

This report is produced by OCHA Pakistan in collaboration with humanitarian partners and Government as of 15 July 2020.

1,618,963

Test Conducted

255,769

Confirmed Cases

172,810

Recovered Cases

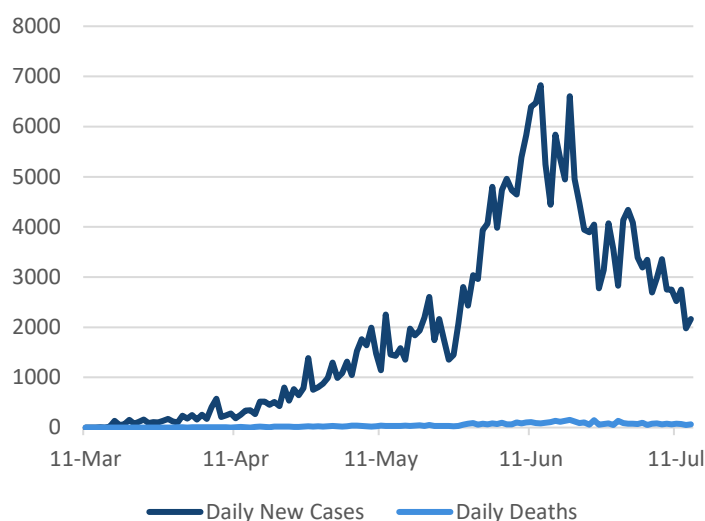
5,386

Deaths

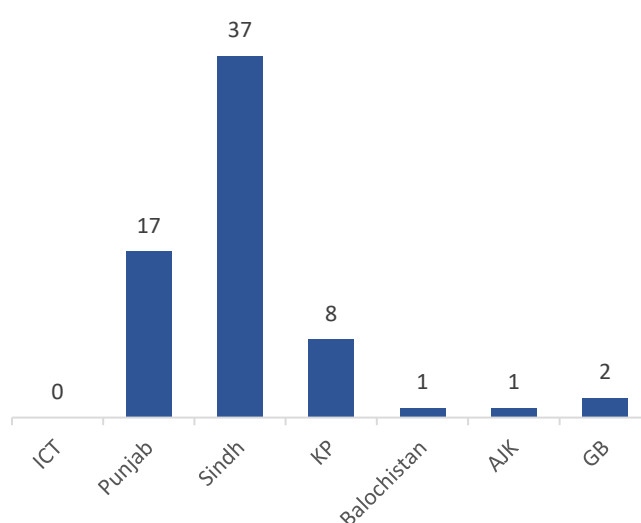
HIGHLIGHTS

- The number of confirmed COVID-19 cases in Pakistan has risen to 255,769 as of 15 July.
- The most affected province due to COVID-19 pandemic is Sindh 107,773 followed by Punjab 88,045.
- The National Command and Operation Centre (NCOC) directed the provincial governments and district administrations across the country to ensure strict compliance of Standard Operating Procedures (SOPs) and health guidelines devised by the Health Ministry in cattle markets to avoid the outbreak.
- According to a notification, the Punjab government has extended lockdown in the province from July 16 to July 30 due to COVID-19 pandemic. Educational institutions, marriage halls, restaurants and cinema halls would remain closed.
- There are still five areas in the capital considered hotspots for the coronavirus, even though the number of new cases reported every day has stayed below 100 for a few days.

Daily new cases & deaths



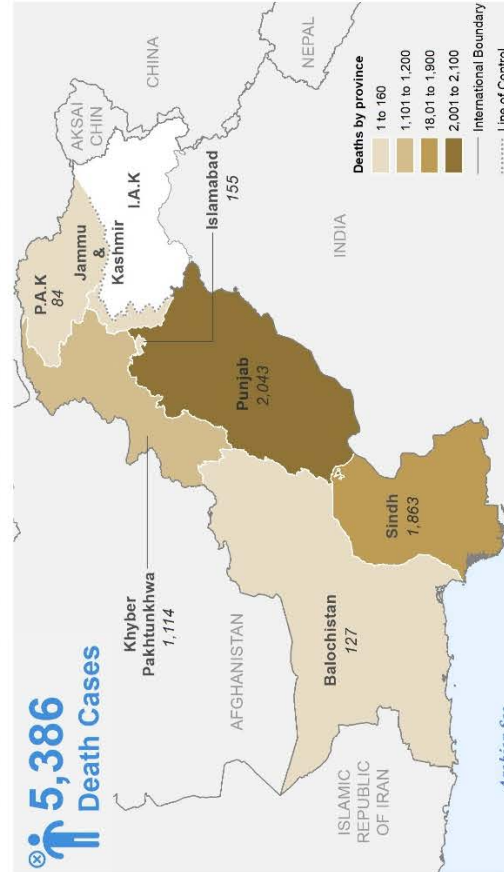
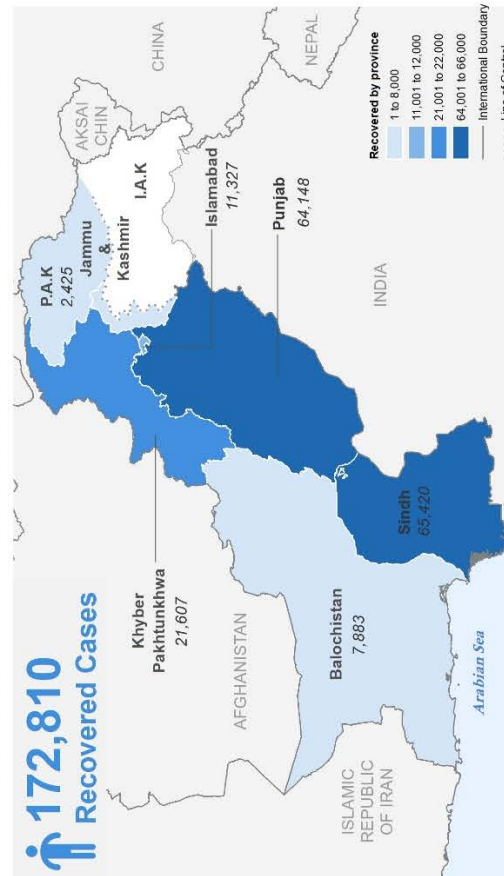
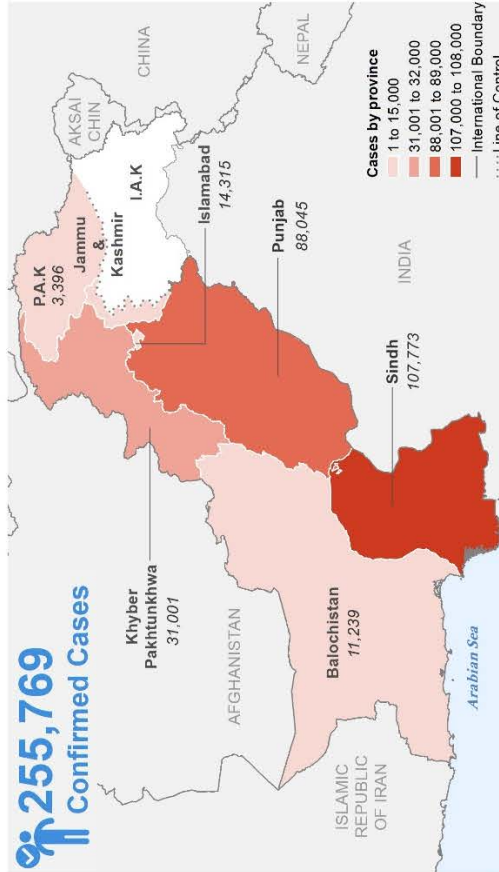
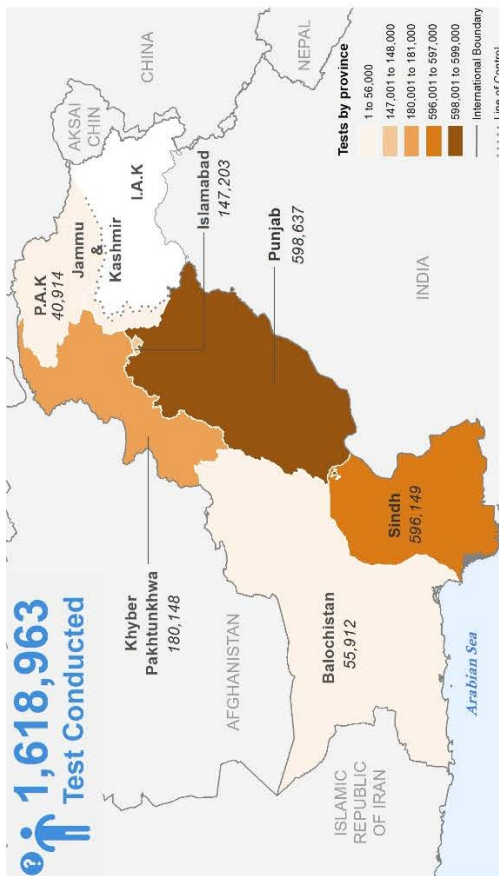
Deaths by province out of 66 deaths



PAKISTAN
COVID-19 Update



As of 15 July 2020



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan.
 Creation date: 15 July 2020 Sources: NDMA Map Doc Name: PAK850_COVID-19_update_L_A4_v87_20200715 Feedback: anwara@un.org www.covid.org.pk www.relieffweb.int

UPDATES FROM THE SECTORS:**FOOD SECURITY AND AGRICULTURE:****Response:**

The total funding requirement of FSAWG for response is US\$54 million. 16 FSAWG members reported on COVID-19 response through 4W matrix as follows:

- 46,900 households received food/ration bags
- 7,000 households received cash assistance
- 95,000 households received awareness-raising training on COVID-19
- 5000 households received COVID-19 related PPEs items
- 170 households received kitchen gardening/agriculture support

FAO Response:

FAO Pakistan has re-programmed USD 10 million from its emergency and resilience and other programs targeting the most vulnerable population in Balochistan, Merged Districts of KP, Punjab, and Sindh. The major response includes:

- Implementation of COVID-19 guidelines and SOPs issued by the UN and government in all FAO operations at the field level. FAO has revised the modalities of agricultural extension and protocols to comply with hygiene /safety measures.
- Technical support to the KP Provincial Agriculture Department in the identification of projects for adaptation of good agriculture practices and suitable technologies to uplift the agriculture sector.
- Provision of 1400 PPE kits to the Provincial Disaster Management Authority for use by the health professionals.
- Dissemination of SOPs and messages on prevention and mitigation of COVID-19 transmission risks to 90 000 farmers in Sindh and 700 farmers in merged districts of Khyber Pakhtunkhwa through farmers field schools.
- 228.2 tonnes of vegetable and crop seeds were provided to around 12 975 households for improved agriculture production and to ensure food security in the response of COVID-19 in newly merged districts of Khyber Pakhtunkhwa.
- Support to the Ministry of National Food and Research in preparing radio programs on COVID-19 awareness for the farmers.
- FAO technical experts are giving interviews on healthy/nutritious diets in light of Covid-19 in Sindh to generate mass awareness.
- Publication of weekly price bulletins on the evolution of prices of major food items and stocks information on major food items (cereals, pulses, meat etc) since the outbreak of COVID-19.
- In case of locust response, FAO is providing coordination support, organized workshop/trainings on locust control and surveillance, provided GPS and mobilized \$1.9 million so far for locust response.
- FAO and WFP are also planning a locust assessment in collaboration with federal and provincial line departments and FSAWG members

WFP Response:

- WFP is implementing its life saving and recovery interventions in the COVID-19 scenario by adhering to SOPs specially designed SOPs for beneficiaries, field staff and cooperating partners involved in community mobilisation, cash and food distribution and monitoring activities.
- Cash based unconditional intervention for COVID-19 response has been initiated in DI Khan and FR Peshawar districts of KPK and district Lasbela in Balochistan. Limited food-based relief response will be implemented in district Panjgur, Balochistan. Cooperating partners have been taken on-board for these interventions.
- Recovery interventions for restoration of disrupted livelihoods have been initiated in four districts of erstwhile FATA including North Waziristan, Kurram, Orakzai and Mohmand. More than 90,000 beneficiaries will be assisted through USD 2.1 million cash disbursement to the engaged community participants.

- WFP is supporting NDMA and PDMA to fill any capacity gaps for COVID health response.
- On the request of NDMA, WFP has seconded one technical Logistics/supply chain staff to NDMA who is providing critical support under the ongoing health response;
- Five Mobile Storage Units (MSUs) have been installed within the premises of NDMA's warehouses in Islamabad along with pallets to enhance stacking and storage capacity for an effective COVID response
- Six heavy duty ultra-low medical grade freezers for storage of COVID testing kits have been procured and installed at NDMA's main warehouse in special airconditioned containers with uninterrupted power supply
- PDMA Balochistan was provided with 12 MSUs, three prefabricated latrines and one hub-in-box to cater the needs for the establishment of isolation / quarantine centres for COVID patients across the province and mainly close to the Iranian border Chagai district
- PDMA Sindh has been provided three MSUs to reinforce storage capacity of government's warehouses in Jamshoro and Umerkot districts
- PDMA Sindh is using WFP main warehouse near Port Qasim in Karachi to store necessary goods and equipment related to COVID response
- PDMA Khyber Pakhtunkhwa (KP) was also provided five MSUs to enhance its storage and supply chain capacity for COVID response
- To inform on priority geographic areas for planning COVID 19 response, WFP has conducted a comprehensive exercise on establishing evidence based composite vulnerability by districts across the country, mainly considering indicators related to food security, nutrition, natural hazards, and socio-economic vulnerabilities. Across the country 46 districts appeared in priority 1 - the most vulnerable category.
- For visualization of the geographic prioritization (by districts) a map was prepared and overlaid with prevalence of COVID-19 caseload which help identifying programme priority areas. With the understanding that C-19 caseload is dynamic (numbers are changing every day), the COVID -19 layer is periodically updated with fresh numbers. (for reference map is placed at end of the document).
- WFP, FAO, UNICEF and WHO are working on the establishment of a joint Food Security and Nutrition Surveillance System to monitor the socio-economic impact of COVID-19. A joint Concept Note has been developed followed by the selection of indicators related to food security, nutrition, WASH and a few critical ones for health. This will be followed by the prioritisation of rural and urban districts to undertake smart surveys for periodic and systematic data collection and analyses.
- WFP has around US\$ 2.5 million available under COVID response in the Food Security sector which is managed internally through re-appropriation of funds.

Gaps:

US\$54 million

Challenges:

- The massive scale of emergency and response required considering the large vulnerable population
- Lack/limited funding for the coordinated response
- Delay in implementation of response due to COVID-19 situation



PROTECTION:

- The Protection Sector contributed to the revision of the GHRP for Pakistan in June. The overall PIN and Targeted population remained unchanged. The total budget for Protection Sector now stands at 14,915,672 USD.
- In continuation to the GHRP revision, the Protection Sector finalized its monitoring framework with identified strategic indicators, sub-indicators including for the Child Protection and GBV Sub-Working Groups. The sector

also organized a training on the 5W matrix and the identified activities by sector members. The finalized 5W matrix will be shared with OCHA in the coming days.

- The Protection Sector also finalized the identified project template with all the existing projects undertaken by the sector members and shared with OCHA. The details of the projects will be uploaded to the Online Project System (OPS) portal once it is reviewed by OCHA.
- The Sector members are engaged in providing technical support to NDMA-Co-Chair of Protection Sector in finalizing communication strategy for messaging on GBV. Both UNHCR and UNFPA are taking lead on this activity with NDMA. The strategy document will be shared with sector members for feedback before finalized by the NDMA.
- The Protection Sector is working on the mapping of existing helplines and service providers with the aim of linking them up for better response to GBV issues and provision of services to that effect.
- In partnership with the Ministry of SAFRON and Pakistan Post, UNHCR's emergency cash program continues with 28545 refugee families in the process of receiving vital humanitarian assistance. The program is set to target up to 70,000 most vulnerable households. Commissionerate for Afghan Refugees (CARs) and UNHCR teams continue to work closely with refugee community structures to identify the neediest families for inclusion in the emergency cash assistance program.
- The child protection sub working group meetings are being held regularly on weekly basis. These meetings are chaired by NDMA and co-chaired by UNICEF. However, its membership includes other UN agencies, INGOs and NGO partners. Activities, sub activities and indicators have been finalized in consultation with the working members and included within the monitoring framework. An umbrella project for the child protection sector has also been finalized and submitted to UNOCHA for uploading online.
- A total of 2,037 social workforce professionals (1,042 women and 995 men) have been trained in psychosocial support and stigma prevention in all provinces. The trained workforce are providing psychosocial and counselling services to affected children, their families and communities.
- A total of 33,620 parents, caregivers, children and individuals (1,452 girls, 1,559 boys, 15,838 women, 14,771 men) received Psychosocial Support and Services (PSS) by trained social workforce professionals in all provinces.
- A total of 33,620 persons have also been reached with MHPSS, including individuals supported with Psychosocial First Aid (PFA- provided by frontline staff) as well as individuals referred to specialized psychosocial services.
- Stigma prevention messages have been disseminated through various platforms and reached 27.4 million and total engagement to 292,370 people.
- Establishment of helplines and referral pathways for GBV which is also contributing to establishing mechanisms on reporting and accountability to GBV and PSEA
- Tele Psycho-social Support Services to women and children (including other vulnerable groups),
- Remote case management
- Dignity kits provision in shelter homes, designated health facilities and in the women friendly health spaces as a neutral entry point to enhance GBV and PSEA support and sharing information
- Awareness raising and training of humanitarian workers and partners on PSEA and GBV
- Orientation of health case workers on PSEA and GBV
- IEC material and Communication messages for awareness raising and capacity building purposes on both GBV and PSEA.
- Strengthening PSEA network and establishment of GBV coordination structures at national and provincial levels.

GAPS:

- Response, Rescue and Referral Pathways for GBV survivors have been jeopardized due to the pandemic situation. Access and availability of the pathways needs to be further prioritized.
- Pre-existing vulnerabilities of "at risk" groups in Pakistan, including refugees and TDPs, were further aggravated by the related stressors, including family anxieties, the disruption of means of income generation and daily subsistence activities due to social distancing and government lockdown measures.
- There is significant impact on the large number of home-based workers especially women, whose bargaining ability has been further reduced.
- Compromised incomes in the informal sector and quarantine measures have increased spousal and family tensions, added to the discrimination against women, and risks an increase in gender-based violence. This is

aggravated by an increased lack of access to information and protection services for people who most need it, such as persons with disability and women headed households.

- The need for mental health and psychosocial services (MHPSS) have increased for families coping with elevated levels of anxiety and stress.
- While outreach services (PFA) reach more women, specialized services are reaching less females and children, probably due to their limited access to digital platforms, including mobile phones, which are the main platform for provision of specialized psychosocial services.
- Lack of national level data on prevalence of GBV
- Under reporting on GBV cases due to lack of systems and standards; lack of capacities of service providers and community workers from each sector for addressing GBV concerns and provision of life saving services including clinical management, psycho-social support and referrals; lack of robust social safety nets, community based prevention mechanisms and protection spaces for survivors; continued cases of GBV associated with social and cultural norms including forced and early marriages; issues associated with sexual exploitation, abuse, stigma, harassment and discrimination during COVID situation.
- Lack of access to information, services and protection mechanisms for GBV survivors under COVID situation.
- Social Welfare and Women Development Department and Commission on status of Women declared as non-essential departments to respond to GBV issues. This includes access to shelter homes by GBV survivors for protection may be administratively curtailed under the restricted mobility advisory and availability of staff and services
- The already constrained GBV preventive and response service are further interrupted under COVID lockdown. This is in addition to lack of accessibility to these services by the survivors.

CHALLENGES:

- The economic impact of COVID-19 has had a significant impact on the most vulnerable groups in Pakistan including refugees, migrants and TDPs and their host communities due to sudden and extended loss of income, restricted movement, reduced access to markets, inflation and a spike in prices.
- Public movement directives of the Government resulting restrictions and social distancing will challenge the monitoring, implementation and assessment of the project assistance.
- Striking the balance between delivering an urgent and effective pandemic prevention and response program whilst securing the economy of the country and the livelihoods of the most vulnerable, and at the same time maintaining social harmony within communities, is a massive challenge. It must be considered within the overall comprehensive response of all actors. Addressing the social protection issues of the most vulnerable members of society lies at the centre of this unprecedented health pandemic.
- Pakistan, ranked high at the global level on domestic violence in terms of intimate partner violence (37%), is experiencing exacerbated GBV issues under COVID, while the already constrained protection and response capacities at the national level, are further constrained to respond to the emerging issues and cases.
- Vulnerabilities of the population, before the emergency or disaster belonging to a marginalized and disadvantaged group, facing discrimination and violence can be further exacerbated by the situation. Limited input and control in decision-making on a household's response, increased burden of care and heightened household tension due to forced coexistence, economic stress, and fears about the virus along with limited access to mobility and information/services place women and girls at higher risk of facing violence in the days of the pandemic.



WASH:

- Training video prepared as a resource material for training of sanitary workers is finalized and now available
- Comprehensive SOP for IPC/RCCE to be followed at cattle market is being developed using inputs from the provinces
- GHRP proposals submitted by partners finalized and summary submitted to UNOCHA for uploading
- Over 701,000 people benefitted from the WASH facilities in HCF
- More than 2.3 million people have accessed communal HWS and washed hands
- To date 5,281 sanitary and frontline workers have been trained on IPC

GAPS / CHALLENGES:

- Increased risk from Eid ul Adha- the cattle business will attract huge gatherings increasing the risk of infection.
- Huge funding gap to meet high demand on IPC-WASH services. UNICEF now prioritizing high risk districts.
- Unavailability of resources to support safe school reopening initiative. Most schools still lack WASH facilities even before the pandemic.



HEALTH:

- Supporting “We Care Programme”
 - Advertisement in leading national newspapers in urdu
 - PPE instructional video translated to Sindhi and Pashto languages for use in trainings
- Videos for addressing myths and rumors related to covid by leading medical practitioner to be aired on WHO social media
- Development of COVID dashboard for reporting provincial and national data for EMRO and HQ
- Training of Rapid Response Teams (RRTs) and conduction of virtual trainings for specific RRTs
- Training of 138 Clinicians on COVID-19 case management in KP, Balochistan, and Punjab
- Supporting the Government to strengthen the case management capacity, providing technical support for the training of health care workers through Health Services Academy and trained 132 health workers
- Case-control study in 4 hospitals in KP has been completed and the draft report is under review
- Seroprevalence study has been initiated in collaboration with HSA and will be completed in two weeks
- Provision of medical supplies and equipment to Government to support essential health services, Case Management, laboratory and IPC
- Routine Immunization services have been resumed and Enhanced Outreach Activities have been initiated in all provinces
- Trainings for staff at Routine MNCAH and nutrition stabilization centers on IPC and use of PPE

CHALLENGES

- Poor funding
- Issues in procurement of Equipment, supplies and other medical paraphernalia.



EDUCATION:

RESPONSE:

- On 9th July Minister of Federal Education and Professional Training (MoFE&PT) Mr. Shafqat Mahmood announced that all education institutions in Pakistan will reopen from September 15, 2020 (after an assessment of the situation later in August). The decision was taken in Inter-Provincial Education Ministers Conference (IPEMC) that was chaired by the Federal Minister and attended by representatives from all four provinces, Gilgit Baltistan and Azad Kashmir.
- At Provincial level UNICEF is supporting all Education departments in developing provincial SOPs and guidelines for safe school reopening which after finalization will be translated into Urdu and other local languages for dissemination at school level
- According to the Gallup commissioned by the Federal Ministry of Education about 8 million children a week are accessing education through the teleschooling program
- The total number of children directly benefiting from UNICEF supported alternate learning opportunities is 86,157 children with 2,361 additional children reached in the reporting period.

- In total 140,302 parents have been reached with messages encouraging learning activities including 111,933 additional Parent Teacher Associations (PTAs). Additionally, 46,874 School Management Committees (SMCs) members, teachers were reached with COVID-19 prevention information via SMS and other social media platforms during the reporting period, taking the total to 1.56 million people
- To date, 666 teachers have been trained on psychosocial support and safe reopening of schools.

GAPS:

- Limited contents for online/remote learning
- Provision of access to hardware to access remote learning opportunities (laptop, tablets, radio) especially for the most vulnerable groups.

CHALLENGES

- Weak coordination at provincial and federal level
- Uncertainty around the date of the reopening of schools is making difficult to plan for the medium-long term
- Limited funding compared to the needs



NUTRITION:

RESPONSE:

- 2 National and 8 Provincial Nutrition working groups meetings at KP, Sindh, Balochistan and Punjab held in the reporting period.
- NNWG agreed to reactivate CMAM working group to restart review of National CMAM guidelines process for its use in development settings.
- NNWG has organized tutorial on Online Module for IYCF and CMAM today and more than 40 participants from National and provincial level are expected to join.
- KPNWG has further announced 3 training sessions on simplified guidelines in 2nd and 3rd week of July.
- While NNWG has finalized preparations of Quarterly progress review on 14 July, KPWG is planned on 15th July.
- More than 3,000 nutrition sites are providing lifesaving nutrition services which are safe for clients and care providers during the reporting period, 10,228 children 6 to 59 months of age received SAM services and more than 200,000 mothers and caregivers have been reached with IYCF and health Hygiene messages through these health facilities.
- Through community sessions of Nutrition workers and mother/ father support groups more than 4000 sessions reached an audience of 22,745 individuals were also reached for RCCE approved nutrition messages. Whereas more than 3.5million individuals are reached with RCCE approved messages through social media as well.

GAPS:

- Funding, No Funds received against HRP,
- Shortage of PPE, and the need for continued service provision while ensuring IPC (infection Prevention and control)
- Data collection and flow mechanics at district and provincial level

CHALLENGES:

- Smart lock down particularly in KP affected the nutrition services partially.
- Reduced utilization of essential services due to access and lockdown issues resulting in decline in number of children accessing nutrition services

- Stockout anticipated in Punjab V/S resource allocation for 2020 -2021 procurement cycle will impact SAM treatment.



Shelter:

RESPONSE:

IOM is implementing 950 shelters through HANDS in districts Noshki, Qilla Saifulah, and Qillah Abdullah in Balochistan. This intervention will be completed by 30 Sep 2020.

GAPS: (Unmet needs from winter emergency).

Number of potential shelter repair beneficiary families: 3010.

Number of potential NFI beneficiaries: 9800

CHALLENGES:

- COVID 19 induced restriction of movement and operations.
- Minimum organizations are currently involved in shelter NFI response, some have phased out or staff has been laid off.
- Organizations are losing shelter NFI related capacity due to above.
- In case of potential disaster, Shelter WG will not be in a position to fully respond due to limited partners capacity and operational presence.
- Stocks available with Shelter WG partners are minimum and would not able to meet emergency needs in case of potential disaster.
- Supply chain of shelter NFI material not intact.