 50,000 have acknowledged the messages on COVID-19 related social and behaviour change communication around hand hygiene. To contribute to safe school return for children, sector targeted WASH-IPC initiatives in 2,952 schools and reached out to 1,344 schools (KP: 369, Punjab: 372, Balochistan: 260, Sindh: 343) with WASH – IPC services.

There was a lack of clarity on roles and responsibility between UNICEF and WASH/Health sector partners and Ministry of Health (as the lead government ministry) on WASH-IPC initiatives. To address this a strategy document was developed to manage expectations and to clarify UNICEF’s WASH IPC accountabilities and roles (i.e. provision of WASH related services, supplies and technical guidance, waste management).

**Partnerships:** During 2020, UNICEF worked 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:** UNICEF and NDMA have continued to lead and coordinate the Child Protection sub-sector under the the Protection sector both at the federal level and in the four provinces, to plan and oversee the child protection response to COVID-19. In 2020 a total of 40 meetings of the Child Protection sub-sector were organized with an average participation of fifteen members (15 national and 25 provincial (KP: 12, Sindh: 6, Balochistan: 3 and Punjab: 4).

**Response:** In 2020, manuals and toolkits on psychological first aid and MHPSS developed by UNICEF earlier in the year and multiple service delivery modalities (face-to-face, online clinics and helplines) were used to train a total of 8,290 social workforce professionals (4,227 women and 4,013 men) (138 per cent of target) in psychosocial support and stigma prevention in all provinces.

The trained workforce provided Psychosocial Support Services (PSS) to 216,144 (341 per cent of target) parents, caregivers, children and individuals (30,777 girls, 27,085 boys, 82,528 women, 75,754 men) in Punjab, KP, Sindh, Balochistan and GB. This includes 135,133 individuals (21,067 Girls, 18,261 Boys, 50,603 women and 45,202 men) who received specialized counselling sessions in Sindh, Punjab, KP and Balochistan.

Earlier in the year UNICEF also conducted a study to help understand how confinement impacts on children’s experiences of violent discipline at home and in institutional care facilities. The study is informing evidence-based COVID-19 related programming approaches, including additional focus in preventing violent discipline at home and improving parental skills. Based on the study, messages on prevention of Violence Against Children (VAC) and Online Safety were developed and reached over 5.71 million people (1020 per cent of target) (approx. 1.28 million girls, 1.39 boys, 1.35 million women, 1.67 million men) in Sindh, Balochistan and Punjab provinces. Meanwhile, the total number of children who received child protection services supported by UNICEF in Sindh, Punjab and Balochistan has reached 947 children (240 girls, 707 boys) (135 per cent of target).

Finally the messages developed to prevent stigmatization on COVID-19 reached during 2020 to 51,820,082 people (102 per cent of target) through various platforms.

**Partnerships:** UNICEF is working with the Federal and Provincial Governments as well as implementing partners including DANESH (Drugs and Narcotics Educational Services for Humanity), Agha Khan Foundation, DevCon, School of Leadership Foundation and PAHCHAAN (Protection and Help of Children Against Abuse and Neglect).

### 4. Health:

**Coordination:** In 2020, as a member of the national and provincial level coordination, UNICEF health section worked closely with MNHSR&C, Provincial Health Departments, UN, Development partners, academia, CSOs in the response to the COVID-19 pandemic, and contributed to the continuity of essential health services through regular supplies and services availability, maintaining monitoring capacity for essential services.
UNICEF as the chair of Health Population Nutrition Development Partners Group (HPNDPG) brought the issue of COVID-19 during HPNDG meetings and coordinated amongst stakeholders to share development partners’ contribution for COVID-19 response in Pakistan.

UNICEF as member of COVID vaccine deployment technical working group on vaccine deployment, is working with government/Federal EPI, WHO and Gavi for preparation of COVID-19 Vaccine deployment by linking with COVAX. A Year End Review was organized with MNHSR&C, to present the progress made in UNICEF areas of work, related to COVID-19 and was appreciated by national authorities, whom also expressed areas where UNICEF support was highly expected in 2021: vaccine procurement and deployment, cold chain and social mobilisation.

Response: As part of the COVID-19 response, UNICEF supported 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. UNICEF reached out to a total of 3,459,844 people (108 per cent of target) for the continuity of primary healthcare services since the onset of COVID-19.

During 2020, As part of UNICEF support for continuity of essential immunization services a total of 104,565 children (under 1 year) (62 per cent of target) against measles in the 136 UNICEF supported health facilities in the year 2020.

The provision of basic PPE (gloves, sanitizers and masks) to 130,154 frontline healthcare workers (91 per cent of target) throughout the year proved imperative to sustaining immunization services.

Furthermore, UNICEF provided technical and financial support to MoNHSR&C and Health Services Academy for the development of two training modules on COVID-19 and IPC, for community and PHC facility based frontline workers which was approved by the Ministry and recommended to provinces and regions for trainings of frontline health workers.

UNICEF supported the training of 215,241 frontline health workers (143 per cent of target) on IPC and 92,273 frontline health workers (92 per cent of target) and community volunteers oriented on COVID-19, case identification and referral of suspected cases which contributed to continuity of essential healthcare for an estimated four million children monthly.

UNICEF supported Pakistan Paediatric Association in the development of clinical guidelines for management of children with COVID-19 and trained 1,570 paediatricians across the country. This support also contributed to continuity of essential health services including management of children with COVID-19, reporting multisystem inflammatory syndrome, the birth dose initiative and a policy statement on protecting children during the pandemic.

Additionally, UNICEF supported the introduction of telemedicine in Khyber Pakhtunkhwa and Punjab through CSOs and professional organizations which proved to be a successful model for remote medical consultations, management of common diseases and antenatal care during the pandemic. Telemedicine enabled 12,718 users (KP: 10,818; Punjab: 1,900) to access healthcare during the COVID-19 lockdown. Building onto this, MoNHSRC is now developing strategies and guidelines for telemedicine with UNICEF’s technical assistance.

To ensure availability of oxygen therapy services at PHC facilities, UNICEF procured and delivered 525 oxygen concentrators by using own resources (Punjab: 247, Sindh: 149, Balochistan: 32, KP: 64, AJ&K: 13, GB: 13 and ICT: 7) to targeted health facilities, benefitting COVID-19 and MNCH patients. An additional 220 Oxygen Concentrators are procured through funding from ADB and in process of delivery as per the distribution plan of Ministry of Health.

To ensure continuity of paediatric HIV services in Larkana in the context of COVID-19, UNICEF supported community-based intervention to ensure continuity of Anti-Retroviral Therapy services for children and adults living with HIV. To ensure adherence to treatment during COVID-19 lockdowns, follow ups were made with families of children and adults living with HIV through telephone and home visits, reaching a total of 2,274 individuals.

COVAX Related Developments: The COVAX Facility, is a global initiative led by Gavi, the Vaccine Alliance, WHO and the Coalition for Epidemic Preparedness Innovations (CEPI) whose aim is to accelerate the development and manufacture of COVID-19 vaccines and to guarantee fair and equitable access for every country in the world. UNICEF is also engaged in preparedness planning for the roll-out of COVAX in 2021. UNICEF will facilitate the procurement, supply and distribution of COVID-19 vaccines which are prequalified by WHO or have achieved Emergency Use Listing
by WHO. Support from other development partners on COVID Vaccine will be directed through vaccine logistic coordination committee.

The country, through the COVAX facility is expected to receive subsidized vaccines for 20 per cent of the population. The vaccine will be rolled out in 3 phases, during phase 1 targeting an estimated 7 million population (3 per cent of total population) using mRNA (Pfizer and Moderna) and vector-based vaccines (AstraZeneca), subdivided in phase ‘1a’ for the frontline essential healthcare workers at risk of COVID-19 and phase ‘1b’ for all remaining healthcare workers. Followed by phase 2 for the prioritized general population groups (over 60 years) targeting a total of 38.4 million people (17 per cent of total population).

The Government of Pakistan is also having discussions with Sinopharm for 1.25 million doses of vaccines (not yet WHO prequalified) and a donation of 500,000 doses of Sinopharm vaccine will be delivered by the end of January 2021. These vaccines will be used to vaccinate the frontline health workers involved in the treatment of COVID-19. The country has identified 582 vaccination sites throughout the country where the vaccine will be administered. Training of the master trainers is planned for the week starting the 25th January 2021 and vaccinations are expected to start in the second week of February 2021. To fund the vaccines procured through the bilateral agreements, the Prime Minister has approved US$ 150 million to cater for around 10 million people.

Pakistan has expressed interest in receiving the initial doses of Pfizer vaccine, to cover 0.25 per cent of phase 1 target population. In its application to COVAX, Pakistan has agreed to any of the COVAX vaccine portfolio, but most probably for the wider roll out it is likely to be: AstraZeneca; Novavax; Jansen (Johnson and Johnson); Sanofi and GSK.

To accommodate the Pfizer vaccine, the country is in the process of procuring 23 ultra cold chain equipment for the national level and 15 high burden districts, with funding from Asian Development Bank (ADB). The procurement lead time is about 2 to 3 months and needs to be factored in for the introduction of the Pfizer vaccine.

The Polio Programme is providing support for the COVID-19 response, especially in the areas of surveillance, data management and communication. UNICEF is at the frontline to support Government of Pakistan regarding vaccine and cold chain procurement and supply, risk communication and community engagement as well as crisis communication and finally cold chain and vaccines logistics and related trainings. If all goes as planned the Sinopharm vaccine will be rolled out in February 2021 and subsequent vaccines available will be rolled out in the second quarter of 2021.

**Partnerships:** MoNHSRC, Federal and Provincial EPI and provincial and regional health departments and the National EOC on polio. Health Service Academy, Pakistan Paediatric 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, Bridge consultant, Premier Advertisers, for COVID-19 pandemic response. Key partners supporting the health and wellbeing of children and their caregivers included World Bank, GAVI, GF, BMGF, ECHO, GFF, Government of Japan, ADB, FCDO, USAID, WHO, UNFPA and UNAIDS. GAP, of which UNICEF is a member, worked on PHC acceleration in Pakistan. Government of Japan, ECHO, Gavi, the World Bank, Asian Development Bank.

**5. Nutrition:**

**Coordination:** Sector coordination continued under the joint leadership of government of Pakistan and UNICEF. To plan and oversee the nutrition response to the COVID-19 pandemic, a total of 98 meetings of the Nutrition Working Group (NWG) took place in 2020, 21 at National and 77 at sub-national level (KP 25, Punjab 14, Sindh 18 and 20 in Balochistan).

For a coordinated response and with technical support from UNICEF, the NWG developed the nutrition sector response plan, the nutrition component of the Pakistan Preparedness and Response Plan for COVID-19 and the COVID-19 Social-Economic Impact Framework and Plan which guided continuity of nutrition services. In addition, UNICEF led the development and review of the monthly 4W matrix, development of nutrition dashboard, and two nutrition bulletins published with UNOCHA.

UNICEF in collaboration with other nutrition stakeholders and in partnership with the UN-H5 partnership, successfully advocated for continuity of essential nutrition services in the context of COVID-19 pandemic. As a result, children and...
women were able throughout the year to access lifesaving, preventative and promotional nutrition services countrywide at facility and community levels. To ensure that nutrition services available are delivered in a safe manner for the service providers and beneficiaries, UNICEF led the NWG for the development and the endorsement by MoNHSR&C, of Simplified Nutrition Guidelines for promotion of IYCF and wasting case finding and management. Along with COVID-19 pandemic context specific nutrition messages, SOPs for safe service delivery, and IYCF Counselling Cards were also developed.

**UNICEF Response:** As part of the Nutrition Response to the COVID-19 pandemic, in 2020 a total of 2,769 UNICEF supported health sites (92 per cent of target) provided nutrition services (1,710 in Punjab, 7,74 in Sindh, 122 in KP and 163 in Balochistan). A total of 161,702 SAM children (86,511 girls and 75,191 boys) (58 per cent of target) have been admitted for Severe Acute malnutrition (SAM) treatment (KP 29,856; Baluchistan 27,421, Punjab 43,697 and Sindh 60,728). With UNICEF’s support, Inter-Personal Communication (IPC) on IYCF practices in the COVID-19 context through Lady Health Workers (LHWs) and other community-based networks reached 1,575,665 pregnant and lactating women (142 per cent of target) in 2020 (Punjab 1,168,101, Baluchistan 95,545, KP 106,330 and Sindh 205,989). In Sindh UNICEF with its partner Shifa Foundation established 10 mobile Nutrition teams to reach 650 hard to reach villages in drought affected district Tharparker allowing 2,102 children to be enrolled for SAM treatment.

In Sindh, UNICEF in collaboration with WFP supported DoH to strengthen nutrition supply chain management with 47 district warehouse managers trained on nutrition supply management and logistic, resulting in zero stock-out of nutrition supplies in the 13 concerned districts.

With face-to-face communication restricted by the COVID-19 outbreak, a comprehensive Nutrition specific plan for nutrition was developed and rolled out. Communication products (flyers, posters, Banners, IYCF counselling cards, 3 Radio messages and 6 short social media videos) were developed and approved by MoNHSR&C. These communication products were used by stakeholders including NGO partners, MoNHSR&C, PDMA, Scaling Up Nutrition (SUN) Units and Ministry of Poverty Alleviation to promote adequate nutrition care and feeding practices in the context of COVID-19. Through Social media (Facebook, WhatsApp, Instagram and Twitter) 48.2 million viewers were reached.

The COVID-19 pandemic restricted Vitamin A Supplementation (VAS) to a single distribution round carried out in 130 districts. As a result, only 27.3 million children or 88.5 per cent of the target could be reached. To ensure safe supplementation of vitamin A in the context of COVID-19, UNICEF in coordination with MoNHSR&C, NEOC and Federal EPI developed and disseminated VAS in the context of COVID-19 guiding material to support safe VAS and safety of frontline workers.

During this year, a session was held with 44 adolescents (20 girls, 23 boys and one transgender) to discuss and sensitize them on Adolescent Nutrition in COVID-19 context.

Online training on IYCF and CMAM simplified guidelines was provided to a total of 22,495 service providers (Balochistan 745; Sindh 9,963, KP 160 and 11,627 in Punjab) and helped to achieve the above reported results.

World Breastfeeding Week (WBW) in the context of COVID-19 was commemorated to focus on importance of continuation of safe breastfeeding practices during the COVID-19 Pandemic. MoNHSR&C and Department of Health (DoH) at federal and provincial levels, with UNICEF support, disseminated the COVID-19 specific breastfeeding messages on social media and also on mass media (radio and cable TV); furthermore print media was also engaged through publishing an Op-Ed by the UNICEF Representative in a leading newspaper and 04 Op-Eds published in local newspaper of Balochistan.

To contribute to service providers’ safety, UNICEF also joined government effort to make available face masks (3,405 - Box/50), Gloves (2,000 box/100 and sanitizers 23,500 / 500 ml) worth US$ 221,631.

**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 SUN networks, NDMA, PDMA, Pakistan Paediatrics Association and Pakistan Gynaecologist Association are major partners.

6. Education:
Coordination: School closures from mid-March to end September and again from end November disrupted the education of 42 million learners from pre-primary to higher secondary levels. To guide the government’s COVID-19 education response, a National Education Response and Resilience Plan for COVID-19 was developed with UNICEF support, plus a simulation and costing model. UNICEF with JICA support the development of a National Continuity of Learning framework to cover remote blended learning options using various technological platforms. To facilitate a safe return to school, referencing the UN global framework for school reopening, UNICEF supported the development of guidance and SOPs for safe reopening of schools and ALPs. Technical working groups at provincial level were supported to develop guidelines for safe school reopening for various layers of decision makers, including data analysis of school level indicators. UNICEF also further supported roll out and monitoring of the guidelines and SOPs through corresponding training manuals/packages with content on handwashing and other hygiene measures, mental health and psychosocial support, with inputs from WASH and Child Protection.

As Education Sector Lead, UNICEF led coordination mechanisms at national and provincial level.

Response: To mitigate learning losses in 2020, UNICEF worked with provincial and national education authorities to provide continuity of learning for students during the school closure period and to plan for and support a safe return to school. For immediate continuity of learning response, UNICEF supported remote learning modalities such as sharing of learning curriculum-based video lessons via smart phones, take-home learning material and ‘catch up’ learning interventions, online and off-line platforms with digitized learning content, and video lessons. A total of 79,131 children (1 per cent of target) benefited directly from alternate learning opportunities with UNICEF support.

Efforts to use high-tech, low-tech and no-tech solutions in support of home-based learning during the pandemic emerged and evolved quickly. In Sindh, UNICEF facilitated a partnership between Microsoft and SELD5 to pilot “Digital Classrooms”, and a learning App. UNICEF also supported digitizing curricula and learning content for sharing on various digital platforms. The Federal Government established an educational television channel “TeleSchool” reaching 4 million households with 7-8 million children. In Balochistan, the “My Home my School Initiative” shared subject-based educational videos via WhatsApp with 13,890 teachers, facilitators and parents, who set up classes for children in their households. Across provinces, UNICEF worked with education authorities to develop take home materials for self-learning or guided learning for those children without access to technology. In KP, UNICEF assisted development of an Accelerated Learning Package (ALP), and distribution of learning packages to 33,185 schools, enabling teachers to assign homework on a weekly basis for an estimate 4.5 million students.

To facilitate a safe return to school, UNICEF supported the development of SOPs and contributed to their roll-out at field level. Supported by UNICEF, online or in-person training on safe school reopening and MHPSS reached 3,035 Parent-teacher councils (PTC), School Management Committees (SMCs) and 28,258 teachers, with thousands more reached through the government roll-out and local teacher initiatives (330 SMC members in December 2020). To support the safe reopening of schools, UNICEF invested into setting up handwashing stations and the distribution of essential supplies such as soap reaching 13,177 schools and ALP centers benefitting some 1.06 million children.

The education response was enhanced by communication awareness efforts on preventive measures, advocacy for safe school reopening and continuity of learning. UNICEF worked with education departments on disseminating government approved messages on the five main COVID-19 preventive measures, stigma reduction, and mental health and psychosocial well-being to teachers, education personnel, and parent teacher committee members. Specific to education, messages focused on encouraging learning, and adherence to SOPs for safe school reopening.

UNICEF reached 1,708,347 (52 per cent of target) SMC members, teachers and education personnel with COVID-19 prevention messages via SMS, robocall and social media. To support continuity of learning, 278,857 parents were reached with messages encouraging learning. Innovative strategies were adopted during the pandemic to reach out to communities, parents, students and education stakeholders during school closures. For example, WhatsApp groups were set up for teachers, and in Balochistan, 1,897 girls participated in virtual menstrual hygiene management sessions. Provincial highlights are:

In Sindh, posters were distributed in 4,560 schools, low cost private schools and ALP centers. A guide to school reopening by and for children was also disseminated. In Punjab, 50,400 teachers received SOP checklists, 12 million

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5 School Education And Literacy Department
fliers on preventive measures were disseminated to parents and students and 20 radio programs aired messages on MHPSS, continuity of learning and safe school reopening. In Balochistan, support to 323 SMCs in high schools in high burden districts was provided through school grants for safe schools reopening, including supplies such as thermal guns, face masks, soaps, hand washing stations etc. In KP, all teachers received accelerated calendars and worksheets, also uploaded on the Directorate’s website. Learning videos reached 14,707 Parent Teacher Councils (PTC) members (4,746 female) via WhatsApp. UNICEF successfully advocated for use of PTC funds to print RCCE materials. Posters for school-based COVID-19 prevention were also disseminated to all schools in GB, AJK, and ICT.

**Partnerships:** Ministry of Federal Education, Provincial Education Departments, Indus Resource Center, Knowledge Platform, Microsoft, Viamo and SABAQ Foundation.

7. **Social Policy:**

**Coordination:** UNICEF supported the Sustainable Development Goals (SDG) Unit of Ministry of Planning Development and Reforms for internal coordination of COVID-19 mitigation response efforts. The unit provided technical assistance in convening all sectoral focal points including education, health, WASH and nutrition for developing action plans and strategies; provided key data and research-based recommendations to high level officials for policy planning and response for COVID-19 mitigation efforts.

Furthermore, technical support was provided to SDG Task Force, Parliamentarians, Standing Committees and stakeholders for effective oversight of implementation and monitoring of SDGs agenda at local level in the context of COVID-19. With technical assistance of UNICEF, the Child Rights Group successfully led high level policy deliberations with policy makers, economists and stakeholders on the Fiscal budget 2020-21 in light of the COVID-19 pandemic and its strategic impact on children. The key recommendations referring to enhancing fiscal space, increasing utilization rates, evidence generation and continuation of budget consultations were presented at floor of National Assembly and resulted in endorsement to address children’s need as a key priority in social safety programs.

**Response:** Pakistan Country office supported ROSA in the Real Time Assessment (RTA) related to the COVID-19 response, which was implemented by ROSA in collaboration with the Evaluation Office. It helped in getting perspectives of government and other implementing partners, frontline workers and beneficiary representatives on UNICEF COVID-19 response including the quality of the response and suggestions for any necessary adjustments and improvement.

UNICEF provided technical support to National COVID-19 Response Taskforce at Planning and Development department for evidence based, rapid assessments to analyse the socio economic impact of COVID-19 on most vulnerable child populations and led to an enhanced focus on children in the national response plan. Technical inputs were provided to inform social sector strategies i.e. education, nutrition and health on equity and child perspective analysis, resulting in improved measurement system for tracking outreach and impact of the interventions.

UNICEF technical contributions facilitated a study of the COVID-19 social protection response, focusing on Ehsaas Emergency Cash as the country’s flagship initiative. This emergency cash programme reaches more then 14 million of the most marginalized families through Ehsaas Emergency Cash and Ehsaas Kafaalat (benefiting disadvantaged women) and Nashonuma (benefiting pregnant and lactating women)6.

UNICEF technical assistance to the Ministry of Planning, Development and Special Initiatives (MoPDSI) supported evidence-based planning through development of an M&E capacity assessment toolkit, Monitoring, Evaluation and Results Policy Framework, and revisions to the M&E chapter of the development project manual to inform budget allocation. UNICEF also supported national-level reporting on 80 SDG indicators and provincial SDG scorecards identifying child-related data gaps in the light of COVID-19.

UNICEF Pakistan is contributing to the social policy strategic agenda for PF4C (Public Finance for Children) in wake of COVID-19 and led the evidence based policy advocacy on the Fiscal Budget 2020-21, Public Sector Development Programme (PSDP)7, Annual Development Plans (ADP) and other schemes for highlighting structural issues pertaining to equity, gender and institutional capacities that influence policy commitments and priorities for increased investments

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6 [https://www.pass.gov.pk/Detail845ae76f-4161-4d46-8452-ab8805d1f953](https://www.pass.gov.pk/Detail845ae76f-4161-4d46-8452-ab8805d1f953)

7 Public Sector Development Programme
in children and adolescents. UNICEF carried out federal and provincial sessions on Budget Analysis for Children (B4C) which were held virtually with field teams. The key objective of the consultation was to present an analysis of 2020-21 fiscal budgets to highlight budgetary allocations in light of COVID-19 and issues related to adequacy of funding for child rights, inefficiency to use development budgets, territorial, gender and income inequalities to sectoral teams and solicit feedback for further discussion with key government departments. The recommendations included measures to remove bottlenecks of public financial management systems in government, focused on addressing systemic issues related to capacities, domestic resource generation and increased public spending on education and health for most vulnerable groups of child population.

A round-table meeting of the Chairs of the Standing Committees at the National Assembly of Pakistan was organized on Child Centred budgeting for the fiscal year 2020-21, with an overview on to the Parliamentarians and officials to understand whether the budget was responsive to child rights issues. The intent of the policy advocacy, based on study findings referring towards low utilization rates in development budgets, deficits in budgets, poverty, unemployment and inequality was to integrate child centred budgeting, reporting and monitoring processes into the oversight and accountability role of Standing Committees on health, education, WASH and education. The policy deliberations also highlighted existing resource distribution priorities and mechanisms in light of COVID-19. The analysis was also presented for increased political and policy commitments for child centred budgeting for Fiscal Year (FY) 2021-22 in the areas of health, education, social protection, nutrition and WASH by integrating them into the periodic agenda of relevant Standing Committee.

Partnerships: Ministry and Department of Planning, Ministry of Finance Sindh, Development and Initiatives at National and Provincial level, Parliamentary Task Force on SDGs in National Assembly and Provincial Bureaus of Statistics.

Adolescent and Youth Development and Participation

Coordination: UNDP, UNESCO, UNFPA, UNHCR and UNICEF collaborated on a joint UN Adolescents and Youth Engagement (AYE) initiative for COVID-19. UNICEF coordinated the planning, implementation and monitoring of the Program, with technical and financial contribution from all five agencies.

Response: The UN Joint Program on Adolescents and Youth Engagement (AYE) had three key strategies: Inspire and Engage; Inform and Educate; and Engage and Call to Action. Under Inspire and Engage, a youth perception survey to understand how Pakistan’s young people are coping with the COVID-19 emergency was completed by the UN Joint Program on Adolescents and Youth Engagement (AYE) and officially presented during the International Youth Day celebrations. Findings of the survey indicated 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 per cent of Interactive Voice Response (IVR) audiences who do not consider COVID-19 as a risk to the youth of Pakistan. In addition, 44 per cent of IVR respondents felt that more children will have to leave school to find work after COVID-19 is over, with the start of the new normal. The findings and recommendations of this study informed the interventions under UN joint programme. As part of the response, 209 young ambassadors (males: 119, females: 89, transgender: 1) of which 66 were adolescents and 143 were youth; successfully completed a seven hours digital training at ensuring their participation to Inform and Engage as a critical mass in promoting positive behaviours in their communities. These ambassadors were equipped with a kit with the help of which they cascaded the training to 970 peers and community members.

A 10 -week digital media campaign (Coping with Corona /CWC) introduced a COVID related theme each week targeting young people with UNICEF approved contents. The digital campaign used sixty five content pieces including animated videos, static posts, GIFs, Instagram stories, three user generated contents, campaigns and four influencer marketing campaigns The digital campaign reached more than 1 million users, collected more than 1.7 million impressions, 240,000 video views and 86,000 engagements with male female split of 63 per cent and 37 per cent and adolescent, youth and adults split of 49 per cent, 31 per cent and 20 per cent respectively. Young people in areas with no or limited internet access were reached through local radio networks and a radio program on mental health and psychosocial support by a certified psychotherapist reached more than 3.5 million radio users.

To support adolescents and the youth to Engage and Act/ Call to Action, a youth innovation challenge was launched which provided opportunity to adolescents and youth to create solutions for COVID-19 response. The top twenty eight (28) ideas from the challenge were selected and transformed into projects. Each project was provided with seed funding
of PKR 70,000 (approximately US$ 500) and mentoring support for implementation of projects which ranges from developing ultra violet disinfectant lamps, awareness raising devices to creating employment opportunities for digitally skilled youths.

**Partnerships:** School of Leadership Foundation, Viamo, UNDP, UNESCO, UNFPA and UNHCR.

### Supply and Procurement Services

UNICEF Pakistan committed a total of approximately US$8 million for procurement of COVID-19 supplies in support of its Programmes, including approximately US$ 1.8 million in PPEs (gloves, surgical caps, boot covers) and hand sanitizers; US$ 1 million in WASH supplies, US$ 3 million in WASH construction activities including in schools and health facilities, US$ 250,000 in IEC and RCCE materials, plus media engagement related services, COVID-19 call centre and consultancy services. This also included procurement for safe reopening of schools, to include PPEs, IPC materials and supported WASH construction activities.

With funding from ADB and with the MoNHSRC allocation from the Pandemic Emergency Financing Facility (PEFF) grant, supplies have been ordered to the value of approximately US$ 16 million, that includes equipment for 20 laboratories, 1,320 Oxygen Concentrators and accessories, PPE and testing kits, including 1.15 million Viral Transport Mediums. Delivery of supplies is ongoing currently, with all supplies anticipated to arrive into the country by latest March 2021.

UNICEF has been undertaking market analysis and a market survey has now been completed, in preparation for when the procurement planning of the PREP funding is finalised. Shortlist of potential local supplies have been identified, that can be utilised for tendering locally for clinical management and diagnostic equipment, hand sanitiser and PPE. The first objective it to establish Long Term Agreements with local suppliers for PPE, as there are ongoing requirements for all programs for these commodities.

### Human Interest Stories and External Media

In 2020, UNICEF worked closely with the Government and the provincial health authorities to increase public awareness of the pandemic and help reduce spread of COVID-19 virus as part of the national response. UNICEF developed a COVID-19 advocacy strategy and implemented it together with the Government to (1) mobilize public support and action to reduce corona virus transmission; (2) ensure continuous access to essential services and (3) mitigate the socioeconomic impacts of the crisis on the most vulnerable children and families, building on the Government’s COVID-19 response strategy and on UNICEF’s Global ‘Respond, Recover, Reimagine’ campaign.

Over the course of 10 months, UNICEF produced and disseminated nine videos in five languages paired with online printable flyers and multimedia packages; 13 videos paired with multimedia packages; one booklet for media translated in five languages and one virtual media briefing; 12 video messages from medical experts and religious leaders; and two virtual online events with the participation of the Prime Minister, the Special Assistant to Prime Minister (SAPM) on Health, provincial health ministers or directors, parts of which were broadcast live on TV channels and on UNICEF and MoNHSRC social media platforms.

UNICEF partnered with UNILEVER to broadcast videos on private TV channels, and broadcast them on public channels with Government support. UNICEF also recorded 20 video messages with Pakistani celebrities calling on people to adhere to preventive behaviours and 50 video and photo messages from adolescents encouraging their peers to adhere to COVID-19 lifesaving behaviours and sharing tips on remote learning and mental health as part of UNICEF’s ‘Pakistan Youth Diaries’ series. This was made as part of UNICEF’s youth engagement efforts, and complemented by UNICEF’s contribution to the joint UN Campaign “Coping with COVID” among adolescents in Pakistan and to UNICEF’s regional ‘Team Kind’ campaign.

From July, UNICEF intensified its advocacy for the continuity of essential services, in particular through a series of op-eds on education, immunization, nutrition and WASH in major newspapers, and through advocacy around the safe reopening of schools. In particular, UNICEF supported the Ministry of Federal Education and Professional Training via the production and dissemination of social media posts and of two video sets calling on children, adolescents, parents
and teachers to stay safe from the virus in and out of school. Social media campaigns were also developed in the run-up to religious festivals such as the two Eids, and to events such as Independence Day or World Children’s Day, encouraging people to stay safe from COVID-19 by adhering to preventive behaviours.

**Funding**

In 2020, UNICEF Pakistan required US$ 50.2 million to support the COVID-19 humanitarian action in the country. The office has received US$ 21.37 million (43 per cent) for the humanitarian response in the country. Additional funds have been received from Gavi for COVID-19 vaccine introduction and technical assistance. The year closed with a critical funding gap of US$ 28.83 million (57 per cent) nationwide, especially in the areas of WASH, RCCE and Education.

Funds received to date include US$ 5.90 million existing resources/programmes re-purposed for COVID-19 from the European Union, Foreign, Commonwealth and Development Office (FCDO) funded Child Labour: Exploitation of Children in South Asia Programme (CLECSAP), ASWA II, Aawaz II, and Khyber Pakhtunkhwa Merged Districts (KPMD) Support Programme, UNICEF’s Global Thematic Humanitarian Funds and Regular Resources.

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.

The office has received US$17.50 million from ADB and World Bank PEF to support procurement of COVID-19 related PPEs, laboratory diagnostic items and other essential medical supplies. The procurement has been done through UNICEF Procurement Services on behalf of MoNHSR&C, Government of Pakistan.

UNICEF expresses its sincere gratitude to the Government of Japan and United Kingdom, CERF Secretariat, Asian Development Bank, World Bank, European Union, ECHO, Global Partnership for Education, Gavi -The Vaccine Alliance, 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>Funds available</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Humanitarian resources received</td>
<td>Existing resources reprogrammed for response</td>
</tr>
<tr>
<td>Risk Communication and Community Engagement (C4D)</td>
<td>9 500 000</td>
<td>2 539 758</td>
<td>643 751</td>
</tr>
<tr>
<td>Infection Prevention and Control (WASH)</td>
<td>17 100 000</td>
<td>3 277 619</td>
<td>1 515 830</td>
</tr>
<tr>
<td>Psychosocial Support and Child Protection</td>
<td>4 825 000</td>
<td>1 698 562</td>
<td>757 502</td>
</tr>
<tr>
<td>Building Resilient Health System</td>
<td>7 790 000</td>
<td>3 315 562</td>
<td>1 978 139</td>
</tr>
<tr>
<td>Continuity of Education and Learning</td>
<td>3 350 000</td>
<td>420 655</td>
<td>797 401</td>
</tr>
<tr>
<td>Nutrition</td>
<td>5 625 000</td>
<td>4 165 663</td>
<td>212 138</td>
</tr>
<tr>
<td>Coordination, technical support and operational costs</td>
<td>2 010 000</td>
<td>50 000</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$50 200 000</strong></td>
<td><strong>$15 467 819</strong></td>
<td><strong>$5 904 761</strong></td>
</tr>
<tr>
<td>Funds received for Procurement services</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Next SitRep: 1st February, 2021
Who to contact for further information:
Ms. Aida Girma
Country Representative
Pakistan
Tel: +92 300 854 4275
Email: agirma@unicef.org

Dr. Tajudeen Oyewale
Deputy Representative
Pakistan
Tel: +92 345 500 6578
Email: toyewale@unicef.org

Dr. Hari Krishna Banskota
Chief of Health
Pakistan
Tel: +92 301 856 4602
Email: hbanskota@unicef.org
## 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>1,500,000</td>
<td>1,299,677</td>
</tr>
<tr>
<td>Number of people engaged through social media***</td>
<td>15,000</td>
<td>41,895</td>
</tr>
<tr>
<td>Number of at-risk populations reached through community engagement</td>
<td>201,066,962</td>
<td>36,640,791</td>
</tr>
<tr>
<td>Number of members of religious leaders engaged in promoting key messages</td>
<td>345,000</td>
<td>461,288</td>
</tr>
<tr>
<td>Number of media practitioners oriented on reporting on COVID-19</td>
<td>40,000</td>
<td>184,418</td>
</tr>
<tr>
<td>Number of calls received from helpline</td>
<td>16,000,000</td>
<td>7,554,148</td>
</tr>
<tr>
<td>Number of calls from helpline responded to</td>
<td>11,000,000</td>
<td>5,428,871</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>701</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>10,247,624</td>
</tr>
<tr>
<td>Number of community sites with handwashing facilities in the affected areas</td>
<td>1,800</td>
<td>2,138</td>
</tr>
<tr>
<td># of schools in targeted high-risk areas supported with IPC measures and improved water and sanitation</td>
<td>1370</td>
<td>1,352</td>
</tr>
<tr>
<td><strong>Psychosocial Support and Child Protection</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of affected people, including children, who received psycho-social support</td>
<td>63,400</td>
<td>216,144</td>
</tr>
<tr>
<td>Number of social and care workers trained on psychosocial support and stigma reduction</td>
<td>6,000</td>
<td>8,290</td>
</tr>
<tr>
<td>Number of people reached with stigma prevention messages</td>
<td>50,000,000</td>
<td>51,820,082</td>
</tr>
<tr>
<td>Number of children (boys and girls) and adolescents (boys and girls) who receive child protection services supported by UNICEF (Response)</td>
<td>700</td>
<td>947</td>
</tr>
<tr>
<td>Number of people (children and adults) reached with prevention messages on VAC including online safety</td>
<td>560,000</td>
<td>5,712,398</td>
</tr>
<tr>
<td><strong>Education</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>1,708,347</td>
</tr>
</tbody>
</table>
Number of parents reached with messages encouraging learning activities through SMS | 5,000,000 | 278,857 | 0 | 8,000,000 | 354,864 |
---|---|---|---|---|---|
Number of children benefiting from alternate learning opportunities*** | 7,500,000 | 79,131 | 0 | 10,000,000 | 8,814,507 |
---|---|---|---|---|---|
Number of SMCs trained on safe reopening of schools | 8,500 | 3,035 | 330▲ | 12,000 | 3,035 | 330▲ |
---|---|---|---|---|---|
Number of teachers trained on psychosocial support and safe reopening of schools | 100,000 | 28,258 | 0 | 130,000 | 538,494 |

**Building Resilient Health Systems**

Number of people benefitting from continuity of primary health care services at UNICEF supported health facilities | 3,200,000 | 3,459,844 | 380,247▲ |
---|---|---|---|
Number of children < 1 vaccinated against Measles | 170,000 | 104,565 | 38,739▲ |
---|---|---|---|
Number of frontline health workers reached with basic PPEs (masks, gloves and hand sanitizers) | 150,000 | 137,079 | 6,925▲ |
---|---|---|---|
Number of frontline workers trained on infection prevention and control | 150,000 | 215,241 | 72,263▲ |
---|---|---|---|
Number of frontline health workers and community volunteers orientated on COVID-19 and referral of suspected cases | 100,000 | 92,273 | 8,529▲ |

**Nutrition**

Number of sites which are safe for service providers and patients. | 3,000 | 2769 | 13▲ | 3,500 | 3,377 | 17▲ |
---|---|---|---|---|---|---|
Number of mothers and care givers at high risk of infection supported with IYCF and hygiene promotion. | 1,110,747 | 1,575,965 | 207,655▲ | 4,369,264 | 1,898,018 | 244,191▲ |
---|---|---|---|---|---|---|
Number of children treated for SAM without complication in a safe environment at health facility | 277,630 | 161,702 | 20,972▲ | 584,098 | 228,819 | 30,675▲ |

*For RCCE sector results: UN agencies are not doing COVID-19 activities anymore therefore the sector results only show UNICEF contribution.

** 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 month.

*** During data cleaning the achieved results have been reduced from previously reported results.