



Children learning handwashing steps in school in Jhang, Punjab Province

# Pakistan COVID-19 Situation Report No. 18



Reporting Period: 16<sup>th</sup> – 30<sup>th</sup> September 2020 (fortnightly)

## Situation in Numbers

**312,263** Confirmed cases

**296,881** Recovered cases

**6,479** Deaths

Source: <http://COVID.gov.pk/>

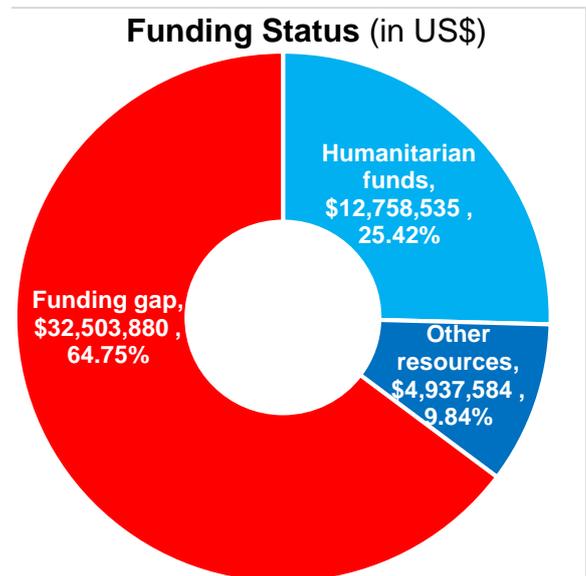
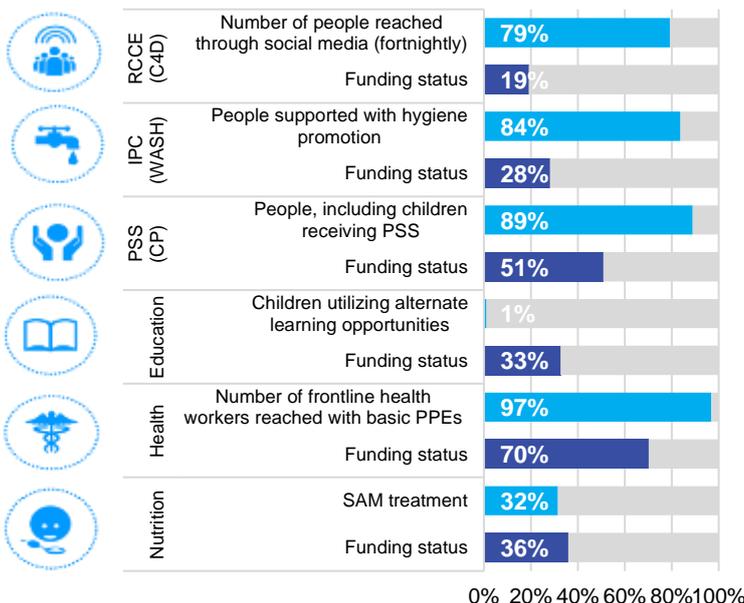
Date of report: 30<sup>th</sup> September 2020

## Key Highlights

- In the 2nd half of September there was a slight increase in the average number of cases as compared to the first half, 463 to 648, which according to WHO is likely to be the result of increased testing during September. Test positivity rates have remained less than 2 per cent during this period.
- The weekly radio show, Kadam Kadam Sehat, developed by UNICEF in partnership with the Pakistan Broadcasting Corporation (PBC), continued to be aired through 41 radio channels, reaching 10.4 per cent of the estimated 83 million listeners.
- Over 328,994 (1,141 new) religious leaders engaged and mobilized to emphasize the importance of physical distancing and promoting key preventive messages building risk perception.
- Using WASH sector communication networks, over 23 million (1 million new) people reached with COVID-19 hygiene promotion messages with UNICEF reached 8.3 million (471,517 new).
- Over 2 million people (202,445 new) benefitting from continuity of primary health care services at UNICEF supported health facilities.
- Through UNICEF support 56,383 parents, caregivers, children and individuals reached with PSS through trained social workforce professionals (3,009 new).

**UNICEF Appeal for  
COVID-19 Preparedness  
and Response  
US\$ 50.2 million**

## UNICEF's Response and Funding Status

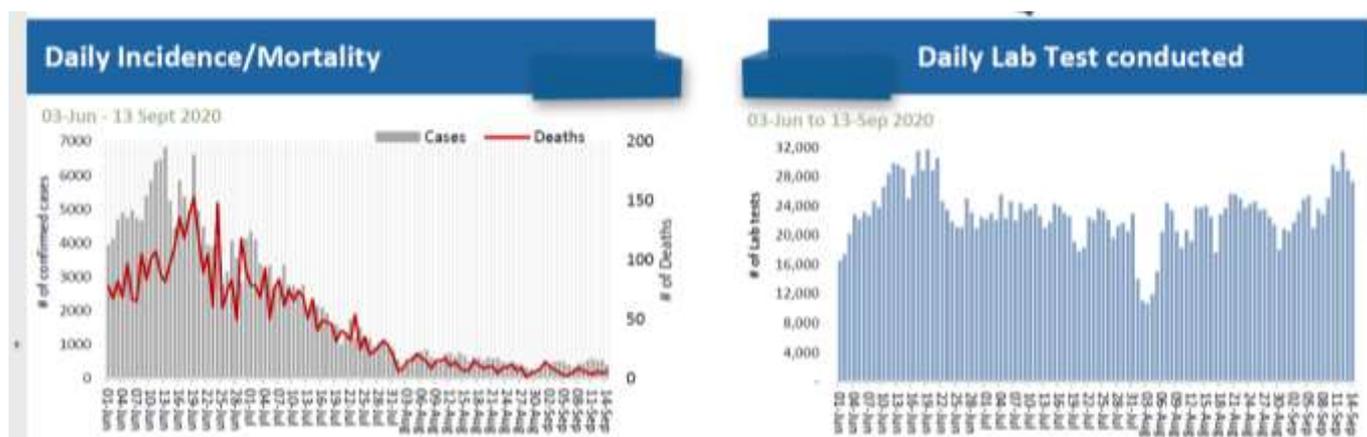


## EPIDEMIOLOGICAL OVERVIEW

As of 30<sup>th</sup> September 2020, there are 312,263 confirmed coronavirus cases, with Sindh being the most affected province with 136,795 cases, followed by Punjab with 99,378 cases and Khyber Pakhtunkhwa (KP) with 37,776 cases. Of the total number of confirmed cases, 6,479 patients have died and 296,881 have fully recovered from the disease and have been discharged from the hospital.

Provinces				Administrative Areas			Total
Balochistan	Khyber Pakhtunkhwa (KP)	Punjab	Sindh	Azad Jammu and Kashmir (AJK)	Gilgit-Baltistan (GB)	Islamabad Capital Territory (ICT)	
15,257	37,776	99,378	136,975	2,698	3,778	16,581	312,263

The tables below show the daily COVID-19 incidence and daily mortality in Pakistan as of 30<sup>th</sup> September, 2020 and the daily number of COVID-19 tests<sup>1</sup>.



Based on the WHO situation report, as of 30<sup>th</sup> September, Pakistan has conducted 3,511,237 laboratory tests, of which 312,263 were positive. A total of 687 cases have been admitted in hospitals; 296,881 (95.07 per cent) have recovered and discharged, 467 are in critical condition and there have been 6,479 deaths with the Case Fatality Rate (CFR) of 2.07 per cent. • As stated above, in the second half of September there was a slight increase in the average number of cases as compared to the first half, 463 to 648, which according to WHO is likely to be the result of increased testing during September. Test positivity rates have remained less than 2 per cent during this period.

## 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 (NCO) 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 (PDMA) as the leading provincial operational agency. Furthermore, the Emergency Operating Centre (EOC) at the National Institute of Health (NIH) has been activated as an Incident Command and Control Hub.

Under the Government of Pakistan Ehsaas Emergency Cash (social protection) initiative that started on the 9<sup>th</sup> April, PKR 178.92 billion (US\$ 1,078 million) has been distributed as of 30<sup>th</sup> September 2020, reaching more than 14.8 million people<sup>2</sup>.

<sup>1</sup> WHO Sitrep as of 15<sup>th</sup> September 2020

<sup>2</sup> [https://www.pass.gov.pk/ecs/uct\\_all.html](https://www.pass.gov.pk/ecs/uct_all.html)

The Polio Programme is providing support for the COVID-19 response, especially in the areas of surveillance, data management, communication and logistics management.

## UN COORDINATION

The UN in Pakistan has established a Crisis Management Team (CMT) comprising of: WHO; UNICEF; WFP; UNHCR; UNFPA; IOM; UNOCHA; UNDP; DSS and the RC which meets every Tuesday. Currently, UN agencies, including UNICEF, are working on developing the Pakistan Humanitarian Needs Overview which will feed into the Pakistan Humanitarian Response Plan, which will include COVID-19 response, which is being coordinated by OCHA.

## UNICEF's Response

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

### Public health response to COVID-19

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

### Continuity of essential services

- **Continuity of education and learning** to ensure teachers, parents and students are informed about COVID-19, continuity of learning and facilitate safe reopening of schools and learning education institutions.
- **Building resilient primary healthcare system** for managing mild cases and referral of severe cases with the aim to strengthen primary 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. This includes coordination of the 25<sup>th</sup> UN-RCCE task force meeting, composed of 8 UN agencies, as well as co-facilitating the weekly RCCE task-force programs at both national and provincial levels. Due to the unpredictable and shifting sentiments towards the pandemic, these teams continuously discuss ways to improve and accelerate the response.

**National Response:** Information messages were received by the population through TV, radio, WhatsApp and social media (Facebook, Twitter, Instagram) 643 million times through Government and UNICEF efforts.

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

**Response:** In terms of public sentiment<sup>3</sup>, more Pakistanis (29 per cent) on social media are feeling positive about COVID-19 this week than those feeling negative (12 per cent). The majority (60 per cent) remain neutral. The key driver of the positive sentiment is the global recognition of Pakistan's success against COVID-19. The key driver of negative sentiment is the appearance of COVID-19 cases in schools in Islamabad as well as in Sindh and Khyber Pakhtunkhwa provinces.

Both social and news media are showing calls for a far more localized COVID-19 response in the country. Three features have been highlighted: 1) district-level response; 2) real-time disease surveillance; and 3) district-level rapid response teams led by field epidemiologists. There have been similar calls recently for a localized response in the context of schools reopening and increased community transmission in rural populations.

While Pakistan's anti-polio infrastructure has been utilized so far for local COVID-19 "surveillance, contact tracing and care", these calls highlighted the need for specialized community-led action on COVID-19 in the country that works closely with real-time surveillance. It is therefore a recommendation that RCCE develop and rollout nationwide community engagement on COVID-19, which has at least the following two features: 1) communication with communities (CwC) informed by surveillance insight to respond to real-time risks; and 2) public communication role of district-level epidemiologists, to establish greater trust and credibility with communities. In addition, we need to enable district-level responses informed by real-time district surveillance data, and delivered by district-level rapid response teams led by field-epidemiologists.

Community feedback is highlighting the perception that COVID-19 has been eradicated. According to one respondent from District Rawalpindi: "People think that Coronavirus has been eradicated and the general perception of risk in this context has really gone down." Community feedback indicates that the perceived eradication of COVID-19 is more prevalent among people who have lower literacy levels, who have lower access to healthcare facilities, and who are younger. Previously reported in the province of Khyber Pakhtunkhwa, this perceived eradication of COVID-19 is being reported in other provinces of the country too. A key reason for the spread of this perception, community feedback further indicates, is the end of the nationwide lockdown in the country.

In response, RCCE task force in developing communication content especially targeted at people displaying low-levels of perceived threat (profiled above), to fact-check that COVID-19 has not been eradicated and to highlight the personal risk these people have of getting COVID-19 within their local settings, and to also deploy community health workers to communities with low levels of literacy and access to healthcare facilities, to specifically improve health literacy and the demand for healthcare services.

Social media is highlighting significant levels of public anxiety about schools reopening. Instead of focusing on the question of whether schools should reopen or not, this anxiety is targeted at the preparedness and compliance of schools. In Punjab, for example, both students and parents are taking to social media to highlight that schools are not following the mandatory public health guidance. People on social media are also highlighting the incidence of COVID-19 cases in schools (e.g. reports of a study showing 13 per cent school staff in eight private schools were COVID-19

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<sup>3</sup> Keyhole Social Media Sentiment Analysis (12 to 18 September 2020) / Statement by Dr Rana Jawad Asghar published 19 September 2020 / The News (19 September 2020) 'Lessons from Covid-19' / COVID-19 RCCE Brief 02 September 2020 / COVID-19 RCCE Brief 16 September 2020 / Statement by Dr Tedros Adhanom Ghebreyesus WHO Director-General published 07 September 2020 / UNICEF Behavior Pattern Insight from Anthropological and Social Data (19 September 2020) / COVID-19 RCCE Brief 29 June 2020

positive) and attributing this incidence to the failure of schools to follow mandatory public health guidance (e.g. reports of three private schools in Orangi Town being sealed after failures to comply).

To address this, RCCE will develop simple guidelines for school administrators, teachers, parents, and students, with the aim to advocate and effectively communicate the accountabilities of each stakeholder and increase school compliance to official public health guidance.

**Religious leaders' engagement:** Through existing polio alliances and the health programme 328,994 (1,141 new) 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 risk perception. The religious leaders use the information provided to talk to their followers during the Friday sermons and to make announcements in mosques with key preventive messages on COVID-19. During the reporting period a total of 328,994 mosque announcements were made. The religious leaders have been engaged in increasing risk perception related to COVID-19 and promote both the polio campaigns and Essential Immunization (EI).

**Media, social-media, and production of educational materials (print/video):** Due to social distancing, many of the participatory, community and public edutainment events were cancelled. The focus on mass media (TV/radio/social media) has become a more effective choice to address. During this period, RCCE continues to broadcast a highly popular weekly radio shows, *Kadam Kadam Sehat*. These weekly shows (50 min each) are broadcast through Pakistan Broadcasting Corporation (PBC), and through 41 radio channels. It is estimated that PBC reaches 83 million listeners. Overall data shows that 10.4 million people have been reached through TV and radio.

Over the period from the 14<sup>th</sup> to 26<sup>th</sup> September, UNICEF's Advocacy and Communication and Polio social media platforms have reached over 1,186,785 people per Facebook post with the number of total impressions reaching 53.7 million (Facebook: 52.9 million, Twitter: 623,162 and Instagram: 215,340). Additionally, 5.8 million people were reached through WhatsApp. The number of people engaged through social media<sup>4</sup> is 29,047 per facebook post and the total number of engagements reached is 1,361,943 (Facebook: 1,350,053, Twitter: 5,070 and Instagram: 6,820).

**Mobility:** There is higher population mobility across the country following the easing of the lockdown. Media reporting is consistently showing a steep rise in region-to-region mobility, particularly since 14<sup>th</sup> August 2020. This increased mobility is likely to spread COVID-19 along transportation routes, and from major places of concentration, like cities, into less densely populated communities, like villages e.g. The potential cross-pollination may expose new populations who are outside urban circles of contamination. RCCE plans to partner with organizations working on major transportation routes.

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 19.39 million at risk people have been reached with preventive messages on COVID-19 with 700,000 reached during the reporting period.

WhatsApp continues to be used as an important communication channel and has been used 297,109 times to date to reach people with information on risk perception, infection prevention and key practices related to COVID-19.

**Adolescents:** There is low perceived threat and a collective complacency about COVID-19 risks, particularly among the youth. Trend analysis of community feedback shows that the majority of youth have not been following preventative measures since August. Addressing adolescents (60 per cent of population under 20 years of age), is a critical element to the COVID-19 solution, as although they 'may' be more immune, they can nevertheless remain receptors and transmitters of the virus to others.

**Feedback Mechanisms.** The Polio helpline, now also used for COVID-19 purposes, receives nearly 15,000 calls per day, through 250 telephone operators/agents. 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 help 'manage' the pandemic. It also deals with informing callers on where they can get tested or get treatment for COVID-19, and equally important to receive feedback from callers on their views and concerns which helps all partners and sectors to adjust accordingly. The

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<sup>4</sup> Definition of social media engagement includes likes, shares and retweets

helpline has received over 7 million calls and over 3.8 million calls have been responded to. Of the calls received; 7.13 per cent were related to medical conditions; 2.68 per cent suspected cases; 5.32 per cent others, 2.18 per cent hospitals/tests, 11.10 per cent symptoms, 2.28 per cent treatment, 0.18 per cent plasma donation.

**Media orientation and mobilization:** A total of 178,876 (154,758 new) journalists, 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.

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

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

<https://www.humanitarianresponse.info/en/operations/pakistan/pakistan-wash-sector-working-group-covid-19-response-4ws-data-analysis>

### UNICEF Response:

UNICEF is supporting WASH/IPC interventions in 20 out of 27 high burden districts. To date, UNICEF has rehabilitated and installed WASH facilities which include Ultraviolet (UV) water filters, toilets and handwashing stations in 569 (1 new) Health Care Facilities (HCFs, Sindh: 38, KP: 88, Punjab: 373 and Balochistan:70). More than 1.7 million people (198,014 new) have gained access to safe drinking water and sanitation facilities in these HCFs contributing towards reducing the risk of COVID-19 infection among healthcare workers. Over 8.3 million people (458,919 new) have been supported with hygiene promotion services including COVID-19 prevention and control information. Over 4.5 million (327,966 new) people have used the 1,675 (321 new) handwashing stations at communal points in affected areas. To date, UNICEF supported the training of 5,903 (74 new) frontline sanitary workers to enhance the capacity of sanitary and frontline health workers on WASH/IPC in HCFs and high-risk communities.

UNICEF distributed detergents and disinfectants to HCFs to ensure effective cleaning and disinfection of surfaces thereby reducing the risk of infection among healthcare workers, patients and caregivers. With support from UNILEVER, UNICEF distributed 8,000 bottles of bleach and 140,000 bars of soap to 38 HCF (Sindh: 20; Punjab: 18). An additional 60,000 bars of soap were distributed to at risk communities in Punjab.

To contribute toward ensuring safe return to school for children, UNICEF is supporting WASH-IPC initiatives in 1,152 schools (Balochistan 232, Punjab 500, Sindh 120, KP 300 ) and to date 428 schools have been reached (KP: 183, Punjab: 53, Balochistan: 39, Sindh: 153) with WASH – IPC services.

Under the coordination of MOCC, sector partners, including UNICEF have provided WASH services to 1,083 HCFs (45 new) reaching more than 4.6 million people (768,747 new) with WASH services and to date 2,388 handwashing stations (274 new) have been installed. Over 23 million people (950,000 million new) have been supported with hygiene promotion services including COVID-19 prevention and control information. The mobile application allowing for two-way

communication with the Clean and Green Pakistan champions is 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.

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

### 3. Psychosocial Support and Child Protection

**Coordination:** The meeting of Child Protection Sub Working Group at the Federal level was held on 24<sup>th</sup> September, 2020. During the meeting, the major findings of the study, supported by UNICEF, on the impact of COVID-19 confinement on violence against children in Pakistan were presented. The essence of this presentation was to inform strategies and programmes for ensuring increased protection of children. Coordination activities also took place in the provinces. In Punjab, the Social Welfare Department (SWD) with all CP WG member partners are updating the 4Ws matrix after an orientation of the process. In KP, the Minimum standards for protective spaces were reviewed and endorsed by members of the working group and will now be submitted to PDMA for notification. Violence Against Children messages developed with the support of UNICEF were shared with the working group members for further dissemination. In Balochistan, the Child Protection working group meeting was held on 24<sup>th</sup> September which UNICEF informed partners of its work in MHPSS, Stigma and Violence prevention.

**UNICEF Response:** To date, a total of 4,337 social workforce professionals (2,205 women and 2,132 men) have been trained in psychosocial support and stigma prevention in all provinces through the training package developed by UNICEF. In the last two weeks however, 1,015 (500 female and 515 males) have been trained in Punjab and KP provinces.

The trained social workforce across the four provinces and one regional territory have together provided Psychosocial First Aid (PFA) and specialized services to more than 56,383 persons including children, caregivers and individuals (3,332 girls, 3,757 boys, 25,311 women, 23,983 men). Out of this total, 3,009 people were reached within the reporting period (Punjab: 1,225, KP: 1,123, Sindh: 213, Balochistan: 237 and GB: 211) with 1,167 people (69 girls, 77 boys, 634 women and 387 men) received specialized counselling services in KP and Balochistan.

Also, during the reporting period, stigma prevention messages have reached 402,331 more people with Gilgit Baltistan contributing the greatest number of 300,490 people. This has increased the total reach to 36,365,606 people with total persons engaged at 310,020 of which 1414 people were engaged during the reporting period.

In addition, a total of 22,131 people (273 girls, 413 boys, 15,136 women, 6,309 men) have been reached with messages on the prevention of violence against children and online safety in Sindh and Punjab provinces. This includes 21,874 people (273 girls, 413 boys, 15,050 women and 6,138 men) who were reached during this reporting period. Meanwhile, a total number of children who received child protection services supported by UNICEF in Sindh and Balochistan has reached 422 children (88 girls, 334 boys). This includes 139 (14 girls and 125 boys) who received services during the reporting period.

**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 and School of Leadership Foundation.

### 4. Health

**Coordination:** UNICEF Health is working in close coordination with MNHSR&C, Provincial Health Departments, UN and Development partners. During the reporting period, UNICEF participated in a meeting on COVAX<sup>5</sup> vaccine development which was organized by the Health Services Academy and attended by MNHSR&C, National Command and Operation Centre (NCOC), global and local experts and partners. The objective of the meeting was to consult

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<sup>5</sup> A global initiative aimed at working with vaccine manufacturers to provide countries worldwide equitable access to safe and effective vaccines, once they are licensed and approved.

experts on the status of the vaccine development and possible availability and preparations needed at the country level (coordination, cold chain, regulatory pathway, procurement procedures and country's need for technical assistance).

**UNICEF Response:** UNICEF is supporting the Provincial and Regional health departments to ensure continuation of essential primary health care services including immunization, Ante-Natal Care (ANC), Post-Natal Care (PNC), delivery services, childcare and curative care for adults in 136 targeted health facilities reaching 202,445 people in the reporting period (Balochistan: 2,492; Sindh: 111,988; KP: 3,391; Punjab: 84,574) with a total reach of 2,064,156 since the onset of COVID-19. Measles immunization reached a total of 1,334 children (under 1 year) (Balochistan:111; KP:387; Sindh: 836) during the reporting period, with a total of 51,231 children vaccinated against measles in the 136 UNICEF supported health facilities. UNICEF has provided basic PPEs (gloves, sanitizers and masks) to 13,650 frontline health workers during the reporting period (Balochistan: 9,650; Punjab: 2200 and Sindh: 1,800) and reached a total of 96,872 frontline workers.

UNICEF supported IPC training reached 86,186 frontline healthworkers in total (1,777 trained during reporting period) and supported the training of 79,270 frontline health workers and community volunteers on COVID-19 and case identification and referral of suspected cases (2,447 trained during the reporting period). UNICEF supported Online Course on Paediatric HIV Care through the Faculty of Paediatricians of European Network for Treatment of AIDS (PENTA) has concluded during which 30 Paediatricians from all over the country have been trained.

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

## 5. Nutrition

**Coordination:** Sector coordination continued with 4 meetings taking place during the reporting period, one at National and three at sub-national level in KP, Punjab and Balochistan. The National Nutrition working group (NNWG) took stock of the recent flood situation in the country, reviewed rapid needs assessment findings of Sindh and provided guidance for the nutrition sector response plan. The NNWG also issued Nutrition bulletin for COVID-19 Nutrition response with special focus on Global breastfeeding week.

### **UNICEF Response:**

During the reporting period around 11.5 million people were reached<sup>6</sup> through social media and mass media on the awareness of Infant Young Child Feeding (IYCF) practices in COVID-19 context. The Cable TV (Local TV channel), newspaper, twitter, Facebook, Instagram were the main channels used for the nutrition messages. With this, cumulative reach through RCCE is around 45.6 million for nutrition.

During the reporting period, across Pakistan, a total of 2,643 UNICEF supported health sites provided nutrition services, an increase of 8 sites compared to previous report. A total of 87,616 SAM children have been admitted for treatment with 10,066 children (5,576 girls and 4,490 boys) admitted for treatment during the reporting period (Balochistan 3,929; Sindh 2,104; KP 1,890 and Punjab 2,143).

With UNICEF support, inter-personal communication on IYCF practices in the COVID-19 context reached 113,021 mothers/caregivers (Balochistan: 7,363; Sindh: 38,474; KP: 9,609 and Punjab: 57,575) through counselling during the reporting period, reaching 828,673 in total.

In Sindh UNICEF team-initiated flood response in relief camps through SHIFA foundation. Moreover 1,900 children were screened, among them 181 Severely Acute Malnourished (SAM) children were enrolled in OTP and 775 children and 498 Pregnant and lactating Women (PLW) were provided multi micronutrient supplements. In KP, 10 nutrition sites closed due to floods have been re-opened in the flood affected areas in Chitral and nutrition services have been restored through UNICEF support and the provision of 550 additional cartons of Ready-to-Use Therapeutic Food (RUTF),

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<sup>6</sup> This reach was through Cable TV network in all districts of Sindh province.

Micronutrient powder for home-based food fortification (13,016 packs) and Iron Folic Acid supplements for pregnant women (3,635 packs).

**Partnerships:** MNHSR&C, Provincial Health Departments, Ministry of Planning Development and Reform, NDMA, PDMA, Nutrition Development Partners, CSOs and UN SUN networks, Association for Gender Awareness and Human Empowerment (AGAHE), Rural Community Development Society (RCDS), Rural Education and Economic Development Society (REEDS), Health and Nutrition Development Society (HANDS), SHIFA Foundation and Nutrition International (NI).

## 6. Education

**Coordination:** The phased reopening of schools took place during the reporting period. Across the country, students from grade 9 and above started their return to school from 15 September onwards, and middle schools (grades 6-8) reopened their doors on 23 September. Sindh reopened middle and primary schools on 28 September. Students attend on alternate days to reduce student numbers physically present in schools to enable social distancing. Schools will remain open on Saturdays and there will be no break for winter vacation.

High level officials, including Ministers, made schools visits to monitor implementation of the SOPs in schools. In Balochistan, both Education Minister and Chief Secretary visited schools supported by UNICEF in Quetta. In KP, the Education Secretary directed school administrations to ensure that schools declared as quarantine centers are thoroughly disinfected and are issued a disinfection certification before they are allowed to re-open. In Punjab and Sindh also the Education Ministers and Secretaries visited schools to inspect implementation of SOPs. Provinces set up monitoring teams led by education and health departments to conduct random COVID-19 testing of teachers and students. A few private and public schools not following the SoPs or with suspected cases of corona virus within schools were closed. Orientation trainings on SoPs are ongoing for primary schools teachers and district education staff prior to the reopening of primary level classes on 30<sup>th</sup> September, 2020.

**Response:** The Ministry of Federal Education endorsed UNICEF videos on social mobilization and Captain Care and posted them on their social media pages. In ICT, 10,000 IEC posters were disseminated to schools. UNICEF is supporting the School Education Department in Punjab to develop a training plan to build the capacity of teachers on the condensed syllabi and assessment. The syllabus has been condensed and learning packs for grade 1 onwards have been developed by the Punjab Curriculum and Textbook Board and Quaid-e-Azam Academy for Educational Development (QAED). The lesson plans and teaching guide will be disseminated to schools during the month of September.

In KP, UNICEF is coordinating with Provincial Institute of Teacher Education (PITE) to include training on the Accelerated Academic Calendar and the Accelerated Worksheets as an integral part of the Continuous Professional Development (CPD) programme this year. PITE has so far trained 240 Master Trainers (100 female) of the CPD Program, who will subsequently train 5,840 facilitators during the six-day training of the CPD facilitators

The total number of children directly benefiting from UNICEF supported alternate learning opportunities stands at 86,883 children during the reporting period. In total, 277,977 parents have been reached with messages encouraging learning activities.

In addition to this, 402 School Management Committees (SMCs) members, teachers have been reached with COVID-19 prevention messages via SMS and other social media platforms during the reporting period, taking the total to 1.57 million people. In Sindh, 14,668 and 48,016 copies of safe school reopening and children's guide respectively and 151,992 posters in Sindhi and Urdu languages were distributed in schools. 10,000 students learning kits were also provided to 330 non-formal basic education centers in Karachi and Khairpur districts. In the reporting period 5,793 teachers have been trained on psychosocial support and safe reopening of schools taking the total to 17,553. Additionally, 1,050 SMC members have also been trained on safe reopening of schools in the reporting week. In Balochistan districts of Quetta and Mastung 130 high schools were supported to develop school development plans with emphasis on IPC (Infection Prevention and Control) and WASH.

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

## Adolescent and Youth Development and Participation

**Coordination:** The five UN agencies (UNDP, UNESCO, UNFPA, UNHCR and UNICEF) involved in the joint program to engage Adolescents and Youth in COVID-19 continued their collaboration to promote adolescents and youth engagement in COVID-19 response.

**Response:** 120 out of the 209 trained adolescents and youth ambassadors have so far submitted their community rollout reports. These reports indicate that, on the average, each of the trained young people further trained 6 more ambassadors making a total of 929 trained young people including themselves and about 25 young refugees who were also trained as ambassadors. It is important to indicate that, this group of dynamic young people have further incorporated a third layer of engagement in their communities and have disseminated information to more than 3,000 people on the SOPs on COVID19. 15-year-old Manhoor from Balochistan province says in her report, *“I learned that good work can be done by me for my area.”*



15-year-old Manhoor engages her peers on adhering to the COVID SOPs

The 10 week digital media campaign with adolescents and youth ended on 25<sup>th</sup> September 2020. The campaign has reached more than 98,000 people (59 per cent male, 41 per cent females) including 53,420 (55 per cent) adolescents and about 45,000 viewers reacting to the postings. 3.8 million were reached through UNICEF Facebook account with 56,000 actively engaged. A radio program to provide on-line mental health and psychosocial services for youths by a certified psychotherapist is aired frequently and has reached more than 3.5 million radio users. During this reporting period, the participation of “mommy bloggers” increased as several continued to share their posts on Instagram pages with precautionary measures encouraging other parents to inculcate in children the practice of the SOPs to ensure a safe return to school. Also, with the high mortality rates among the aged in Pakistan, the campaign during the reporting period also focused on the role of young people in helping protect their aged family members from COVID-19.



A poster on safe reopening of schools posted on several social media platforms

The 28 adolescents and youth who qualified for the COVID-19 youth challenge and were trained to improve their innovations have received their prize money and have started working on the implementation of their ideas. Each individual has been connected with a mentor and the first round of mentoring sessions is scheduled for 6<sup>th</sup> October.

A second phase of the campaign is being discussed and designed between the participating UN agencies and the implementing partners. It is expected to run between mid-October to end of December 2020.

## Supply and Procurement Services

A total of US\$ 7.5 million worth of supplies and services have been committed from UNICEF's own resources in response to COVID-19 outbreak including PPEs (gloves, surgical caps, boot covers), sanitizers, IEC and RCCE

materials, media engagement related services, WASH sanitation products, rehabilitation of Health Facilities, COVID-19 call centre and consultancy services.

### **Safe school reopening and operations**

In support of school reopening and safe school operations, UNICEF committed funds for procurement of basic PPEs such as hand sanitizers (6,000); gloves (1,112 box of 50); gowns (700), long shoes (700), Face shield (700) Goggles (700), Trash bins (833) Bath soap (106,670), disinfectant spray and IR Thermometers (433). A total of 10,000 posters were printed and delivered to schools.

To ensure safe reopening of schools, UNICEF is working on WASH construction activities at a procurement value of \$825,406.

UNICEF Pakistan and MNHSR&C signed the Pandemic Response Effectiveness in Pakistan (PREP) agreement with a total value of US\$ 70 million funded by World Bank for procurement of hospital equipment through UNICEF. The project will respond to the COVID-19 pandemic by strengthening the country's national healthcare systems and mitigating socioeconomic disruptions. The items to be procured includes Personal Protective Equipment (PPEs), diagnostics equipment, clinical management equipment, medicines, vehicles, ambulances in support of designated hospitals and laboratories in the major cities across the country, laboratories, quarantine centres, entry points, isolation facilities with the aim of strengthening health system.

UNICEF's technical assistance to the MNHSR&C will significantly contribute to health systems strengthening to contain COVID-19 in the country through offshore and local procurement.

## **Human Interest Stories and External Media**

UNICEF's Mobilization video calling on people to play their part to reduce virus transmission at school and at work, and UNICEF's 'Captain Care' video telling children and students how to stay safe from the virus were shared on Prime Minister Imran Khan's Facebook page. UNICEF released a new episode of 'Captain Care', an animated video telling children how to keep safe from COVID-19, this time at school.

As part of its #PakYouthDiaries initiative engaging youth, UNICEF continued to post photos of children, adolescents and young people wearing a face mask in front of landmarks, at school and in daily life, including one from famous child actor Pahlaj Hasan, 10 years old.

### **LINKS**

**UNICEF videos shared on the Prime Minister's Facebook page:**

<https://www.facebook.com/ImranKhanOfficial/videos/650212525926928>

<https://www.facebook.com/ImranKhanOfficial/videos/696005867929160>

**Captain Care 'Safe at School' video:**

<https://www.facebook.com/unicefpakistan/videos/314536856474137>

**PakYouthDiaries:#WearAMask**

<https://www.facebook.com/unicefpakistan/photos/a.837480312938874/3477230412297171/>

<https://www.facebook.com/unicefpakistan/photos/a.191248050895440/3461137460573133/>

<https://www.facebook.com/unicefpakistan/photos/a.191248050895440/3479926855360860/>

## **Funding**

UNICEF Pakistan needs US\$ 50.2 million to support the COVID-19 humanitarian action in the country. The office received US\$ 17.67 million (35 per cent) for the humanitarian response. A substantial funding gap of US\$ 32.50 million (65 per cent) persists to provide required essential services nationwide.

Funds received include US\$ 4.94 million existing resources/programmes re-purposed for COVID-19 from the European Union, DFID funded 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.

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

Sector	Requirements	Funds available		Funding gap	
		Humanitarian resources received	*Existing resources reprogrammed for response	\$	%
Risk Communication and Community Engagement (C4D)	9 500 000	1,813,758	0	7,686,242	81%
Infection Prevention and Control (WASH)	17 100 000	3,277,619	1,517,564	12,304,817	72%
Psychosocial Support and Child Protection	4 825 000	1,698,562	757,502	2,368,937	49%
Building Resilient Health System	7 790 000	3,532,278	1,937,669	2,320,053	30%
Continuity of Education and Learning	3 350 000	420,655	671,599	2,257,746	67%
Nutrition	5 625 000	1,965,663	53,251	3,606,086	64%
Coordination, technical support and operational costs	2 010 000	50,000	0	1,960,000	98%
<b>Total</b>	<b>\$50 200 000</b>	<b>\$12,758,535</b>	<b>\$4,937,584</b>	<b>\$32,503,880</b>	<b>65%</b>

\*Internal resources utilized for the response reduced due to revised unit costs for COVID-19 supplies

## Next SitRep: 1<sup>st</sup> November, 2020<sup>7</sup>

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<sup>7</sup> From next sitrep UNICEF will be issuing monthly sitreps.

## Summary of Results

Sector	UNICEF and Operational partners			Task Force /Sector		
	Target	Results	Change since last report ▲ ▼	Target	Results	Change since last report ▲ ▼
<b>Risk Communication and Community Engagement (C4D)*</b>						
Number of people reached through social media**	1,500,000	1,186,875	515,916 ▲	3,500,000	1,186,875	1,778,280 ▼
Number of people engaged through social media***	15,000	29,047	15,684 ▲	650,000	29,047	202,608 ▼
Number of at-risk populations reached through community engagement	201,066,962	20,107,506	2,519 ▲	201,066,962	56,062,955	2,519 ▲
Number of members of religious leaders engaged in promoting key messages	345,000	328,994	1,141 ▲	345,000	371,530	1,141 ▲
Number of media practitioners oriented on reporting on COVID-19	40,000	178,876	154,758 ▲	50,000	178,876	154,758 ▲
Number of calls received from helpline	16,000,000	7,218,469	115,000 ▲	16,000,000	7,218,469	115,000 ▲
Number of calls from helpline responded to	11,000,000	5,078,467	104,513 ▲	11,000,000	5,078,467	104,513 ▲
<b>Infection Prevention and Control (WASH)</b>						
Number of health facilities provided with essential WASH services.	900	569	1 ▲	1,500	1083	45 ▲
Number of people at high risk of COVID-19 supported with hygiene promotion activities and facilities	10,000,000	8,371,517	458,919 ▲	25,000,000	23,050,000	950,000 ▲
Number of community sites with handwashing facilities in the affected areas	1,800	1,675	321 ▲	3,000	2,435	321 ▲
# of schools in targeted high-risk areas supported with IPC measures and improved water and sanitation	700	428	375 ▲	2,500	464	375 ▲
<b>Psychosocial Support and Child Protection</b>						
Number of affected people, including children, who received psycho-social support ***	63,400	56,383	3,009 ▲	83,400	59,246	3,009 ▲
Number of social and care workers trained on psychosocial support and stigma reduction	4,400	4,337	1,015 ▲	6,000	4,337	1,015 ▲
Number of people reached with stigma prevention messages	50,000,000	36,365,606	402,331 ▲	60,000,000	36,365,606	402,331 ▲
Number of children (boys and girls) and adolescents (boys and girls) who receive child protection services supported by UNICEF (Response)	700	422	139 ▲	700	422	139 ▲

Number of people (children and adults) reached with prevention messages on VAC including online safety	560,000	22,131	21,874 ▲	933,000	22,131	21,874 ▲
<b>Continuity of Education and Learning</b>						
Number of SMCs/PTMCs members, teachers and other education personnel reached with prevention information via SMS, robocall and social media	3,000,000	1,568,347	402 ▲	5,000,000	1,680,132	402 ▲
Number of parents reached with messages encouraging learning activities through SMS	5,000,000	277,977	0	8,000,000	354,864	-
Number of children benefiting from alternate learning opportunities	7,500,000	86,883	0	10,000,000	8,814,507	-
Number of SMCs trained on safe reopening of schools	8,500	1,050	1,050 ▲	12,000	1,050	1,050 ▲
Number of teachers trained on psychosocial support and safe reopening of schools	100,000	17,553	5,793 ▲	130,000	17,866	5,793 ▲
<b>Building Resilient Health Systems</b>						
Number of people benefitting from continuity of primary health care services at UNICEF supported health facilities	3,200,000	2,064,156	202,445 ▲			
Number of children < 1 vaccinated against Measles	170,000	51,231	1,334 ▲			
Number of frontline health workers reached with basic PPEs (masks, gloves and hand sanitizers)	100,000	96,872	13,650 ▲			
Number of frontline workers trained on infection prevention and control	100,000	86,186	1,777 ▲			
Number of frontline health workers and community volunteers oriented on COVID-19 and referral of suspected cases	100,000	79,270	2,447 ▲			
<b>Nutrition</b>						
Number of sites which are safe for service providers and patients.	3,000	2,643	8 ▲	3,500	3,251	8 ▲
Number of mothers and care givers at high risk of infection supported with IYCF and hygiene promotion.	1,110,747	828,673	113,021 ▲	4,369,244	1,045,501	118,945 ▲
Number of children treated for SAM without complication in a safe environment at health facility	277,630	87,616	10,066 ▲	584,098	126,780	11,506 ▲

\*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 two weeks.

\*\*\* For the Social media engagement the outreach got boosted with the Polio SIA campaigns.