

**PAKISTAN
HUMANITARIAN
RESPONSE PLAN
FOR COVID-19
PANDEMIC 2020**



**OCHA
PAKISTAN**

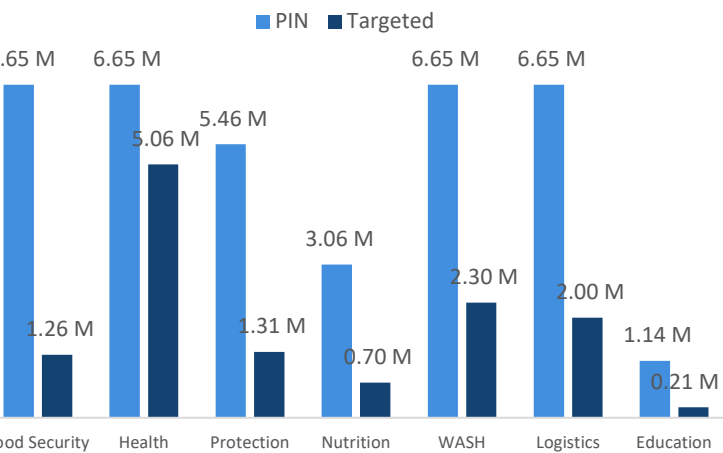
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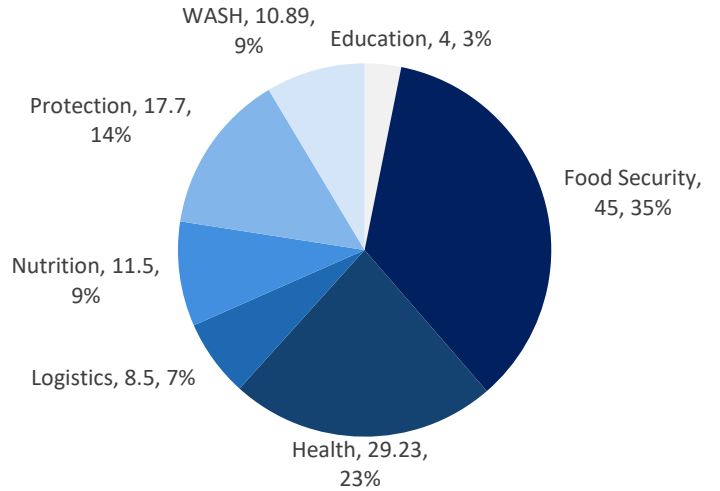
PAKISTAN HUMANITARIAN RESPONSE PLAN FOR COVID-19 PANDEMIC

6.6M	5.58M	83.9%	\$126.82M
People In Need	People Targeted	PIN & Target Percentage	Funding Requirement

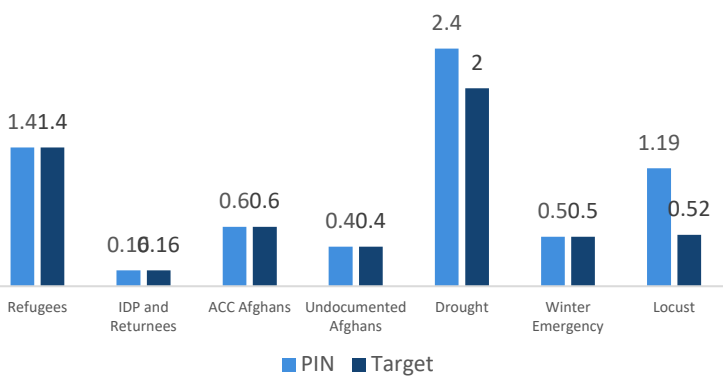
PIN and Target by Sector



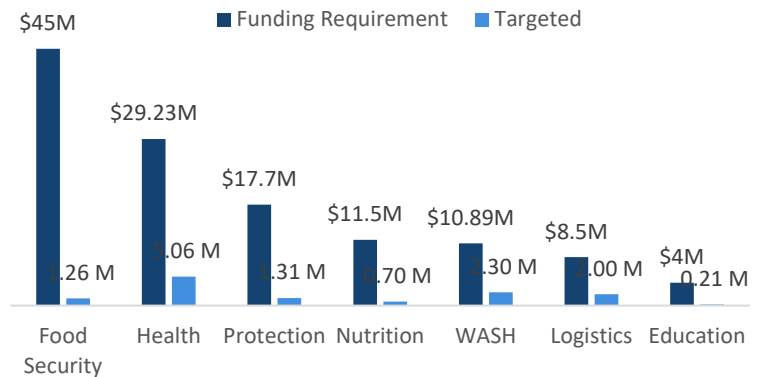
Funding Requirement by Sectors



PIN and Target by Vulnerable Groups



Sector Funding Requirements with Targets



1 – HUMANITARIAN NEEDS ANALYSIS

1.1 Public health impact of the COVID-19 epidemic– (As of 14 April)

Over 5719 people have reportedly been infected in Pakistan during the global COVID-19 pandemic. Since the first two case detected in late February, some 96 people have lost their lives fighting the deadly disease, while the spread of the disease has reached over 105 out of 158 districts across Pakistan, the highest number of cases were reported in Punjab followed by Sindh. The least affected region with 35 reported cases and no recorded deaths so far, is Pakistan Administered Kashmir.

The Government of the Islamic Republic of Pakistan, with support from international and national humanitarian and development partners, have responded to the pandemic by strengthening response coordination, case management, disease surveillance, testing services in laboratories, strengthening health systems, and community mobilization, sensitization and empowerment to cope with the negative impact of the COVID-19. To mitigate the impact of the disruption of daily life, it has taken a number of initiatives, including a cash disbursement of \$80 - \$82 per month to 12 million families through the Pakistan Social Protection programme (Ehsaas)

Although early protective measures taken by the Government resulted in containing the spread of the infection in the early weeks of the pandemic, a steady increase has been recorded in the notified cases since Mid-March. As shown in figure 1, the highest number of cases reported in a single day is 577 people on 6 April 2020.

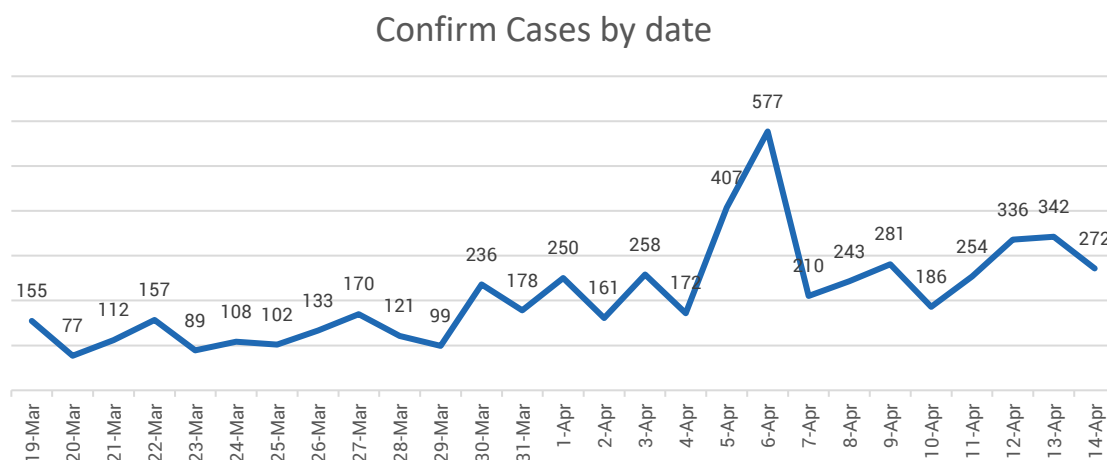


Figure 1: Cases reported since Mid-March 2020.

A cumulative depiction of reported cases can be seen in figure 2.

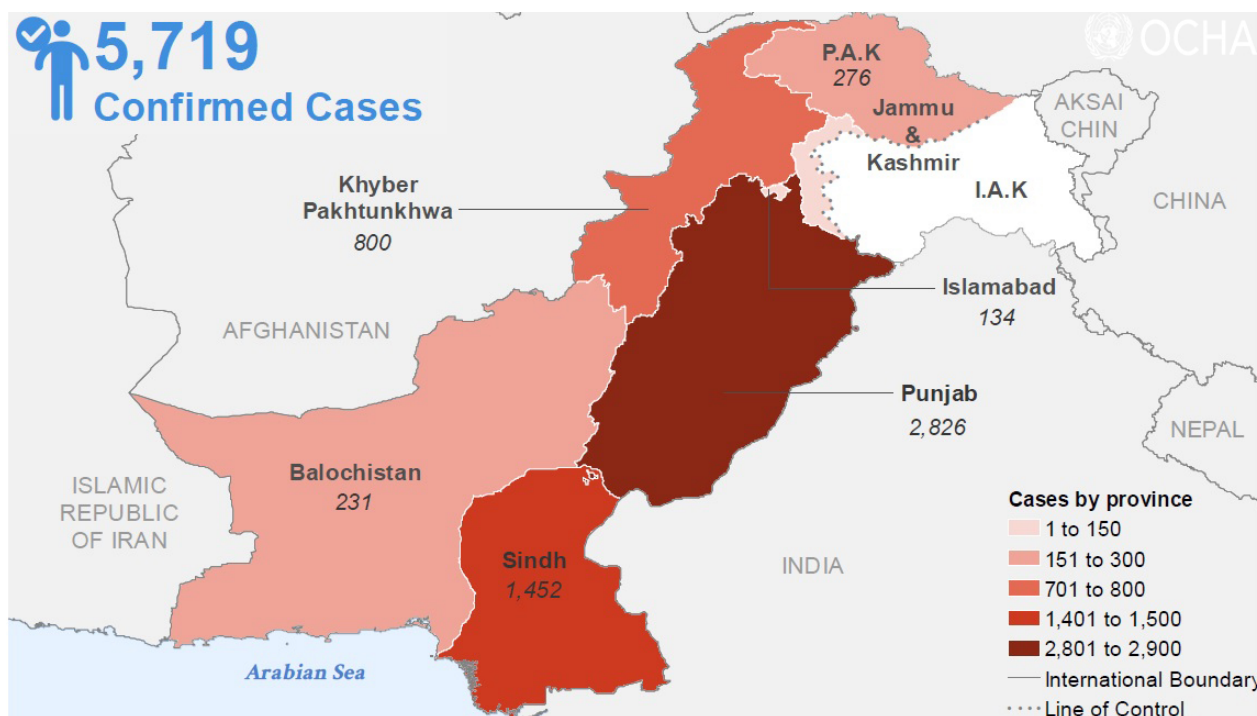


Figure 2: COVID-19 cases reported in Pakistan. As of 14 April 2020

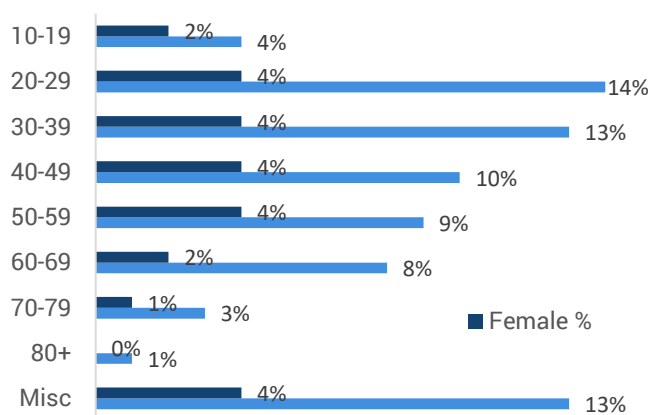


Figure 3: Cases by age and gender

The statistics in many countries suggest a higher probability of severity of symptoms in older age groups. However, in Pakistan the emerging trend shows people in younger age groups to be more vulnerable. According to the statistics by NIH Men (77.12%) are getting infection more than the women (22.88%). Most infected cases are among the age groups between 20 to 39 years of age (35%). Slightly lower percentage (45%) of the total infected cases are among the age groups over 50 years. Figure 3 show the infection trends with respect to age groups and sex.

The overall impact of the pandemic is expected to be devastating for the general public. Although the Government of Pakistan is using all available resources, the need for a coordinated

humanitarian response by the international community is essential to ensure stability and socio-economic wellbeing of the overall population and specially the vulnerable population.

Most vulnerable and affected population groups:

The lockdown as a precautionary measure for COVID-19 has had devastating impact on the economy of the Pakistan. Estimates expect Gross Domestic Product (GDP) to drop (4.64%), followed by a subsequent increase in people living below the poverty line from 50 - 60 million to 125 million.

Pakistan is the fifth most affected on the list of countries by impacted by climate change. Prior to the outbreak of COVID-19 Pakistan, a series of climatic shocks combined to make those already facing social exclusion and vulnerability due to poverty and displacement, acutely vulnerable to the virus and its impact.

In 2019, the humanitarian agencies supported the Government in the development of a drought response plan for the affected areas. In early 2020, due to unprecedented rains and heavy snow fall, an emergency was declared in AJ&K and Baluchistan and assistance was requested through the humanitarian agencies.

The most vulnerable populations targeted by the response plan are as follows:

S.NO	Vulnerable Population	People in Need
1	Refugees	1.4 million
2	Temporary Dislocated Persons & returnees	0.16 Million
3	Afghan Citizen Cardholders (ACC)	0.6 million
4	Undocumented Afghans	0.4 million
5	Drought affected	2.4 million
6	Winter Emergency	0.5 million
7	Locust	1.19 million

Adjusted PIN excludes the 2.6m people reached in Drought

Adjusted PIN excludes 1m of Balochistan as that population is already included in the Drought affected 2.4m

The locust PIN excludes the drought affected districts of Sindh and Balochistan

Afghan Refugee:

In 2020, there are 1.4m Afghan refugees holding a valid Proof of Registration (PoR) card issued by the Government of Pakistan. They are the second-largest refugee population in the world and, after 40 years of forced displacement, also the largest protracted refugee population under UNHCR's mandate. Almost two-thirds of the registered Afghan refugees and asylum seekers in Pakistan live in urban or peri-urban areas alongside their host communities. Afghan refugees are dispersed across the country, but the majority reside in the Khyber Pakhtunkhwa and Baluchistan provinces. The refugee population is predominantly comprised of women, children and adolescents.

Afghan Citizen Card (ACC) holder:

The Afghan Citizen Card (ACC) registration process was initiated by the Government of Pakistan in 2017-2018 to register and document undocumented Afghans in Pakistan. ACCs are identity documents issued by the Government which allow undocumented Afghans to temporarily remain in Pakistan until they return to Afghanistan to obtain a passport and Pakistani visa. ACCs provide protection from arbitrary arrest, detention or deportation. There are .6 million ACC holder in Pakistan.

Undocumented Afghan:

An individual of Afghan origin in Pakistan who (i) has no valid documents (PoR card, ACC or Pakistani visa); (ii) possesses an Afghan national identity card (Tazkira); or (iii) has no passport, or has a passport with an expired Pakistani visa, or no visa at all. Currently around 0.4 million undocumented Afghans are estimated to reside in Pakistan.

Drought:

In 2018, significant decrease in rain was recorded which cumulated with steadily decreasing rainfall in the previous years, resulted in a drought like situation in Sindh and parts of Baluchistan. Drought is a long-standing issue in parts of Baluchistan and Sindh Provinces, however, the impact on water resources, food and fodder reached a devastating scale in 2018. The Government of Pakistan estimated over 5 million people affected by the drought in 26 districts in Sindh and Baluchistan. Despite government and humanitarian community relief operations, a significant number of affected areas remain in need.

Desert Locust:

A desert locust outbreak hit Pakistan in January 2020, impacting many districts in the country. According to the United Nations Food and Agriculture Organization's Desert Locust Information Service, the current outbreak is the worst in over 25 years. It is affecting Pakistan and neighboring countries of Iran and India, as well as the Horn of Africa and the Red Sea area. Pakistan is an important front-line country for desert locust because it lies on the route of migratory locust swarms, both from the west and east and it has both

summer (Sindh, Punjab) and winter/spring breeding areas (Baluchistan). The existing situation is far worse than initially anticipated, affecting significant areas of food crops, orchards and fodder. As per estimates around 1.5 million people were affected by the locust infestation, Efforts are required to eradication and control of this outbreak and curtail negative consequences affecting food security, nutrition, and livelihoods of the farming households across all provinces. Response is ongoing, led by the government with support of international community.

Temporary Displaced People (TDP):

Over 5 million people were displaced from their homes due to the security operations led by the Government of Pakistan against non-state armed actors in the northern region of Pakistan. The tribal areas that have since been merged into the Khyber Pakhtunkhwa province, were severely affected with mass displacements, damaged infrastructure, and disruption of economic activity. Life came to a complete standstill in the eight tribal agencies since the crises started in 2008.

In March 2015, after the blanket security operations came to an end, and only targeted operations in areas still harboring non-state actors were undertaken as needed, the Government of Pakistan announced safe, voluntary, dignified, and assisted returns for the displaced families back to their areas of origin in the Newly Merged Districts formerly known as the Federally Administered Tribal Areas. By 2019, almost 95% of the displaced families have returned home. However, majority of the areas lack basic social services and livelihoods opportunities. Humanitarian assistance is still being provided to the TDPs and returnees including an TDP Camp.

Post Winter Emergency:

Several parts of the country received heavy rains and snowfalls in first two weeks of January 2020 causing flash floods, avalanches and landslides. Hundreds of people died and injured while more than thousand houses were partially and fully damaged. Public sector services were constrained, and roads were blocked. Access due to closure of roads was the main challenge faced by rescue and relief operations in affected areas. Government in two provinces declared snow emergency with around 1.7 million in need for humanitarian assistance, a CERF allocation was also requested and a \$ 3 million were allocated.

Summary of Humanitarian Needs

The immediate humanitarian needs in the country are summarized below:

Achieving safe and quality health services during an outbreak depends on the availability of an adequate workforce, in terms of numbers, skills, and relevant medical supplies, equipment and material for infection prevention and control. These elements are essentially important in containing and responding to COVID-19 and maintaining a continuum of care. Therefore, the biggest humanitarian needs in this pandemic are the protection of health workers. Front line staff (midwives, nurses, obstetricians and anaesthesiologists etc), need to be prioritized as critical and lifesaving and they should be provided with personal protective equipment if they are treating patients with COVID-19.

The availability of medical supplies, testing kits and medicines is the second biggest humanitarian need in the country. With the limited medical facilities available, most cases are at risk of going without being detected, resulting in a higher number of infected cases in the country.

A quarter of the population (around 53 million people) lives below the national poverty line and around two-fifth (around 84 million people) are multi-dimensionally poor. Similarly, food insecurity is also very high and between 20-30% population (40 to 62 million people) is in some form of food insecurity in Pakistan.

An estimated 36.43 million people are persistently and chronically vulnerable to food insecurity and also highly exposed to natural hazards and shocks which is also true for the ongoing COVID-19 pandemic. An additional 2.45 million people may become vulnerable to food insecurity as a result of any medium scale shock. However, given the scale of this emergency, while the situation is still evolving, one could anticipate a substantial increase in the number of extremely food insecure people in the country, requiring a scaled-up response by humanitarian partners through both in-kind and cash modalities.

Nutrition programmes have been greatly hampered due to the pandemic leaving millions of women and children in need of nutrition support in Drought-affected Sindh and Balochistan. Over 200,000 pregnant and lactating women and 400,000 children are among the most vulnerable in need of regular nutrition support, financed through the GHRP. UNICEF, in collaboration with the World Food Programme (WFP) and the World Health Organization (WHO) will intensify efforts on integrated life-saving nutrition services, including community management of acute malnutrition and infant and young child feeding, in health facilities and/or mobile/satellite sites to address severe acute malnutrition (SAM) cases.

The Government is securing essential life-saving equipment and supplies from abroad, supported by WFP logistics support services upon arrival in Pakistan. Due to inadequate capacity in Supply Chain infrastructure and preparatory needs, immediate assistance is required to facilitate access to these life-saving supplies and safe storage. Logistics has become an immediate humanitarian need to support the process.

During this pandemic, protection needs of women and children have significantly heightened as women and children may be at higher risk of intimate partner violence and other forms of domestic violence due to heightened tensions in households and communities. The domestic burden placed on women also becomes exacerbated, making their share of household responsibilities even heavier. All vulnerable groups including refugees and TDPs are disproportionately affected by the COVID-19 pandemic. The pre-existing vulnerabilities of such groups are further aggravated by the related stressors, including family anxieties, the disruption of means of income generation and subsistence activities, due to social distancing and government lockdown measures.

Effects on health systems

Ongoing surveillance, preparedness and health response to cases.

The Government of Pakistan with support from partners has responded to COVID-19 pandemic through establishing coordination structures at all levels. For instance, the government has constituted a high-level National Coordination Committee chaired by the Prime Minister. The Committee comprises of all relevant Federal Ministers, Chief Ministers and Provincial Health Departments. The Committee is responsible for overall coordination of COVID-19 response in the country.

A National Command and Control Centre has been established to ensure effective coordination between the federal and provincial government. At provincial levels, Task Force chaired by Chief Minister on COVID-19 has been formed. The National Disaster Management Authority with Provincial Disaster Management Authorities are the leading operational agency for overall COVID-19 response. Ministry of Foreign is supporting in coordination of international support/assistance.

During the early phase of the pandemic, the major threat was importation of cases of COVID-19. To that effect, on the 23 January 2020, the government of Pakistan started screening of people at Islamabad airport. Subsequently, through training of additional health and airport staff, provisions of equipment and other supplies and establishment of information desks at the airport for information and general awareness to travellers; the screening was expanded to include all types of points of entry (sea, land crossings and airports). Over one million (1,102,562) passengers were screened between 23 January and 20 March 2020 when all points of entry were closed. Further to that, the government has established 353 quarantine facilities with 139,558 beds to segregate people who had contacts with a confirmed COVID-19 case but are not yet ill. In addition, 566 hotels with 16,336 beds have also been identified for the same purpose.

As the pandemic expands and more cases are being reported as a result of local transmission, the government has strengthened disease surveillance at health facility and community level using existing surveillance mechanisms, including Polio surveillance officers. Confirmed cases are being isolated in designated isolation facilities for confirmed cases. To that effect a total of 217 isolation facilities with 119,778 beds are already designated for case management in Pakistan. Awareness and information material on hand hygiene, standard and transmission precautions, correct and rational use of mask and PPEs, social

distancing and environmental cleaning were developed and disseminated widely. Help lines have been established.

The National Institute of Health, the national reference public health laboratories acquired the requisite technical capacity for COVID-19 diagnostics. Since then the government has established 41 centres across Pakistan, in all provinces and regions that can perform Real time PCR testing for COVID-19 with a daily capacity of up to 4000 tests/day.

The predicative analysis of expected cases based on the attack rates from other countries indicates that there are likely to be approx. 196,421 total cases in Pakistan. Of these 157,137 (80%) will be mild, 29,463 will be moderate to severely ill (15%) and approximately 10,000 (5%) critical cases that will require ventilator/Highly Dependent Unit support. This projection is based on the present available epidemiological data on COVID-19 and will change depending on the response instituted. There is a need to regularly monitor the trend of the outbreak and revise the plan accordingly. At the current detection rate of 8%, this will require from 1.5 to 2 million laboratory diagnostic tests to be conducted.

Challenges.

There is a formal coordination structure within the government that has been established to provide coordination of the response at all levels however, the linkage between the central and provincial/regional level coordination is not well defined and needs to be streamlined. Additional support from the international system to support coordination is a priority.

The isolation and quarantine facilities are inadequate in number and the infrastructure unsuitable for isolation and quarantine. The standard operating procedures (SoPs) are not being implemented at both the isolation and quarantine facilities; the facilities lack human resources, technical expertise, supplies, equipment and proper management. The people being quarantined or isolated are not properly briefed on the importance of social distancing and hygiene. This was partially responsible for the spread of COVID-19 at Taftan border and may continue to be the source of spread in the new quarantine sites being established. That aside, the current number of isolation facilities and beds are few (217 isolation facilities with 119,778 beds) whereas the estimated number of total beds required are 196,421 as per the current projection based on available data. There is urgent need to support the government through training of staff, support to provision of necessary female staff, provision of necessary medicines and other medical supplies for the facilities. Additional support may be required in terms of technical advice on WASH, food support and other humanitarian areas if the requirements for isolation facilities continues to increase.

Community mobilization and sensitization activities are still weak, the crisis communication and community engagement strategy is still under development and needs finalization and dissemination. Technical awareness messages have been developed and need to be disseminated widely. Humanitarian agencies with strong background in risk communication and community engagement may be able to support the work of Government and civil society groups in this area.

The disease surveillance system is weak and fragmented. For instance, the sentinel surveillance and event-based surveillance is not functional. The Severe Acute Respiratory Illness/ Influenza Like Illness (SARI/ILI) sentinel surveillance which can be used as a proxy is not fully functional. That aside, over 70 Rapid Response Teams (RRTs) have been constituted and trained in many of the provinces however, that number is very small given the fact that we need at least one RRTs in each of the 154 districts in Pakistan. The response to call by the RRTs for case investigation is weak as they are few and lack infection prevention and control equipment and supplies. The data collection, analysis, reporting and dissemination of health data is weak and fragmented at all levels. There is an urgent need to strengthen all aspects of disease surveillance.

Confirmation of COVID-19 is another challenge. There are limited number of laboratories with limited capacity to confirm COVID-19 cases. Currently, there are 41 laboratories in Pakistan with capacity to confirm COVID cases. The total PCR tests available in the country is approximately 45,000-50,000 in the public and private sectors with daily testing of up to 4,000 tests/day. There are inadequate supplies of viral RNA

extraction kits and automated extractors in the country which effects the testing throughputs. Majority of the laboratories are in major cities.

Case management facilities are few and lack trained staff, required equipment and supplies. Infection prevention and control is weak at all levels (community, facility, surveillance and laboratory) in terms of training human resources, supplies, availability of required structures, availability and implementation of protocols.

1.2 Indirect impact of the COVID-19 epidemic

a) Macro-economic effects

The Government is facing a huge challenge in curtailing the spread of the COVID-19, while struggling to minimize the socio-economic impacts of the outbreak at the same time. The lockdowns are having repercussions on the employment and, consequently, people's livelihoods. As such, it is having implications on food production, the entire value chain including marketing, distribution and even the consumption due to lack of livelihoods opportunities and majority of the population having subsistence earnings. The lockdown and global economic shock has the potential to throw up to 125 million people in Pakistan below the poverty line. This will disproportionately impact the vulnerable and marginalized groups, such as women and children, daily-wage workers, small and medium enterprises, agriculture, and other the informal sectors.

The immediate economic shock is further exacerbated by the human cost in terms of mental trauma of death of a relative and fear of encountering the virus, and isolation or loss of academic progress for students, etc.

b) Indirect effects on people

Effects on health and survival: The Government has imposed a lock down across the country whereby all the hospitals and health facilities are closed except for emergency services. This measure was taken to reduce the spread of virus. However, its implication is lack of access to OPD, immunization, preventive health care, lifesaving EmONC Services, pre- and post-natal care etc. This will potentially result in increases in mortality, particularly maternal and child mortality.

The impact of the COVID 19 outbreak on acute care services in Pakistan with under-resourced health system is likely to be substantial. SRH service delivery is expected to be severely impacted, contributing to a rise in maternal and newborn mortality, increased unmet need for contraception, and increased number of unsafe abortions and sexually transmitted infections. It is critical to ensure that all women have access to safe birth, Antenatal care and post-natal care services.

Effects on society and human development: The Government has instructed all the public and private educational institutions (schools, colleges and universities) across the country to remain closed till end of May 2020. Similarly, all the examinations have also been postponed accordingly, resulting in massive disruption to learning.

Effects on livelihoods: The current situation of lockdown and uncertainty is having the following implications on the livelihoods:

- All the markets except the outlets from groceries/edible items are closed. The inter – city/district/province public transport has been banned thus affecting the ability of many people to access affordable markets. Only the goods transportation carrying food or medical emergency items are allowed with the condition of adopting protective/preventive measures.
- Prospects for the economy and the quantity and quality of employment have also deteriorated rapidly. Initial ILO estimates point to a significant rise in unemployment and underemployment in the wake of the virus.
- The decline in economic activity and constraints on people's movements has impacted both manufacturing and services coupled with declining labour supply because of quarantine measures and a fall in economic activity which resulted into significant increase in poverty.

- Informal sector workers are most vulnerable and many of them lost their jobs due to the prevailing lockdown situation across the country.
- In the case of the agriculture sector, farming activities are primarily carried out by the self-employed either on their own land or as sharecropper/ a contract cultivator or on someone else's land. Although, the Government has announced that the lockdown is not applicable on transportation or sale of agricultural inputs, yet, these farming households are facing disruption in the supply chain of vital agricultural inputs like seeds, fertilizers and pesticides, etc.
- An extended lockdown will also adversely affect smallholder farmers in terms of reduced purchasing power for daily food items, inputs for kharif plantation and feed for livestock. Most of the farmers store wheat for the household consumptions for the rest of the year. However, due to losses of income from reduced sale of livestock and livestock products and vegetables/fruits produce and other non-farm work, they may sell their wheat stocks.
- As a coping strategy in these times of despair, the farmers would soon turn to negative coping mechanisms, particularly liquidation of their assets; mainly poultry, livestock and other valuable assets, to meet the food supplies and other essentiality of life.
- Small entrepreneurs, shopkeepers and small factories owners and laborers who are directly dependent on income sources from daily trade and economic activities in rural and urban areas are also experiencing a sharp decrease in their earnings.

c) Most affected population groups

Women and children from the disadvantaged households, homebased workers, domestic workers, daily wage earners (small shops, self-employed persons and families) and especially pregnant women, are among the most impacted during this pandemic.

Nearly half of households in the country rely on agriculture and livestock as their primary and/or secondary source of livelihood. Some 22% are dependent on daily wage labour (skilled/unskilled non-agricultural labour, forestry workers). Around 62% of households in the poorest wealth quintile rely on farm labour and daily wage as livelihood strategies (33% on farming - small/medium/large farming, livestock, fishing and agricultural labour) and 29% on wage labour (skilled and unskilled non-agricultural work).

The Newly Merged Districts (NMDs) are particularly vulnerable - according to the Comprehensive Food Security and Livelihood Assessment (CFSLA) Report 2019, a majority (65%) of the households are dependent on unsustainable livelihood strategies (daily wagers), while the remaining (35%) depend on somewhat sustainable sources.

Pakistan hosts approximately 1.4 million Afghan refugees who are registered in the Afghan National Registration (ANR) database managed by the National Database and Registration Authority (NADRA) and issued with Proof of Registration (PoR) cards. Since the majority of refugees reside in Khyber Pakhtunkhwa (58%) and Baluchistan (23%), where the lowest living standards and the highest multidimensional poverty index are recorded, it is evident that most of the Afghan refugees are severely affected by the unprecedented events surrounding the COVID-19 pandemic. UNHCR estimate that more than 70,000 Afghan refugees are Persons with Specific Needs (PWSN) and face additional challenges (children at risk, women at risk, single parents, older persons at risk, persons with serious medical conditions). Additionally, there are growing numbers of extremely vulnerable refugee families whose livelihoods have been severely affected by the COVID-19 pandemic, particularly daily-wage earners that require urgent support.

Impact on at-risk Workers

This section presents some preliminary estimates of the anticipated labour market impacts of the COVID-19 pandemic on vulnerable workers in Pakistan's economy and also suggests some social protection measures to help them cope with this crisis. This analysis is based on data from the latest available round of the Labour Force Survey (LFS) for 2017-18, as data from the more recent 2018-19 round of the LFS has not been released.

According to Labour Force Survey 2017-18, there are 61.7 million employed workers in Pakistan, of whom

23.8 million are agricultural workers and 37.9 million are non-agricultural workers. Of the country's 37.9 million non-agricultural workers, 27.3 million (72 per cent) work in the informal sector, while only 10.6 million (28 per cent) are employed in the formal sector. Out of the total of 61.71 million employed, 48.17 million are males while 13.54 million are females, 40.75 million are residing in rural areas while 20.96 million are residing in urban areas. The provincial disaggregation shows that 37.60 million are in Punjab, 14.44 million in Sind, 7.17 million in KP and 2.51 million are in Balochistan. Youth aged 15-29 years makes up 23 million of the employed.

2 – RESPONSE APPROACH

The Government of Pakistan supported by the partners is taking a two-prong strategy to respond to the COVID-19 pandemic – prioritizing efforts to contain and mitigate the spread of the virus and to address the secondary humanitarian and socio-economic impacts. In support of the actions of the Government, particularly the COVID-19 National Action Plan there are three internationally supported initiatives that address the COVID-19 pandemic and its consequences:

1. The Strategic Preparedness and Response Plan (SPRP) aims to stop transmission of COVID-19. The tracking of assistance and actions is done through the COVID19 Partners Platform. It is facilitated by the World Health Organisation (WHO).
2. 'Shared responsibility, global solidarity: Responding to the socio-economic impacts of COVID-19' is a set of recommendations to mitigate the socio-economic consequences of the pandemic. It is developed by the United Nations (UN).
3. Integrated Humanitarian Response Plan – the HCT in Pakistan, under leadership of the Humanitarian Coordinator, is developing an integrated response plan to address the humanitarian impact of the Covid-19 situation on the most vulnerable groups, as identified above. This targeted approach builds off existing support being provided to the Government in-line with existing

	SPRP- Pakistan (8 Pillars)	A UN framework for the immediate socio-economic response to COVID-19 (5 Pillars)
1	Infection prevention and control	Health First: Protecting Health Services and Systems during the Crisis
2	Case management	Protecting People: Social Protection and Basic Services
3	Surveillance, rapid response teams, and case investigation	Addressing Economic Vulnerabilities – Employment & Enterprises
4	Points of entry	Macroeconomic Response and Multilateral Collaboration
5	Laboratory network	Social Cohesion and Community resilience
6	Risk Communication and community engagement	
7	Operational support and logistics	
8	Country-level coordination, planning and monitoring	

humanitarian plans and activities.

2.1 Response to public health impacts

Ongoing response

Medical response:

Screening and surveillance at Points of Entries (PoEs):

Screening has been initiated at all PoEs, international Airports and ground crossings the health declaration form (HDF) designed in the context of COVID2019 has been prepared and distributed to all the relevant airlines, airports and ground crossings. Filling HDF is mandatory for all the passengers entering Pakistan. Currently, contact tracing and monitoring has been initiated and all close contacts of the confirmed cases have been listed. The teams in Emergency Operating Centres (EOC) are in regular follow up with all the incoming travellers through regular telephone calls.

Laboratory Diagnostic Capacity

Hospitals and laboratories in the major cities have been designated to collect the samples from suspected cases with appropriate biosafety and biosecurity standards. The preparation includes availability of relevant supplies PPE and lab reagents for safe collection, storage, packing and transportation of samples from the designated hospitals to the provincial/National Reference Lab/ designated labs. National Institute of Health (NIH) will be the main diagnostic national referral centre

- Extension of testing facilities at Karachi, Lahore, Peshawar, Quetta, Multan/Bahawalpur, and Gilgit.
- Laboratories are also set up or are being prepared in multiple other locations

Case management

Specific Hospitals have been designated for admission and management of suspected and confirmed cases based upon availability of quality isolation wards at Federal, provincial and regional levels. Designated quarantine facilities have been established in Islamabad, Karachi, Lahore and Peshawar, Multan and DI Khan.

Emergency Rapid Response Teams (RRT) have been identified, trained and equipped. Ambulance services have been provided by hospitals, 1122 and PRCS. Furthermore, in Taftan, Chaman and Khyber, quarantine and isolation facilities have been established. Case Definitions for suspected, probable and confirmed cases have been adopted from WHO standard case definition

Risk Communication

The national risk communication and community engagement (RCCE) strategy for preparedness has been developed by the National Core Committee on COVID-2019 based on global and national technical advice. The RCCE will serve as a single point of communication for all relevant technical and scientific information on COVID-2019. Relevant stakeholders like Ministry of Information and ISPR have been involved in developing RCCE and will be together with M/o NHR&C be in lead in implementing this strategy. The relevant healthcare workers, media and other staff will need to be trained on risk communication, social mobilization and community engagement. IEC materials guided by the national RCCE strategy are being developed and disseminated for public awareness through print, social and electronic media. A daily situation report is being released.

2.2 Response to the economic impact of the COVID-19:

Government of Pakistan has announced that PKR 1.25 trillion (approx. \$8 billion USD) would be spent through a multi-sectoral relief package to address the challenges arisen due to the outbreak Covid-19.

The overall economic package includes:

\$ 1.2 billion to be spent for providing relief to the daily-wagers and labourers by disbursing Rs12,000 each per month through the Social Protection system.

\$ 600 million for the industrialists and exporters, which would help resolve their liquidity issues.

\$ 600 million for agriculture and SMEs sectors

\$ 300 million for the Utility Stores Corporation (USC) to provide five basic edible commodities, including flour, pulses, sugar and Ghee, on subsidised rates.

\$ 1.69 billion to procure 8.2 million tons of wheat during the current season

The prices of per litre petrol, diesel, kerosene, and light diesel oil have been reduced by Rs15 each.

\$ 90 million to be incurred on tax break on health and food supplies

\$ 600 million for residual/energy fund.

On-going response to the COVID-19 by the United Nations:

United Nations health response has been aligned with the pillars of the Strategic Preparedness and Response Plan.

Country-level Coordination, Planning, and Monitoring

UN is working with the federal and provincial governments at multiple levels to aid coordinated management of COVID-19 preparedness and response. More specifically:

- UNDP is supporting the Planning Commission in establishing a secretariat for multi-sectoral planning, financing, coordination and programmatic implementation.
- WHO is supporting Ministry of National Health Services, Regulation and Coordination (NHSR&C) to coordinate response to COVID-19 through provision of technical support to the development of National Action Plan for of COVID-19, leading the development of Strategic Preparedness and Response Plan for the Government and UN
- WHO is providing technical support to NDMA to coordinate COVID-19 response.
- WHO is supporting the government with provision of information for planning which includes projection and modeling of the trend of COVID-19 disease.
- UNHCR is supporting coordination concerning the refugee population with the Commissionerate for Afghan Refugees, the Provincial Disaster Management Authorities (PDMAs) and relevant departments.
- UNHCR is engaged in advocacy for the inclusion of refugees within the Government's COVID-19 preparedness and response plans, including the BISP/Ehsaas social protection program.
- UNODC is supporting national counterparts including National and Provincial Aids Control Programme, provincial Health Departments, Criminal Justice Actors such as Law Enforcement Agencies and Police by providing latest information and guidelines on how to respond to COVID-19 in prisons and in community with Injecting Drug Users and drug users.
- UN Women is in the process of collecting evidence and analysis related to women and COVID in high-risk settings (prisons, shelter homes) and facilitating access to services.
- UN Women is supporting evidence generation for gender integration in COVID-19 preparedness and response plans, including gender analysis for UN's rapid socio-economic impact assessment, and development of a policy brief on socio-economic impact of COVID-19 on women and girls in Pakistan, in collaboration with Ministry of Human Rights and National Commission on Status of Women. A mobile survey on changes in women's economic status, trends in unpaid domestic and care work etc. is underway with support from Jazz.
- UN Women has carried out an analysis of VAW cases reported to police across the country in 2020 to assess the impact of COVID-19 and is providing support to national and provincial counterparts for strengthening essential GBV services.
- UNFPA is engaged in advocating for specific quarantine arrangements and services for women and girls. Moreover, UNFPA is advocating for the provision of reproductive health services to the most vulnerable population during this crisis.

- UNFPA has taken the lead to contextualize and distribute IEC messages on COVID and SRH, develop capacity of Health providers working in MCH across Pakistan (on infection prevention, universal precautionary measures, stigma and stress management) and provided PPEs in MCH facilities in KP, Balochistan and Islamabad (PPEs for Gilgit Baltistan, Sindh and Punjab in the pipeline).
- UNFPA carried out a Socio-Economic Assessment of COVID-19 on Reproductive Health and Gender-Based Violence in Pakistan to support the government to mitigate the impact caused by COVID-19 on the most vulnerable.
- UNFAO, WFP, UNHCR and other UN agencies contributed to joint Government/UN Socio-Economic Impact Assessment of COVID-19 on livelihoods, food security, agriculture supply chain, market situation and food prices and coping strategies.

Risk communication and community engagement (RCCE)

Led by UNICEF, the UN is providing technical and financial support to the RCCE plan for responsive, empathic, transparent and consistent messaging in local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities. More specifically:

- UNICEF has developed and shared information, education and communication material (IEC) material on social distancing and orientation guidelines for frontline workers in both English and Urdu in all provinces.
- UNICEF is providing operational support to the toll-free Covid-19 helpline which is being used to address public concerns at the federal level as well as in Punjab. As of 26 March 2020, the helpline has responded to over 70,000 calls.
- WHO is supporting the hotline developed at Polio NoC with human resources, technical support to the development of IEC materials, printing of IEC materials, development and dissemination of tweets etc
- WHO supported MNHSR&C to establish information desk at major airports in Islamabad, Karachi, Lahore and Quetta with the main purpose of providing information to passengers
- UNHCR is disseminating GoP approved IEC materials developed by the Government and has translated it into Pashtu and Dari languages. Over 700 refugee Outreach Volunteers have been trained on COVID-19 prevention measures; and are disseminating key messages through a combined network of over 2,500 Outreach Volunteers, youth and community mobilizers, and refugee leaders.
- UNESCO is coordinating with civil society partners to promote fact checking initiatives; working on compiling and disseminating relevant open resource materials among its media network to support effective and objective reporting; developing a lay out of potential awareness activities by incorporating elements of science communication and online learning to complement community engagement efforts through youth and volunteer networks.
- UNAIDS is engaged in translating information materials on COVID-19 and HIV received from UNAIDS HQ to local languages.
- UNODC is engaged in translating information materials on COVID-19 prevention in community and prisons, received from their HQ.
- WFP has deployed and disseminated standard operating procedures for the delivery of assistance in COVID-19 to all its partners, including provision of relevant IEC materials
- UNFPA has contextualized and printed out 14,000 COVID-19 specific flyers and posters and infographics on COVID-19 and pregnancy, breastfeeding, and respectful maternity care.
- UNFPA has developed Audio-visual messages featuring renowned Obstetrician and Gynecologist on safe motherhood, family planning and GBV have been developed. An awareness campaign using these audio messages has been launched through FM101 radio. A total of 378 spots will be run until May 20, 2020.

- UNFPA has partnered with Punjab Safe Cities Authorities to upgrade Women Safety App to address the issues of women protection and safety during lockdown and beyond.
- UN Women's social media campaign is highlighting issues faced by vulnerable groups of women, in addition to solidarity messages from key signatories of Women Empowerment Principles regarding gender responsive actions taken by private sector companies for COVID-19 response. Radio campaigns are being designed, targeting rural women in Balochistan and NMDs.
- IOM is involved in distribution of brochures about infection control at the IOM Health Assessment Centers/clinic and screening for potential symptoms of COVID-19
- FAO published briefs on Immediate and Expected Impacts on Food Security, Livelihoods & Agriculture Markets, and Options for Action and Evolution of prices of Major Food Items in Pakistan since Outbreak of COVID-19
- FAO, WFP, WHO, UNICEF and Government of Pakistan, published recently the first Pakistan Overview of Food Security (2019), that provides a pre-covid19 baseline and analysis, in addition to the Food Security Assessments carried out late last year following in Sindh, Balochistan and KP.
- FAO and MFSR finalized the first Pakistan Food Forecast that was used as a basis for the food security socio-economic impact assessment;
- FAO promotes through its capacity development work with farmers and communities in rural areas outreach and training on COVID-19 prevention measures and helps disseminating key messages through Farmer Field Schools (men and women).

Infection prevention and control (IPC)

UN is supporting IPC practices in communities and health facilities to promote knowledge and practice of good hygiene and ensure disease prevention and control.

- UNICEF is engaged in installation of handwashing stations, distribution of soap bars, installation of UV water filters in health care and quarantine facilities in Sindh, Punjab and KP. In Balochistan, 22,000 bars of soap and 102 solid waste bins have been procured and are ready for distribution to designated isolation facilities.
- UNICEF is conducting hygiene promotion activities which have reached over 200,000 people including religious leaders in Sindh. Through Clean and Green Punjab initiative, digital and social media platforms as well as through 100 banners displayed on strategic points, hygiene practices are promoted in Punjab reaching nearly 220,000 people.
- UNHCR has provided 28 self-standing durable structures to support provincial isolation facilities in KP and Balochistan; distributed 4,500 kg of soap and 73,000 sqm of sanitary cloth in refugee villages and is receiving and distributing an additional 6,720kg of soap and 4,320 units (500ml) of disinfectant for distribution. UNHCR donated 10 ambulances to provincial authorities in KP and Balochistan to support emergency services and will continue assisting the health sector.
- IOM is training field staff on COVID-19 preventive measures; conducting community awareness sessions focusing on handwashing and practicing social distancing; and undertaking distribution of hygiene kits to Provincial Disaster Management Authorities Sindh and Balochistan
- UNFPA is providing virtual trainings practicing distance learning on IPC to health care providers in Punjab and Khyber Pakhtunkhwa.
- ILO has engaged Government, industries, Employers and Workers to develop Standing Operating Procedures (SOPs) and ways for compliance with these SOPs.
- WHO supported the development of IPC strategy which was launched on 21 April 2020, training of over 10,000 health workers on IPC, provision of IPC materials and other supplies, conducting IPC assessments at over 200 health facilities and quarantine sites, supporting the establishment of IPC committees and facilitating the coordination of UN IPC response.
- UNODC is conducting virtual trainings for prison staff on IPC.

Surveillance, rapid response teams, and case investigation

At the stage where the country is experiencing both imported cases and local transmission, UN is focused on supporting the government in effective detection of cases, contact tracing, and case identification.

- WHO has deployed additional disease surveillance staff including PEI staff to the provinces to support disease surveillance, trained over 2,000 health workers in disease surveillance, supporting contact tracing and active case search, supporting SARI/ILI surveillance in the context of COVID-19.
- WHO is supporting laboratory diagnosis through provision of 8 COVID-19 diagnostic equipment, supporting quality control at the diagnostic sites, provision of human resources in each of the four provinces
- UNDP is providing technical assistance to Ministry of Health at the federal and provincial level to enhance features available for a digital system to identify infected patients using cellular data and other digital tools.
- UNFPA is providing technical support to the Ministry of National Health Services, Regulation and Coordination (MoNHSRC) for the COVID 19 response deployment of epidemiologists, technical advisor and hospital focal point at the Ministry.
- UN Women is providing technical assistance for data collection and developing SOPs/checklists for women's safety in quarantine centers

Operational support and logistics

UN is actively supporting the government to ensure timely sourcing and availability of quality essential medical supplies and personal protective equipment (PPE) required for the response both through offshore and local procurement.

- UNICEF distributed 14 metric tons of PPE supplies from the first shipment to 3 provinces – ICT 35%, GB 45%, AJK 20%. The second shipment of PPEs is expected in the first week of April. The WB/GOP has allocated a total of US\$155 million for the procurement of PPEs, testing kits and medical equipment through UNICEF.
- WHO has supported and distributed medical equipment and other supplies worth over US \$ 1 million. These supplies includes PPEs, IPCs, diagnostic equipment, emergency health kits, patients monitors among others
- WFP has provided 3 mobile storage units (MSUs) to the National Disaster Management Authority (NDMA) in Islamabad, 12 MSUs to PDMA Balochistan for the storage of medical goods and equipment and 3 MSUs to the PDMA in Sindh. Coordination support for supply chain management is being provided to NDMA centrally
- UNDP is supporting the provincial governments of KP and Balochistan to enhance supply chain management including procurement of health supplies & equipment.
- UNAIDS is developing a contingency plan to ensure non-disruption of Antiretrovirals (ARVs) which are crucial for HIV/AIDS management.
- UNODC is in the process of procuring prevention material/items such as IEC Material, hand sanitizers, face masks, thermal scanners etc. for prisons to be used by prison staff and prisoners.
- UNFPA has procured 21,680 personal protective items and provided 4000 hygiene kits for vulnerable women and girls and persons with disabilities.
- ILO has helped trade unions to procure 10,000 PPEs and hygienic material for distribution among informal economy workers including newspaper hawkers, sanitary workers and electricity workers. ILO also help the trade unions in raising awareness on COVID-19.

Maintaining essential health services

UNICEF is striving to ensure the continuation of life saving basic health services (Maternal Neonatal and Child Health and immunization) and to mitigate the adverse impact of COVID-19 epidemic on regular health services.

- A partnership agreement has been established with the Pakistan Medical Association in Sindh to orient its members and other health workers on the COVID-19 response.
- In Punjab, work on developing the e-registry of health workers is initiated in 4 selected districts and in KP, 24,768 frontline workers (LHWs, LHS, EPI tech, CMWs LHV and KPMD Staff) have been mapped using the e-registry.
- In KP, UNICEF supported to Health Department to conduct an orientation training on COVID-19 for 350 HCPs from isolation wards & High Dependency Units.
- UNICEF is collaborating with Polio Eradication Initiative (PEI) in Pakistan to use thousands of polio health workers to maintain and strengthen routine immunization and social mobilisation for the COVID-19 response. Special instructions have been issued by Director Expanded Program on Immunization (EPI) to the EPI staff and vaccinators to ensure the continuation of EPI activities.
- UNFPA is providing services through a helpline in Karachi for pregnant women and is in the process of training health providers to initiate tele – medicine services in Sindh and Gilgit Baltistan.
- UNFPA is providing tele-psychosocial support services, through partner ROZAN, and provincial counterparts including Department of Social Welfare, Special Education & Women Empowerment Khyber Pakhtunkhwa and Women Development Department Punjab to support women and girls' survivors of violence.
- WHO is supporting the government of Pakistan to ensure provision of other essential services through the development of “Maintaining of essential health services - Priority areas to be maintained within the context of COVID19 plan” and advocacy among others
- UN Women has supported development of gender-sensitive SOPs for quarantine centres in KP and is working towards strengthening essential GBV services (police, social workers, prisons and shelters) across the country, especially in hard to reach and especially high-risk settings, through provision of trainings for police and prison staff and hygiene supplies etc.
- UNHCR is supporting the medical services provided in the refugee villages (BHUs and MCHCs) with medical supplies, protective equipment, sanitary material, and training front-line health workers.

3 – COORDINATION MECHANISMS

OCHA will support the Humanitarian Coordinator and Humanitarian Country Team to implement the Global Humanitarian Response Plan, including supporting coordination structures at national and provincial levels through working groups with NDMA/PDMAs and relevant ministries and line departments.

OCHA will coordinate and promote the efficient and coherent delivery of humanitarian assistance to people in need. OCHA will advocate with the Government on behalf of the humanitarian community for improved access, resource mobilization, principled and effective humanitarian programmes.

OCHA will support humanitarian financing by administering the Pakistan Humanitarian Pooled Fund (PHPF) and coordinating requests from the HCT to the Central Emergency Response Fund (CERF).

OCHA will develop and produce information products for the humanitarian community, which aid in coordination and decision-making.

OCHA will advocate for the inclusion of gender distinct needs in all humanitarian programmes including gender balanced assessments, gender analysis, adherence to HCT gender commitments and reporting gender distinct gains in monitoring

GHRP Funding Requirements By Sector

Sector	Funding Requirement	Targeted
Food Security	\$45M	1.26M
Health	\$29.23M	5.06M
Protection	\$17.7M	1.3M
Nutrition	\$11.5M	0.703M
WASH	\$10.89M	2.3M
Logistics	\$8.5M	2M
Education	\$4M	0.2M
Total	\$126.82M	

3.1 Sectoral Response gaps and challenges

Food Security and Agriculture

6.7M	1.2M	45M	25
People in need	People targeted	Requirements (US\$)	Number of partners
Preserve the ability of people most vulnerable to the pandemic to meet their food consumption and other basic needs, through their productive activities and access to social safety nets and humanitarian assistance	Girls and boys less than five years of age and Pregnant and lactating women access appropriate nutrition services (CMAM, IYCF, Micronutrient supplementation)		Mothers and caretakers in targeted communities' access skilled support for appropriate maternal, infant and young child nutrition (MIYCN)
Related to SP 2.1 of GHRP	Related to SP 2.2 & 3.1 of GHRP		Related to SP 2.2 & 3.1 of GHRP
SECTOR OBJECTIVE 1 (SPECIFIC)	SECTOR OBJECTIVE 2		SECTOR OBJECTIVE 3

OVERVIEW

Pakistan is a disaster-prone country experiencing extreme climatic variations, including rising temperatures, uncertain changes in precipitation and prolonged dry spells. During the past decade, the frequency of recurrent extreme weather events (floods, droughts, glacial lake outbursts, cyclones, and heatwaves) has increased, adversely affecting the lives and livelihoods of the vulnerable population living in disaster hotspots. In addition, displacement from the former FATA is another ongoing humanitarian situation.

In the last quarter of 2018 and in 2019, severe drought conditions prevailed in 18 districts of Balochistan and eight districts of Sindh, rendering around five million people in need of immediate food security and livelihood assistance. According to the 2019 IPC acute food insecurity analysis for Sindh, four districts were classified in Phase 4 (Emergency), three districts in Phase 3 (Crisis), with approximately 57% of the population of these seven districts was in Phase 3 or higher. In case of Balochistan, around 48% of the rural population in 14 drought-affected districts was in IPC Phase 4 (Emergency) and Phase 3 (Crisis). Further, around 1.2 million people (24% of the rural population) in the 7 newly merged districts of Khyber Pakhtunkhwa were estimated to be in IPC Phase 4 (Emergency) and Phase 3 (Crisis). These levels of food insecurity in the former FATA districts have continued into 2020 with approximately 35% of the population being found to be food insecure using the comprehensive food security and livelihood assessment (CFSLA).

Most recently, the COVID-19 pandemic has disrupted the lives and livelihood of all socio-economic groups in the country, particularly the vulnerable subsistence laborers and smallholder farmers affected by recurrent disasters, TDPs/returnees as well as the Afghan refugees. As of April 22, the country has around 9749 confirmed COVID cases with 209 people reportedly dead. The spread of COVID-19 may increase exponentially due to insufficient prevention and control measures and limited testing facilities. This pandemic is likely to have devastating impact on Pakistan's economy and especially on the livelihoods of vulnerable and poor communities already reeling under the effects of weather-related shocks. In addition, the desert locust outbreak has affected around 35 districts across four provinces of Pakistan. Many of these districts already suffer from high GAM rates and precarious food insecurity as well as recurrent exposure to climatic shocks.

This pandemic has hit Pakistan in a year where people were trying to recover from drought, winter and locust related shocks. As per the National Nutrition Survey 2018, the prevalence of global acute malnutrition (GAM) rate among children under five is 18% (above the WHO emergency threshold) with rates alarmingly high in Sindh (23.3%), Khyber Pakhtunkhwa including the Newly Merged Districts (23.2%) and Balochistan (18.9%) and even higher in the vulnerable districts of these provinces/regions.

Impact of COVID 19 of Food Security:

WFP-FAO have jointly conducted food security and nutrition analyses in the wake of COVID 19 to look at its impact on people's livelihoods, food security, agriculture supply chain, market situation and food prices and coping strategies. The joint analyses include recommended short term and medium-term measures to minimize impact on the already vulnerable and food insecure communities by identifying potential locations and the type of interventions.

Key findings of the joint analyses are as following:

An estimated 36.43 million people are persistently and chronically vulnerable to food insecurity and are highly exposed to natural hazards and shocks, which is also true for the ongoing COVID-19 pandemic.

Overall, 25% of the households in the country (49 million people) are estimated to be moderately or severely food insecure, whereas 10% of the households (21 million people) are severely food insecure.

The most vulnerable groups susceptible to the wave of COVID 19 shock include: the daily wage class (22% of all wage earners), internally displaced persons and refugees, low income urban households, market dependent rural households, elderly people, those already suffering from medical conditions, women and child headed poor households.

People at Risk of Food Insecurity Due to COVID-19

In a joint Food Security Needs Assessment, WFP and FAO estimated that around 2.5 million population are at a high risk of becoming food insecure due to the COVID pandemic. As this situation is still evolving, this number could further increase if the spread of COVID 19 continues to accelerate unchecked resulting into prolonged lock-down. Based on the current estimates, response planning has been done by both FAO and WFP to address the food security needs of around 1.2 million people out of an anticipated 2.5 million likely to become food insecure. Out of the 1.2 million proposed caseload FAO and WFP have further distilled a humanitarian caseload of 0.8 million people with acute livelihood needs who need immediate lifesaving food, non-food and food production assistance in a very targeted manner to prevent them resorting to negative coping strategies and avoid humanitarian emergency. These extremely vulnerable population groups are among those who are spread across afore-mentioned geographical areas highly impacted by the COVID shock and who will be identified for targeted assistance.

Areas and groups in Need of Immediate Support

Drought Affected Areas of Balochistan and Sindh:

In 2018-2019, severe drought conditions prevailed in 18 districts of Balochistan and 8 districts of Sindh, rendering around 5 million people in need of immediate food security and livelihood assistance. According to the IPC acute food insecurity analysis 2019 for Sindh around 57% of the population of seven drought effected districts were in IPC Phase 4 (Emergency) and Phase 3 (Crisis). In case of Balochistan, around 48% of the rural population in 18 drought effected districts were in IPC Phase 4 (Emergency) and Phase 3 (Crisis).

Balochistan is a concern as the majority of 18 drought affected districts have experienced or continue to experience the negative and compounding impacts associated with the winter emergency (snow and flooding) and locust damage given that province is a locust summer breeding area. The additional impact caused by COVID-19 will further impact the livelihoods of already vulnerable and food insecure population.

Similarly, the drought affected areas in Sindh province have almost similar livelihood patterns. The south-eastern districts bordering with India fall within an arid zone with recurring drought and very high rates of wasting and malnutrition. These areas are at high risk of severe food insecurity due to COVID emergency which has rendered most of the daily wage earners without money to access food or agriculture inputs.

Locust Emergency and Affected Areas:

Since March 2019, the south-west Asia regional desert locust outbreak has affected around 38 districts across four provinces of Pakistan. The initial assessments suggest around 115,292 hectares of crops are presently damaged, coupled with serious damages to the grazing land and forest areas. The damage to crops is expected to increase across 2020 with two further generations of locusts anticipated.

This is the worst infestation in the country in over 25 years, prompting the Government to declare a national emergency at the beginning of February 2020. Pakistan lies on the route of migratory locust swarms, both from the west and east and it has both summer (Sindh, Punjab) and winter/spring breeding areas (Balochistan). The current and near-future desert locust scenario of Pakistan is a challenge because of the geographical distribution of the locust infestation areas in different provinces of Pakistan and the lack of locust control operations in Iran. Concerted efforts are required to eradicate this outbreak and curtail negative consequences for food security, nutrition, and livelihoods of the farming households across the affected provinces of Balochistan, Sindh, Khyber Pakhtunkhwa, and Punjab.

Winterized Emergency and Affected Areas:

In January 2020, unprecedented heavy snowfall, cold temperatures and rain coupled with avalanches adversely affected the lives and livelihoods in many districts of Balochistan, Pakistan Administered Kashmir (PAK), Gilgit Baltistan, and Khyber Pakhtunkhwa. The provincial disaster management authority (PDMA) of Balochistan declared a state of emergency in eleven districts of the province. In the case of AJK, three districts (Neelum, Jehlum, and Haveli) were notified by the state government as the worst hit.

The Food Security and Agriculture Working Group (FSAWG) partners provided targeted emergency food aid to 30,000 snowfall affected households in the 11 notified districts of Balochistan. Blankets and lifesaving food aid was provided to more than 14,000 snowfall affected households of AJK. The challenging food distribution activities were successfully carried out due to FSAWG members' extensive presence at the community level. The FSAWG partners utilized local community connections established during floods, drought response and nutrition interventions for emergency food aid.

TDPs / returnees:

People in the newly merged districts of Khyber Pakhtunkhwa (former FATA) have experienced considerable instability caused by terrorism and military operations for over a decade, which have caused large scale population displacement. This has heavily impacted people's livelihoods, limiting food and livestock production, food consumption, and disruption to rural infrastructure and markets. While there have been significant improvements in the security situation in recent months and over 95 % of TDPs now have returned to their native places in the newly merged districts of Khyber Pakhtunkhwa, there are positive signals of revival in people's livelihoods.

As per the IPC acute food insecurity analysis conducted in January 2020, around 1.20 million people (24% of the rural population) in 13 newly merged areas of Khyber Pakhtunkhwa are estimated to be currently in IPC Phase 3 (Crisis) and Phase 4 (Emergency). Out of 13 newly merged areas, 12 are in Phase 3 (Crisis) and 1 in Phase 2 (Stress). The recently conducted Comprehensive Food Security and Livelihood Analysis (CFSLA) by WFP and FAO indicated that 35 % of the population is still food insecure while 65% people remain dependent on unsustainable livelihood sources. In addition, around 100,000 people are still displaced as their areas of origin have not yet been declared clear for return by the Government. The COVID-19 situation will have drastic impact on this region as majority of the households are on the borderline of food security and are likely to become acutely food insecure due to this latest shock. Immediate attention will be required to inject food assistance and food production support into the area to minimize the impact of COVID-19 on people's livelihoods.

Support to Refugees:

For more than 40 years Pakistan has generously hosted one of the world's largest refugee populations. With a significant number of the refugee population working in the informal sector, within small businesses or relying solely as daily wage earners in the construction or transport sectors to survive. They are among the population with limited coping mechanisms are most impacted by the measures imposed to curb the spread of COVID-19, as it limited their opportunities to earn income and access food. The need for food assistance and food production support is essential to mitigate food and household insecurity and assist in mitigating any potential civil tension. The partnerships between FAO and WFP, together with UNHCR, provide the platform to assist and support the refugee population.

ONGOING RESPONSE

In 2019-2020, the FSAWG partners have provided targeted emergency and recovery assistance to the population affected by various emergencies in Pakistan. Nevertheless, funding limitations remained a major challenge to meet the needs of all the people in need for almost all emergencies.

- Through the Drought Response Plan for Sindh and Balochistan FSAWG members have received USD 16.4 million (47% of the required funding) to provide critical emergency food security and livelihood assistance to 2.1 million people.
- For the Winter Emergency Response 2020 for Balochistan and Pakistan Administered Kashmir, the FSAWG members have mobilized around USD 2.194 Million to respond to the immediate needs of 0.5 million people.
- The Government of Pakistan has put in place a national response plan above USD 44 million to control locust infestation across all affected provinces. FSAWG members have successfully mobilized USD 1.7 million to support the Department of Plant Protection in surveillance, control, monitoring and forecasting of locust infestation across all affected provinces.
- In order to cater the food needs of TDPs, the FSAWG members resourced USD 27 million for the TDPs programme from 2018 till March 2020. This also includes innovative resourcing where the in-kind wheat was provided by Government of Pakistan and twinning funds (milling and cost for oil, pulses and salt) were provided by other donors.
- FSAWG members have mobilized USD 38 million to support rehabilitation of critical livelihoods assets of communities affected by crises, and drought from 2018-March 2020. The restoration of key community assets including rehabilitation of physical assets resulted in quick recovery whereas capacity building initiatives focused on building community resilience against shocks.
- The government has launched Ehsaas cash emergency aiming to provide PKR 12,000/HHs to 12 million families.
- To date FSAWG members have only received GBP 0.7 million to provide cash for livelihood support coupled with awareness raising on safety and precautionary measures to prevent the spread of COVID-19 during unavoidable agriculture labor activities.

SECTORAL NEEDS AND GAPS:

The majority of those targeted for assistance will be daily wage earners, small-scale men/women farmers and agriculture labor dependent on sustenance agriculture, livestock rearing coupled with precarious agriculture and non-agricultural jobs. These vulnerable groups have limited capacity to access the food production inputs to purchase food and struggle to meet their food and nutrition security needs. It is feared that the COVID-19 pandemic may exacerbate the adoption of the negative coping strategies, such as limiting

dietary intake and diversification, distress sale of productive assets and seed stocks and borrowing at exorbitant mark-ups in order to meet their household food and non-food needs.

The ability of markets to supply a diverse range of staples, meats, fruit, and vegetables will vary greatly throughout the country, depending on the function of food transportation, storage and market factors. Markets in remote and border areas are already beginning to show signs of failure

Disruptions to the production, supply and access to agriculture and livestock inputs (certified seeds, fertilizers, agriculture machinery, animal health products) and the provision of agriculture and livestock services are beginning to occur. A lack of cash within households will also prevent subsistence agriculture and livestock farmers from accessing necessary and seasonally dependent inputs. The FSAWG response plan is cognizant of the need to provide immediate and sufficient cash/social protection/food/food production assistance combined with the agriculture/livestock inputs support (in-kind, technical advice or cash) and COVID-19 awareness raising to maintain health and protection of the food/agriculture value chain actors.

STRATEGY:

The overall objective of the FSAWG's COVID-19 response plan is to "provide life-sustaining food security and livelihood protection assistance to the people most vulnerable to the COVID-19 pandemic for improved food security, nutrition and resilience". The FSAWG sector response plan has been designed by considering the prevailing needs of the disaster affected people, who remain more vulnerable to the adverse consequences of the pandemic due to their recent exposure to shocks and their inability to meet food and livelihood protection needs. The sectoral response plan also aspires to augment the efforts of the Government of Pakistan to enable the most vulnerable people in meeting their food consumption and other basic needs without resorting to detrimental negative coping strategies. It is based on the premise that a combination of immediate cash/food/food production and agriculture-based livelihood protection assistance will enable those most vulnerable to the current emergency to protect their livelihoods and revive/resume productive activities. This will substantially contribute to livelihood sustenance, ensuring the availability of sufficient quantity and quality of food at the household level, as well as food security and self-reliance.

Operational Capacities:

Both FAO and WFP have extensive field outreach with FSAWG partners through their field presence across the country and systems in place to identify vulnerable households and initiate robust humanitarian response while adopting COVID-19 preventive measures.

This includes ensuring food security of the affected households through in-kind food and cash transfers and household food production. FSAWG partners will provide timely responses by capitalizing on existing capacities and synergies between partners and have already started undertaking cash-based transfer programs in remote districts with vulnerable populations. FSAWG partners' multiple range of delivery mechanisms will include food transfers, cash transfer, value vouchers, technical support and direct input supply to ensure delivery of humanitarian in all conditions.

WFP will provide FSAWG partners with access to its well-established cash delivery platform to support the efficiency and effectiveness of cash transfers. Similarly, for in-kind assistance, WFP can assist FSAWG partners with the procurement and delivery of food for distribution. WFP has a long-standing partnership with the Government of Pakistan under which in-kind wheat donation of the government is combined with the other food basket items through matching funds from donors. The wheat is milled, stored and delivered for timely distribution to the TDPs each month. WFP is already in discussion with the government to use the same arrangement for in-kind lifesaving food distribution to the most vulnerable population impacted by COVID-19.

FAO is currently operational in all four provinces and regions of Pakistan with more than 400 technical, administrative and field staff working. FAO has a multidisciplinary team of specialists in the field of agriculture, livestock, and animal health, who will be rigorously engaged in planning and implementation of the proposed interventions and support FSAWG partners and guide them on agriculture based livelihood programme in response to covid-19 pandemic and access to quality agriculture and livestock inputs for upcoming and Kharif and Rabi seasons..

The FSAWG partners, in coordination, will continue to assess and monitor food insecurity throughout the country. FSAWG partners will continue to contribute to RECC messaging campaigns in vulnerable districts, in-consultation with the local government administration, and will engage local communities and farmer networks to increase the coverage of the communication campaign.

Immediate Measures for a Well targeted Response:

To cope with anticipated food shortages in the remote and vulnerable areas, in case the ongoing lock-down is prolonged and to further augment government's announced relief packages for the most vulnerable, the government together with UN partners should reinforce contingency food stocks and pre-position them at strategic locations making use of food department warehouses and Humanitarian Response Facilities which can be quickly dispatched to these areas for distribution to avoid the happening of a humanitarian emergency.

Unconditional Food/Cash Assistance:

Unconditional cash assistance will be provided to vulnerable people in urban and rural areas where markets are found to be working efficiently to supplement other government supplements to avoid hunger and poverty, and to sustain consumption and markets, ensuring that vulnerable households have access to food. The unconditional cash assistance will be also provided to those who were suddenly unemployed, those who have migrated back to home provinces and villages and are without employment, those running their own farms in absence of labor and women-headed households in rural areas. It will be ensured that payments are gender inclusive, as women's burden under lockdown increases has increased, including unpaid work in fields or as livestock caretakers.

WFP in collaboration with government and FSAWG partners have the capacity to quickly expand its existing coverage for humanitarian assistance in the context of COVID-19. WFP is currently providing conditional cash-based transfers to the drought affected families of Tharparkar and Umerkot in Sindh province and Chagai and Washuk in Balochistan province. Similar conditional programmes will be rolled out in May 2020 for crises affected people in five of the most food insecure districts of the former FATA.

In addition, WFP will provide lifesaving food assistance in collaboration with the Government on a monthly basis. Unconditional food assistance will be provided to the most vulnerable households impacted by the lockdown, in areas where there are indications of market failure or market access issues. Support in the form of in-kind transfers would be accompanied by nutrition and COVID-19 communication information. This support will be coordinated with nutrition specific support activities undertaken by Nutrition Working Group partners.

Crops Production Support:

Crop production support will address the issue of the shortage of certified seeds, fertilizers and other agriculture inputs for the resumption of agriculture activities. Without this support, the most vulnerable farming households will not have the inputs for the upcoming rabi season 2020/21 and may miss sowing crops or have to resort to negative coping strategies to meet their crop input needs. The farming households will receive quality input packages (wheat, rice, legumes or fodder seeds and fertilizers) packages for the various cropping seasons.

Nutrition sensitive household food production activities, targeting women, will be used to increase the availability and continuity of a nutritious and diversified diet. Technical production assistance, food utility and nutrition support will be provided to women and vegetable seeds and garden tools will be distributed. The conduct of these activities will be coordinated with other nutrition specific interventions to increase the effectiveness of this intervention.

Smallholder farmers, traders, storage facilities owners will receive emergency cash/in-kind assistance to support the harvest and post-harvest management of crops and to assist with proper food storage to overcome food losses. Likewise, FAO will also work to create opportunity to use the digital platform ensuring market linkages of smallholder with low end and high-end markets and cope with situation created by the countrywide lockdown.

Livestock Support:

Smallholder livestock farmers will receive livestock support in order to gain the greatest economic return from their livestock. Smallholder livestock farmers will receive support and advice to manage destocking, selling livestock through Eid Mundis and animal health assistance. Likewise, fodder production packages, small scale livestock businesses (dairy/milk shops/poultry shops/hatcheries), as well as critical livestock markets, will also be reached through the provision of support packages to facilitate the revival of their economic activity.

Cash for Agriculture Livelihood Support:

Needs based and gaps informed cash for livelihood support will be targeted at restoring livelihoods and assets lost during the COVID-19 crisis. Existing government social safety net beneficiaries (poor and smallholder men and women farmers) will be targeted through a cash top-up for the resumption of agriculture-based livelihoods. The cash needs of the vulnerable households will also be met through cash for work for rehabilitation/construction of community infrastructure (irrigation infrastructure, soil conservation, land management or other small-scale public works), thus contributing toward the revival of the rural household economy in an effective manner.

Awareness Raising to ensure the health and safety of all actors in agriculture production value chains:

The FSAWG partners will work closely with WHO/UNICEF to share messages and raise awareness of COVID-19 protection measures among agriculture and food chain actors. Awareness raising activities will be conducted through various communication channels including SMS messages, social media platforms, local radios as well as announcements through loudspeakers.

Infection prevention controls will be demonstrated to market commissions and other municipal and commercial representative organizations to reduce the likelihood of food markets being a place where COVID-19 transmission occurs.

Key messaging for COVID-19:

While the COVID-19 outbreak is essentially a health crisis, the impact on the food security of millions is all too apparent and especially on those whose lives have already been threatened by climatic shocks and displacement. We must do all we can to ensure that the health crisis does not become a food crisis that itself can even more quickly overwhelm communities and curtail future livelihood opportunities.

Integration with Key Partners:

WFP and FAO have vast experience of integrating their programmes with other UN and NGO organizations in the targeted geographic areas. Programmes will build on existing relationships and use the opportunity to deepen integration to support early recovery and sustainable outcomes.

CHALLENGES:

There are huge unmet food security and livelihood needs of the identified vulnerable populations described and who have been affected by various emergencies. The limitation of this appeal is that the provision of support will be a function of available financial resources. The appealing organizations therefore need to be mindful of the risks associated with being unable to respond equitably across all identified vulnerable groups. Nevertheless, application of careful targeting following the agreed criteria will help to mitigate these risks.

Reduced and/limited availability of basic food items and agriculture inputs is feared, particularly in remote and border districts. Timely procurement and distribution of resources (cash or in kind) in hard to reach areas is also recognized as a challenge in several areas under consideration. Open, transparent communication and partnership with authorities is recognized as a pre-requisite to ensuring access and delivery to those most in need. Early availability of resources and strong coordination and collaboration among all FSAWG partners will be the key factors to make the provision of much needed lifesaving assistance possible.

Finally, coordination of efforts included within this plan alongside those considered for implementation in the Socio-Economic Plan will be essential to avoid duplications and develop synergies and complementarities. The effectiveness of different coordination fora at various levels (national, provincial, districts etc.) will also play a critical role in the success of this plan.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	PEOPLE IN NEED			PEOPLE TARGETTED			FINANCIAL REQUIRMENTS
	Female (PLW)	Male	Children (<5 years)	Female (PLW)	Male	Children (<5 years)	
Food Security							\$\$\$
	1.9 M	2.03 M	2.66	0.330M	0.344 M	0.449M	45 Million

Water Sanitation and Hygiene

6.26M	2.3M	10.89M	48
People in need	People targeted	Requirements (US\$)	Number of partners

Ensure access and provision of safe drinking water, appropriate sanitation, and promotion on safe hygiene practices including improved knowledge and practice of IPC for Covid-19 affected people and staff at healthcare, quarantine/isolation centers	Support efforts to ensure access to safe drinking water and hygiene promotion activities for the carry over caseload of drought affected communities.	Increase awareness in of general public on improved hygiene practice, with a focus on improved access to handwashing facilities in priority areas.
RELATES TO SPX 2.2 of GHRP SECTOR (SPECIFIC) OBJECTIVE 1	RELATES TO SPX 2.2 of GHRP SECTOR OBJECTIVE 2	RELATES TO SPX 2.2 of GHRP SECTOR OBJECTIVE 3

OVERVIEW

WASH projects in Pakistan will provide integrated water, sanitation and hygiene services to the people affected by emergencies, including COVID-19, and help to sustain affected communities in KP, Sindh, Balochistan and Punjab. The projects will target vulnerable populations, including Afghan refugees. The purpose of the WASH projects is to improve access to WASH services and contribute to Infection Prevention and Control (IPC) among COVID-19 affected population. IPC measures, combined with the wider COVID-19 response to deliver effective, evidence-based outbreak control and prevent further spread, will focus on ensuring appropriate interventions in potential high-risk areas (such as in schools and health care facilities) in accordance with the national response plan on COVID-19. The WASH Sector Working Group (SWG) members will engage to ensure an effective, efficient and coordinated response on IPC, among 2,300,000 people in Pakistan with improved access to WASH services and infrastructure, including refugees. This caseload includes 1,680,000 individuals affected by COVID-19 (207,500 individuals for WASH and IPC services at health care centres and schools and 1,680,000 individuals with hygiene messages).

The WASH response will ensure the mainstreaming of gender and GBV prevention in all interventions, as appropriate to the cultural context, and that the special needs of vulnerable groups are prioritized. The WASH SWG will ensure that no project is rated as gender-blind, meaning all the projects will be designed to adequately address gender needs. All working group members will be asked to involve the target population during all stages of the project cycle and decision making in order to ensure responsiveness to the needs of the communities and accountability to affected populations.

ONGOING RESPONSE

The WASH SWG will facilitate coordination on the 4W (who, where, when and what) matrix on weekly basis. Under the COVID-19 response, WASH services have been provided to 109 healthcare facilities, benefitting approximately 90,000 people. Over 250 communal points have been provided with handwashing stations, improving the ability of over 300,000 people to practice proper handwashing and raising awareness on the importance of handwashing in the fight against COVID-19. As part of the ongoing drought response in 2020, so far five drinking water supply schemes have been rehabilitated, benefitting 42,500 people and just over 77,000 individuals were reached with messages on safe hygiene practices. WASH services were also provided in 11 healthcare facilities, benefitting an estimated 100,000 people. A draft WASH sector COVID - 19 preparedness and response plan has been developed by the WASH SWG members.

SECTORAL NEEDS AND GAPS

Based on the data collected from the various sources, the WASH sector will be targeting a caseload of around 2.30 million individuals with WASH services under the emergency response including COVID-19. The response will include both WASH infrastructure investments and behaviour change and community education components. With currently available resources, sector partners will not be able to cover more than 20% of the caseload for activities under COVID-19. Similarly, based on available resources, the coverage for affected communities for all interventions amounts to around 14% of the total targeted population. There is a huge gap in services, with more than 1 million people in need of WASH services. The needs of the long-standing Afghan refugee population stand at about USD 0.45 million.

STRATEGY

Prioritization of the response for COVID -19

The nature and scale of the response for COVID-19 requires large scale response with prioritization of hotspot areas. The suggested interventions will include:

1. **WASH and Infection, Prevention and Control (IPC) package in priority health facilities, isolation and quarantine centres.**
 - Provision of appropriate WASH installations in priority health facilities targeted for treating COVID-19 cases: water supply, hand-washing facilities with soap, chlorine powder and lime for disinfection of contaminated surfaces. Where needed and feasible, this may include installation of reverse osmosis water treatment plants or direct treatment with purification tablets at end user level.
 - Water quality monitoring and chlorination at hand washing stations in health facilities and public places along with provision of environmental cleaning kits.
2. **Ensuring access to preventive measures against COVID-19 through community outreach and mass communication**
 - Ensuring access to Government of Pakistan approved information on preventive measures against COVID-19 through social and mass media, radio jingles, leaflets, posters, billboards and television shows.
 - Utilizing existing mechanisms such as Clean and Green Champions, Ehsaas programme and other community and government structures to provide materials for effective community outreach activities.
3. **Enabling means for good hygiene practices**
 - Installation of hand washing stations at key public places and distribution of soap and disinfectants.
 - Provision of disinfection supplies, including chlorine, etc. to public and private local water service providers.

Hygiene promotion, large-scale communities will be engaged using social and behaviour change approaches to ensure preventive community and individual health and hygiene practices are in line with the national public health containment recommendations. These efforts will be aligned under the Risk Communication and Community Engagement (RCCE) strategy as part of the Ministry of Health's strategy, that has the following objectives:

- Provide timely and accurate information to families and communities to limit human-to-human transmission including reducing secondary infections among close contacts and health care workers,
- Promote positive behaviours among families and communities related to prevention and response to corona virus infection,
- Communicate critical risk and event information to all communities and counter misinformation,
- Engage with communities in order to collectively respond to Corona Virus.

For affected communities, the strategy continues to support:

- Provision of safe drinking water through repair/rehabilitation/installation of non-functional and new water supply schemes and water filtration plants;
- Provision of WASH services at health care centres through repair/ rehabilitation and installation of WASH infrastructure; and
- Hygiene promotion for vulnerable population, including the messages on importance of hand washing at critical times and the use of various household water treatment options.

CHALLENGES

Challenges to continued roll out of the strategy include:

- Lack of resources required to scale-up the response in line with needs.
- Continued access to affected populations. Social distancing and lockdowns have required agencies to employ alternative strategies regarding communication. The effectiveness of these strategies can only be evaluated over time.
- Lockdowns may limit the speed at which infrastructure is improved.
- Various strategies will need to be employed to ensure sector partners are able to reach the most vulnerable.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	PEOPLE IN NEED			PEOPLE TARGETTED			FINANCIAL REQUIREMENT S
	Female	Male	Children	Female	Male	Children	\$\$\$
WASH	1,85 1,708	1,779 ,092	2,62 9,200	69 0000	6 67000	94300 0	10,890,00 0

Education

1.1M	210,000	4M	7
People in need	People targeted	Requirements (US\$)	Number of partners

Children affected by educational activities disruption have access to alternate learning opportunities	Once educational activities are resumed children and teachers have access to safe schools and strategies are in place to mitigate the risk of drop-out	Teachers, parents, students and education personnel are aware of COVID-19 preventive measures.
SECTOR OBJECTIVE 1 (SPECIFIC)	SECTOR OBJECTIVE 2	SECTOR OBJECTIVE 3

OVERVIEW

In March 2020, the Government of Pakistan announced the closure of all schools and educational institutions in the country up to the 31 May 2020 to mitigate the risk of spreading the new coronavirus. This had a major impact on an education system already suffering from structural weaknesses, including a learning crisis and 22.8 million children out of school. The COVID-19 related interruption to schooling affected 51 million children, of which 417,000 refugee children.

School closures have a massive impact on the most vulnerable groups, first in terms of loss of learning. Moreover, during other crises, the structure, purpose and interaction with peers that schooling provides helps children and adolescents cope with or maintain some sense of normalcy during a crisis and recover more quickly. This critical role of schooling is compromised in the COVID-19 crisis. Furthermore, in low-capacity environments, such as rural and drought affected areas and refugee villages, schools are often the only permanent structure in the community. Teachers are often among the most educated in these hard-to-reach and impoverished areas. They can serve as communication campaign advocates to help reach the most disadvantaged children, including mitigating the risk of further student drop-out.

ONGOING RESPONSE

Until the COVID-19 outbreak in Pakistan, the education sector responded to the need of the most vulnerable children and adolescents through Alternative Learning Programs (ALPs), as well as strengthening schools in disadvantaged districts through various interventions. ALPs provided children and adolescents, in particular girls, who had dropped out or had never been to school with alternative education opportunities. These education programs are currently on hold, and education partners are working with the Federal and Provincial Government to identify new solutions based on the needs and strategy outlined in the next section. Education partners are also stepping up their support to strengthen WASH facilities in schools, especially in remote and disadvantaged areas, including 54 Refugee Villages, for when schools will reopen. Furthermore, partners are strengthening their outreach to communities for wider dissemination of information on the prevention of COVID-19 and all possible learning alternatives during the unforeseen school closure.

Sectoral needs and strategy

The Education Response will have four main objectives:

- 1. Prepare crisis response plans, and undertake rapid risk analysis, data collection, and planning for the reopening of schools.**

In order to plan an appropriate response for the education sector the partners will provide support and technical assistance to the Federal and Provincial Ministries of Education as needed, including conducting data collection, risk analysis and situational assessments.

- 2. Ensure continuity of learning and access to remote learning programs**

With the closure of all schools and educational institutions till the end of summer vacations and provisional

rescheduled critical examinations in June-July, the sudden interruption of educational activities leaves children cut off from education, potentially exposed to increased protection risks, and increasing chances of drop-out once the school will reopen, especially among the most vulnerable population groups.

To mitigate these risks the education sector will implement solutions to promote continuity of learning for children:

- Education partners will support the Government in developing educational content to be broadcast on TV, radio and online platforms to reach the highest number of affected children.
 - Education partners will identify alternate offline distance learning solutions for hard to reach areas and areas with no or limited network coverage. This will include distribution of worksheets and learning materials, and home-schooling solutions by providing teaching materials to parents or other adults in the household with the needed level of education.
- 3. Planning and implementation of safe school operation and risk communication including translating, printing, disseminating and implementing safe school guidelines; equipping schools with hygiene packages and circulating critical information on disease prevention; and training teachers and caregivers in psychosocial and mental health support for themselves and students.**

School reopening will require an additional effort to make schools safe for children and teachers and create a conducive learning environment. This will entail development and implementation of safe schools guidelines, sanitization of schools (including special measures for schools used as quarantine centers); provision of catch-up classes; ensuring all children get a fair chance to prepare for critical exams, and psychosocial support for children and teacher (dealing with stigma and discrimination). Tailored communication and PSS will be needed for parents, children, and teachers in communities where schools have been used as quarantine centers. Education partners will support PSS and safe school guidelines training for teachers and SMCs' members. Partners will identify solutions to provide training and conduct mobilization activities using remote solutions to avoid bringing people together and reduce the risks of spreading the corona virus. In order to mitigate drop-out risk once schools reopen due to increased household poverty, a cash transfer program for children in grade 6-10 to facilitate their access to livelihoods is envisaged.

Awareness raising and dissemination of COVID-19 preventive messages to Education managers, headteachers, teachers and parents (SMCs, PTMCs) will be a central element of the education response. Education partners will support the dissemination of relevant messages, approved by the Government and the RCCE COVID-19 Taskforce, to all tiers of education infrastructure at the provincial and district levels. Messages will be disseminated via SMS, social media and radio.

- 4. Enhance knowledge sharing and capacity building for the current response and future pandemics.**

Partners will conduct ad hoc studies on the COVID-19 education response and its impact. Some areas of investigation will be new solutions for remote learning in rural and hard to reach areas and impact of the education disruption on enrollment and retention. These studies will also document the emergency response and identify lessons for planning for future pandemics.

ONGOING RESPONSE

The education sector is facing multiple challenges in implementing its response:

- Traditional education in emergency response strategies include face-to-face training, education activities and social mobilization. In the COVID-19 emergency response these activities must be substituted by remote solutions such as online, TV and radio learning. Given the limited outreach of these media identifying suitable online and offline solutions to reach communities and beneficiaries is posing an extra challenge and implies a higher cost of the response in terms of financial, human and technical resources.

- Different provinces and target groups, and especially vulnerable groups such as refugees and migrants, have specific needs and challenges arising from lack of proficiency in languages most commonly used within the education system, remote locations, lack of access to electricity, internet connectivity, tv or radio coverage, among others. The need of tailored responses for each province and for different target groups makes it complicated to develop and implement a harmonized response strategy.
- Funding shortfall resulting in unmet critical needs.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	PEOPLE IN NEED			PEOPLE TARGETTED			FINANCIAL REQUIRMENTS
	Female (PLW)	Male	Children (<5 years)	Female (PLW)	Male	Children (<5 years)	
Education			1135100	126,000	84,000	210,000	\$\$\$
							4,050,000

Nutrition

3.06M	0.7M	11.5M	Provincial Department of Health, UNICEF, WHO, WFP, FAO Nutrition implementing partners/CBOs
People in need	People targeted	Requirements (US\$)	# of partners

Nutrition sites are safe for service providers and their clients	Girls and boys less than five years of age and Pregnant and lactating women access appropriate nutrition services (CMAM, IYCF, Micronutrient supplementation)	Mothers and caretakers in targeted communities' access skilled support for appropriate maternal, infant and young child nutrition (MIYCN)
Related to SP 1.6, 2.2, 3.1 of GHRP	Related to SP 2.2 & 3.1 of GHRP	Related to SP 2.2 & 3.1 of GHRP
SECTOR OBJECTIVE 1 (SPECIFIC)	SECTOR OBJECTIVE 2	SECTOR OBJECTIVE 3

OVERVIEW

Pakistan remains affected by the malnutrition crisis in Sindh and Balochistan provinces, as well as the protracted crises situation in Khyber Pakhtunkhwa merged districts. The country has a global acute malnutrition (GAM) rate of 17.7 per cent, exceeding the emergency threshold. In Sindh and Balochistan provinces, which are experiencing drought-like conditions affecting 5 million people, the GAM rate is double the emergency threshold, exacerbating hardships for communities already vulnerable due to chronic poverty and food insecurity, including over 1.4 million refugees. Over 97 per cent of displaced families had returned to Khyber Pakhtunkhwa tribal districts, however, most of these family's lack access to basic services including nutrition. In addition, the country is facing COVID outbreak crisis. Since the outbreak of the COVID-19, Pakistan in line with other countries, has restricted movement, closed non-essential business and administrations to curtail the spread of the virus. These measures will soon have serious implications for the food security and ability of those depending on daily wages to access health services when in need. Proportion of food insecure households is high in Pakistan (71%) with poorest households (lowest wealth quintile) being more affected. An increase in cases of malnutrition is therefore expected as the result of the COVID-19 outbreak and will most affect the less privileged. Adequate nutrition is known to enhance immune system and in return will help to fight the Coronavirus. It is therefore critical to ensure uninterrupted delivery of promotional, preventative and life-saving nutrition services while at the same time ensuring that the vulnerable beneficiaries and the service providers are protected from the infection. It is reasonable to assume that such children are at higher risk of COVID-19 related pneumonia.

ONGOING RESPONSE

WFP, UNICEF and WHO continuing its CMAM programme to treat acute malnourished children under 5 years of age and pregnant and lactating women in the drought affected districts of Sindh & Baluchistan and in tribal districts of KP. Responding to the drought in Sindh and Balochistan provinces, UNICEF Pakistan supported Departments of Health, Government of Sindh and Balochistan, in ensuring the provision of life saving mother and new-born child health (MNCH) services to the affected population with focus on children less than five years of age and pregnant, lactating and childbearing age women. In addition, the CMAM Surge pilot project is being implemented by WFP in District Umerkot, Sindh. Government funded project

namely AAP in Sindh, SPRING in tribal districts and recently winded up BNSP-Balochistan did provide nutrition services with varied geographical and low programmatic coverage.

SECTORAL NEEDS AND GAPS

A scan of the current programmatic environment revealed that there are CMAM programmes going on to address acute malnutrition in most affected districts, with support from the World Bank, European Union and from humanitarian partners involved in drought response, however unable to moves beyond 25-30% coverage of wasting management. To ensure that no province under COVID outbreak is left behind, this COVID sector response plan will contribute to addressing high prevalence of wasting in most affected districts of Pakistan.

In addition to the worsening nutrition situation as described by NNS 2018, tribal districts of KP have burden on existing nutrition services which are not at scale and present with patch coverage. Hence COVID situation will exacerbate the prevalent situation of wasting.

In 2018 the Government of Balochistan declared emergency in the context of the prevailing drought like situation in Balochistan. In Jan 2020, the government of Balochistan has declared another emergency with the recent Flash floods and snow fall in 15 Districts. In case of Balochistan protracted drought like conditions coupled with poor availability of and inadequate access to health and nutrition services will endanger lives of already vulnerable children and mothers if not handled as an emergency. This trend indicates an alarming situation, and when coupled with COVID outbreak, poor governance structure, low coverage through public sector health facilities, fears of insecurity and unavailability of female care providers, risk of morbidity and mortality among children and pregnant/lactating women (PLW) increases if not addressed timely.

STRATEGY

Making nutrition sites and services safe for service providers and their clients: To ensure service providers are safe to come to work and for caregivers and malnourished children that going to the nutrition site it will not result in increased risk of infection by coronavirus. Toward this end service providers will be oriented of personal hygiene measures and standard precautions for health care providers who are treating acutely malnourished children and PLW. WHO recommends facilities including nutrition centres, to apply standard precautions (such as respiratory and hand hygiene measures) for all health care providers and malnourished patients for prevention and control of transmission of the virus. All nutrition sites will be supported for provision of hand wash facility, availability of hand sanitizers, soaps and water. Face mask and thermometer's availability will also be made sure.

Intensify efforts to prevent child wasting and sustain/ adapt existing nutrition services for the early detection and treatment of child and PLW wasting including measures to protect, promote and support breastfeeding, including among infected mothers, nutritious complementary foods and adequate complementary feeding practices, including responsive and active feeding during illness, and continued utilization of primary health care, where possible. This is to respond to anticipated increases in the prevalence of child wasting, due to the secondary socio-economic impact of COVID-19, and to ensure continuity of the provision of critical services for the early detection and treatment of child wasting while reducing the risk of infection among service providers and between service providers and children and planning for alternative options if and when delivery platforms become disrupted or non-functional. Following would be the activities;

- Treatment of acute malnourished children and PLW at health facilities/mobile nutrition services
- Micronutrients supplementation for children and pregnant and lactating women
- Counselling on Infant Young Child Feeding
- Social mobilization and community engagement

UNICEF, in collaboration with the World Food Programme (WFP) and the World Health Organization (WHO) will intensify efforts on the integrated life-saving nutrition services, including community management of acute malnutrition and infant and young child feeding, in health facilities and/or mobile/satellite sites to address severe acute malnutrition (SAM) cases. In line with the Pakistan HSP 2020 and Global Humanitarian Response Plans, UNICEF and partners will address government service delivery gaps,

focusing on vulnerable populations and areas due to COVID outbreak. UNICEF and partners will meet humanitarian needs in drought affected areas of Sindh and Balochistan, Khyber Pakhtunkhwa tribal districts and Winter affected areas by increasing access to life saving nutrition services through supporting and strengthening the health system and by building resilience.

CHALLENGES

Mobility restriction of health care providers in the targeted community is foreseen as major challenge, however mitigative measures are in pipeline to address this challenge. Closure of health facilities in partial and total lock down situation could be another anticipated challenge, which will be mitigated through alternative models. Declaring DHQ/THQ hospitals as COVID isolation hospital will interrupt the Stabilization Center services.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	PEOPLE IN NEED			PEOPLE TARGETTED			FINANCIAL REQUIRMENTS
	Female (PLW)	Male	Children (<5 years)	Female (PLW)	Male	Children (<5 years)	
Nutrition	0.24m	NA	0.46m	0.22m	NA	0.41 m	\$\$\$
							11.5 million

Logistics/Supply Chain Support For COVID Response

6.5M	2.0M	8.5M	NDMA & GoP
People in need	People targeted	Requirements (US\$)	# of partners

Augment National SC Capacity for COVID	Technical Assistance to the Government	Market Assessments of Vulnerable Distracts
RELATES TO SPX of GHRP	RELATES TO SPX of GHRP	RELATES TO SPX of GHRP
SECTOR OBJECTIVE 1 (SPECIFIC)	SECTOR OBJECTIVE 2	SECTOR OBJECTIVE 3

OVERVIEW

Pakistan is the 5th largest populous country in the world and has witnessed a rapid increase in confirmed COVID-19 cases from two confirmed on 26th February to 5719 confirmed cases and 96 deaths, as of 14 April 2020. There is an immediate need for a well-coordinated humanitarian response, including logistical support, in order to meet emergency needs and prevent further spread. The Government of Pakistan has already diverted all possible resources to fight COVID-19 but faces significant gaps in logistical capacity to enable response.

ONGOING RESPONSE

The Government is securing essential lifesaving equipment and supplies from abroad, supported by WFP services upon arrival in Pakistan.

WFP serves as NDMA’s logistical partner. maintains a strong field presence and has experience of rapid logistical scale up from past mega-disasters. WFP is well positioned to assist the government in COVID-19 response by providing supply chain and logistics support. The government relies heavily on WFP when responding to emergencies,

So far, WFP has provided 12 rub halls to PDMA Balochistan to store equipment and screen patients. WFP has procured 6 ultra-low medical grade refrigerators for medicines and installed three rub halls to NDMA, enabling the safe storage of medical equipment. There is an urgent need for more robust and predictable logistics and supply chain augmentation.

Ongoing WFP SC capacity development efforts continue to support the overall response. WFP expertise in market intelligence and assessment coupled with transport and warehousing will assist the government in an overall response strategy for COVID-19 and beyond.

SECTORAL NEEDS AND GAPS

- Inadequate capacity in Supply Chain infrastructure and preparatory needs with the Government / NDMA.
- Market instability and disruptions in market supply chain.
- Economic revival of the vulnerable population.
- Technical, specialized and targeted response.

STRATEGY

Coordination Mechanism:

WFP proposes the activation of a Logistics Working Group to serve as a platform for coordination among all partners; to identify and prioritize needs; and to ensure efficient delivery of equipment, food/non-food items

and services to where they are most needed. This will also ensure the strengthening and reinforcement of already existing warehouses and Humanitarian Response Facilities constructed by WFP and located at strategic locations in the country.

The Government is receiving huge consignments of equipment, tools and non-food items from national as well as international agencies. Existing infrastructure has proven to be insufficient to store, dispatch, deliver and manage these supplies, thus WFP will augment supply chain and storage facilities. WFP has already received and served multiple requests for technical support. WFP is already using all available stocks to support such requests, but requires additional resources to meet growing demands, after carefully reviewing them for viability.

Moreover, rapid market and retailers' capacity assessments across the most vulnerable areas will support the government and international/national humanitarian organizations in prioritizing assistance through a consistent approach.

Summary of action:

The proposed action is a priority intervention of the Government, which seeks to augment the supply chain network and other infrastructures as part of the immediate response to the current emergency triggered by COVID-19.

The proposed intervention will be implemented over a period of nine months. The objective is to support humanitarian emergency response through Supply Chain assistance, and help the government prevent further spread and delay the outbreak. WFP will deliver the following to all provinces including Federal Capital, GB & AJK:

- Strengthening of existing supply Chain infrastructure of respective provincial and federal governments
 - Reinforcement of existing HRFs (Humanitarian Response Facilities) & establishment of MSUs (small scale warehouses) as staging hubs.
 - Construction of staging hubs for storage of food & non-food items and cold storage for medicines (mobile warehouse units).
 - Prefabricated Mobile Laboratories/Clinics to support field medical response.
 - Mobile offices & facilities Small / medium sized generators.
- Development of SOPs for supply chain activities and operational management of facilities.
- Training of trainers, personnel and staff to manage the facility.
- Technical assistance for strategic stockpiling at national and provincial level.
- Market and retailers' capacity assessments and monitoring to support cash and voucher-based transfers.
- Development of SCOPE SC infrastructure to support the last mile family planning initiatives along with the public sector.
- Capacity building of response partners in supply chain

The response to the COVID efforts is in addition to the already ongoing WFP intervention in the country and other capacity development projects which will require continuous focus and divergence of resources. WFP shall also be accelerating efforts for ongoing response.

Implementation Arrangements:

The project oversight will remain with WFP Pakistan's Country Director; the Pakistan CO Finance Officer will be responsible for the allotment of funds. WFP project management lead will be the Head of Supply Chain who will be responsible for the implementation of activities and oversee a dedicated team of competent, experienced logistics and engineering staff based in Pakistan. WFP's Field Engineering Team from headquarters will provide technical backstopping services for the project. Key responsibilities of the team will include management of the tendering process for design and construction, monitoring of design and construction activities, targets and milestones, risk management, funds management, and reporting. The National Disaster Management Authority (NDMA), together respective Provincial Disaster Management Authorities (PDMAs) will form the Project Steering Committee, consisting of members from WFP, NDMA's

and PDMAs’ Operational Managers; NDMA will be responsible for overall coordination through the Steering Committee and all coordination with the partners will be ensured through the Logistics Working Group which will be activated by the NDMA.

WFP is already engaged on the augmentation of supply chain of the government initiative on family planning (SOLVE). The additional needs of the government will boost the government capacity to implement the initiative which is presently paced down due to lack of appropriate infrastructure.

These infrastructures, once developed, will include storage for relief items, temperature-controlled storage for sensitive and cold-chain items, offices, testing labs & isolation units, training facility and offices, perimeter fencing, space for heavy vehicle staging, loading and offloading, generators and other ancillary facilities. This will be carefully designed to observe environment-specific considerations and hazards such as earthquakes, climatic events, extreme temperatures, and wind factors.

Moreover, market and retailers’ capacity assessments for 14 Districts across Pakistan will provide a platform for intervention for a post-COVID response by the government or any intervening humanitarian entity. The 14 districts will be geographically spread over all provinces, GB and AJK based on highest vulnerability scorings and will be of great assistance in addressing needs. WFP available CBT and technical capacity (such as SCOPE, ROC etc.) can further strengthen the response capacity for the government for any intervention in the 14 districts which has tremendous expansion prospective.

Project Duration: 9 months.

CHALLENGES

- Inadequate resource availability to match a complete response requirement.
- Variation and inaccuracy in prediction of COVID outbreak and corresponding intervention requirements.
- Assessment of aftereffects on the economic conditions of the vulnerable population specially the already insecure households.
- Anticipation of the quantum, timeframe, and geographic spread of the emergency.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	PEOPLE IN NEED (Millions)			PEOPLE TARGETTED (Millions)			FINANCIAL REQUIRMENTS
	Female	Male	Children	Female	Male	Children	
LOGISTICS	3.25	3.39	35.4%	1.02	0.98	35.4%	\$\$\$ - Detail
							USD 8.5 Million

Cost Category	Amount (PKR)	Amount (USD)
Capacity Strengthening	783,150,000	4,894,688
Logistics and Handling Cost	65,716,100	410,726
Market/Retailers Capacity Assessment-14 Dist	82,320,480	514,503
SOLVE	58,392,800	364,955
Implementation /PMC @ 18.66%	184,655,512	1,154,097
Sub Total	1,174,234,892	7,338,968
DSC 8.68%	101,923,589	637,022
ISC 6.5%	82,950,301	518,439
Grand Total	1,359,108,782	8,494,430

Health

6.65	5.06	29.23M	4
People in need	People targeted	Requirements (US\$)	# of partners
Maintain and strengthen continuing access to quality essential primary health care services (with specific emphasis on maternal and child health) including Refugees, Un-documented Afghans (with ACC or without ACC), TDPs, Returnees, Drought affected, Post Winter Emergency	Monitor the health status of the emergency/ disaster affected population (Refugees, TDPs, Un-documented Afghans Returnees, Drought affected, Post Winter Emergency) and respond to disease outbreaks especially measles, leishmaniasis, malaria, Dengue etc.	Protect, assist and advocate for refugees, IDPs, migrants and host communities particularly vulnerable to the pandemic Upscaling risk communication and community engagement among all emergency affected populations especially the Refugees, Un-documented Afghans (with ACC/Without ACC), TDPs, Returnees, Drought affected, Post Winter Emergency	Crisis communication and community engagement
SECTOR (SPECIFIC) OBJECTIVE 1	SECTOR OBJECTIVE 2	SECTOR OBJECTIVE 3	SECTOR OBJECTIVE 4

OVERVIEW

The health systems in Pakistan is vulnerable to shock, such as the ongoing Covid-19 emergency. The per capita spending on health is US \$ 45 of which 70% is from out of pocket. The essential health workforce (Physicians, nurses, LHVs and Midwives) in Pakistan is 1.45 per 1,000 population (WHO, 22017; World Health Statistics Monitoring Health for SDG 3). This is below the threshold of 4.45 per 1,000 population. There are 0.6 hospital beds per 1,000 population. Over 50% of the population seek health services from private providers. Access to health care is poor in some districts in Pakistan according to an initial assessment carried out by Provincial Disaster Management Authority (PDMA) Balochistan in March 2019, in the district of Kech on Gwadar on average household members travel around 29 kilometers [range District Kech-50 kms and Gwadar -39Km] to the nearest health facility. The per capita OPD utilization was 0.4 which is far below the acceptable range of 1 to 1.2 in an emergency setting. The figure of per capita utilization of 0.4 in Balochistan implies that only 40% of the population do access health care. Findings from Health Resource Availability and Mapping (HeRAMs) assessment at Basic Health Units (2018) revealed that 42% (5/12) of the Basic Health Units (BHU) in Khyber district and 50% (6/12) BHUs in the Tribal District of Bannu was damaged. And the basic health units lack medical officers and Technical Officers. Regarding availability of services, less than 60% of the Basic Health Unite offer immunization services, under 30% of the BHUs manage children using the integrated management of childhood illnesses (IMCI) guidelines, less than 10% of health facilities conduct nutrition screening, Ante Natal Services (ANC) services is available in less than 30% of the health facilities, there is no BHU in Bannu offering all components of basic EmOC services and less than 25% of HF in Khyber offer all components of Basic EmOC. No BHU in Bannu offer Post-Partum care and less than 25% of BHU in Khyber offer Post-Partum care. As a result of the above, the health indicators in Pakistan is poor. For instance, institutional delivery in Balochistan province is 35% and EPI coverage is 29%. Against this backdrop, there are 85,470 women of reproductive age who are pregnant at the moment and in need of antenatal, perinatal, postnatal and safe delivery services in the coming months, including 9,497 deliveries in the upcoming month and 28,491 deliveries in next 3 months. Of these deliveries, about 2,222 deliveries require C-sections. Preliminary estimates show that 4,274 pregnant women will experience complications over the next three months.

That aside, Pakistan is prone to frequent outbreaks of diseases. For instance in 2018/19 alone Pakistan registered outbreak of XDR-Typhoid in Sindh province, over 9,817 XDR cases were registered, upsurge of

HIV in Larkana district of Sindh province in which over 1,000 cases were registered, outbreak of Dengue Fever in Khyber Pakhtunkhwa in 2017 (24,500 +ve cases and 77 deaths CFR 0.3%), Balochistan in 2019 with 2,527 cases and 3 deaths 0.1%). Leishmaniasis outbreak in the Balochistan and Khyber Pakhtunkhwa province (>90,000 cases). Measles - over 600 measles outbreaks in 2018. Acute Watery Diarrhea outbreaks in Gwader Balochistan province. Outbreaks of CCHF, Chikungunya and Malaria. High burden of TB especially MDR TB. Influenza – frequent localized outbreaks of H1N1, H3N2. The disease surveillance system in the country is weak and fragmented.

ONGOING RESPONSE

The UN supported the government of Pakistan to strengthen coordination to COVID-19 response through contributing in the development of COVID-19 National Action Plan, UN partner participate in government led coordination meeting and UN specific coordination structures. In addition, the UN led by the WHO supported the government to develop Strategic Preparedness and Response Plan for COVID-19. Specifically, UN agencies have developed Agency specific response plan for COVID-19. UN agencies are also supporting case management, disease surveillance, community mobilization and sensitization, laboratory confirmation and isolation of confirmed cases and quarantine of contacts. In addition, support is provided risk communication and community engagement, infection prevention and control as well as facilitating the procurement of Personal Protection Equipment (PPE) and continuation of basic health services.

The response to the COVID-19 pandemic within maternity care involves a 3-pronged approach:

- Protect maternity care providers and the maternal health workforce
- Provide safe and effective maternity care to women
- Maintain and protect maternal health systems

Proposed intervention strategy

1. Generate evidence on access, availability and readiness of the health systems to continue providing essential health services to the disaster/emergency affected population during the COVID-19 outbreak
2. Conduct task shifting including using students (medical students and other allied health workers) in the task shifting arrangement
3. Train health workers, community volunteers, opinion leaders and other community resource persons in the various topics specific to their area of expertise and areas of interventions
4. Where applicable use telemedicine platform to provide care and consultation for patients/clients to increase the outreach of the consultations using video conferencing facilities.
5. Develop and use helpline to disseminate information on COVID-19. Topics to discuss may include pregnancy, breastfeeding and respectful maternity care etc.
6. Raise awareness through radio channel, dissemination of flyers, posters and infographics on COVID-19 infection and related hygiene as well as COVID-19
7. Engagement with professional associations such as Pakistan Medical Association, Public Health Association and LHW Network and CSOs for general awareness and engagement against COVID19,
8. Introduce and operationalize telemedicine platforms and related e-learning packages for health care workers including midwives and women medical doctors, with their subsequent involvement in the provision of online antenatal, perinatal and postnatal counselling and referrals to emergency obstetric and neonatal care.
9. Ensure continued and uninterrupted supply of infection prevention and control materials and supplies, including personal protective equipment, and other medical supplies and materials (patient beds, operating tables, delivery tables, bed screens, stretchers, and trolleys), and anesthesia and resuscitation equipment (anesthesia machines, resuscitators, oxygen concentrators, suction pumps, incubators, etc.)
10. It is important that ANC, PNC and EmONC services are maintained in Health Facilities and the community level. Even if the number of women attending clinics are limited, they can be triaged at the community level, to ensure that those most in need are referred to health facilities

11. Launch a neighborhood watch initiative in areas where refugees and displaced populations live through involving lady health workers, community midwives and midwifery students to eliminate myths and misconceptions surrounding COVID-19,
12. Engage youth in promoting life skills-based education and awareness raising in COVID-19 infection prevention and personal hygiene practices.
13. Reproduce and disseminate flyers and posters on basic hygiene practices related to COVID-19 infection in line with WHO risk communication materials, as well as infographics on COVID-19
14. Development of e-registry of frontline workers from existing human resource data sources to facilitate communication of messages,
15. Training/capacity development of LHWs, CHWs, CBVs, vaccinators in Infection Prevention and Control (IPC) and awareness-raising to both reduce transmission and panic, and to improve care-seeking for fever or respiratory symptoms and diarrhea,
16. Strengthen referral mechanism from community to health facilities through provision of ambulance and other referral materials (forms etc.)
17. Provide support for data collection, analysis, compilation and dissemination of health records on availability of and access to health data from the local health management information systems for monitoring, reporting and informed decision making,
18. Establish temporal isolation facilities in the communities to cater for COVID-19 confirmed patients with mild or no symptoms to reduce spread of COVID-19
19. Support outreach activities to emergency/disaster affected communities residing far from the health facilities
20. Establish temporary treatment centres and medical post in disaster/emergency affected areas to cater for medical emergency, treatment of common ailments and provision of medicines and other medical supplies for people on long term treatment.

CHALLENGES

The areas in Pakistan which have borne the brunt of natural disasters and crises for the past two decades, have weaker health system as compared to the rest of the country. These areas include drought affected areas, refugee settlements and communities affected by conflicts. Recruitment, deployment and retention of health workers to those areas is a big challenge. The health infrastructures are few, spread apart, dilapidated and lack essential medical equipment and other medical supplies.

Achieving safe and quality health services during outbreak depends on availability of adequate workforce, in terms of numbers, skills, and relevant medical supplies, equipment and material for infection prevention and control. These elements are essentially important in containing and responding to COVID-19 and maintaining a continuum of care. In this respect, the protection of health workers, particularly the front-line staff (midwives, nurses, obstetricians and anaesthesiologists etc.), need to be prioritized as critical and lifesaving and they should be provided with personal protective equipment if they are treating patients with COVID-19.

The spread of the COVID-19 in these settings and communities (home to affected populations and refugees), which were already affected by crises, floods, drought in 2019 and heavy snowfalls in early 2020, will further aggravate the humanitarian situation, deteriorating human assets and rights. The poor disease surveillance and response capacity in the disaster and emergency affected areas is another big challenge noting that Pakistan is prone to disease outbreaks like Dengue, Leishmaniasis, Malaria, Chikungunya, acute watery diarrhea, etc. this situation is further compounded by the poor coverage of immunization (measles and diphtheria). The risk of disease outbreak is high.

Poor funding of the current response to the emergency affected populations (particularly vulnerable populations such as refugees, un-documented Afghans, ACC cardholders, TDPs, returnees, the drought affected, post winter emergency). This will definitely impact on the capacity of the vulnerable population to respond to the effect of COVID-19. The COVID-19 outbreak has the potential to reverse the gains achieved so far in providing services to the vulnerable population and make existing vulnerabilities worse, limiting access to lifesaving health services as a result of movement restrictions, combined with the fear and household tensions.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	PEOPLE IN NEED (Millions)			PEOPLE TARGETTED (Millions)			FINANCIAL REQUIRMENTS \$\$\$ - Detail
	Female	Male	Children	Female	Male	Children	
UNFPA	85,470			85,470			3,000,000
UNICEF	1.84	1.86	0.62	1.24	1.26	0.43	9,540,000
UNHCR	0.31864	0.39956	0.6818	0.31864	0.39956	0.6818	9,492,882
WHO	3.663	2.987	4.5885	2.91	2.15	3.4914	7,200,000
Total							29,232,882

Protection

5.46M	1.3M	17.7M	10
People in need	People targeted	Requirements (US\$)	# of partners

<p>Advocate and ensure that the fundamental rights of refugees, migrants, TDPs, people of concern and host population groups who are particularly vulnerable to the pandemic are safeguarded, and that they have access to testing and health-care services, are included in national surveillance and response planning for COVID-19 and are receiving information and assistance.</p>	<p>Prevent, anticipate and address risks of violence, discrimination, marginalization and xenophobia towards refugees, migrants, TDPs and people of concern by enhancing wariness and understanding of the COVID-19 pandemic at community level.</p>
RELATES TO SP 3 of GHRP	RELATES TO SP 3 of GHRP
SECTOR (SPECIFIC) OBJECTIVE 1	SECTOR OBJECTIVE 2

OVERVIEW

With the current COVID-19 crisis, the situation of vulnerable populations in Pakistan, including refugees, undocumented migrants, disaster affected people, TDPs and other vulnerable groups such as people with disabilities, women workers in informal sectors, women and children particularly girls will markedly deteriorate. Women and girls are more likely to be affected in crisis with increasing stress, anxiety and loss of livelihood. Stakeholders need to be cognizant of safety and protection issue and measures should be taken right from the onset of the pandemic related emergency response. During this pandemic, women and children may be at higher risk of intimate partner violence and other forms of domestic violence due to heightened tensions in households and communities. The domestic burden placed on women also becomes exacerbated, making their share of household responsibilities even heavier. Moreover, given that women provide the main part of primary health care interventions including front-line interactions at the community level, they may become likely to be infected by the virus, given their predominant roles as caregivers within families and as front-line health-care workers.”

As of 2020, Pakistan hosts 1.4 million registered Afghan refugees holding a Government of Pakistan issued Proof of Registration card; with one third living in 54 refugee villages (32%) and two-thirds (68%) of the registered Afghan refugees and asylum seekers that live in urban or peri-urban areas alongside their Pakistani host communities.

ONGOING RESPONSE

Through the BISP/Ehsaas program and the Prime Minister’s Relief Fund for COVID-19, the government is providing cash transfers to households of Pakistani nationals that are worst hit. Non-Pakistan nationals such as the refugee group are not included in this program NGOs and private actors are also currently collecting donations and disbursing rations to affected households. Health systems strengthening and community empowerment through addressing protection issues of women and children and GBV prevention and response are ongoing interventions. Mental Health and Psychosocial Support (MHPSS) services, stigma prevention for the front-line workers, community and care givers, introduction of mobile applications enabling children, women and families including refugees to communicate and receive information on PSS and protection and stigma prevention through messaging. Efforts are also being undertaken to initiate income replacement terms and SOPs for quarantine centers.

SECTORAL NEEDS AND GAPS

All vulnerable groups including refugees and TDPs are disproportionately affected by the COVID-19 pandemic. The pre-existing vulnerabilities of such groups are further aggravated by the related stressors, including family anxieties, the disruption of means of income generation and subsistence activities, due to social distancing and government lockdown measures. While the Government of Pakistan has introduced interventions to help ameliorate the effects of the loss of income capacity for Pakistani nationals through the BISP/Ehsaas program, these measures are not extended to the refugee population. There will be significant impact on the large number of home-based workers especially women, whose bargaining ability will be further reduced, if the work continues at all. Reduced income can lead to increased spousal violence and discrimination against women. Likewise, the quarantine may increase the risk of gender-based violence from people living in close quarters. This situation is further aggravated by increased lack of access to information and protection services for people who most need it. Families, especially women and children will have to cope with anxiety and stress, increasing the need for mental health and psychosocial services (MHPSS).

STRATEGY

Cash Assistance

Cash assistance to the most vulnerable refugees families will be provided; and special attention must be given to Persons with Specific Needs (PWSNs) in order to mitigate the negative economic impacts caused by the loss of livelihoods for households that have been affected by the lockdown and social distancing restrictions to prevent the spread of COVID-19.

Cash-based interventions will strengthen community resilience and provide life-saving assistance to the most vulnerable refugee groups particularly PSWNs: unaccompanied elderly, individuals with disabilities, individuals with serious medical conditions; single parents, daily wage earners with large families whose jobs have been curtailed and, especially, women and children at risk. Providing cash to vulnerable families will also positively impact women and girls at risk within those families. This assistance by UNHCR will align with the criteria set by the BISP/Ehsaas program to support social cohesion and applied through the principle of “do no harm”. Assessments to identify these vulnerable populations within the refugee communities is being conducted through outreach to the affected communities and existing community structures in partnership with the Commissionerate for Afghan Refugees, Government of Pakistan.

Protection for undocumented Afghans in Pakistan:

Risk management and community engagement, with focus on increasing healthcare seeking behaviour. In partnership with the Government, WHO and UNICEF, disseminate key messages for undocumented Afghans to make them aware of the dangers of COVID, signs and symptoms, how to protect themselves and their family members, how to do hand hygiene etc. Risk communication through broadcasting of messages linked with community engagement is an important approach in addressing such crises, with an addition target group of undocumented migrants, which are potential source of transmission.

- Procurement, provision of PPE, masks, gloves, hand sanitizers, gowns and kits for healthcare staff located in areas with highest concentration of AFG migrants.
- Psychosocial and psychological support – for health workers and communities that host AFG migrants.
- Points of entry, support for health workers at border crossings/points of entry – for better screening; Cases surveillance and tracking – enabling data collection and reporting against disaggregated data; IOM expertise with the displacement tracking matrix tool (DTM), which could also play an invaluable role.

Child Protection:

An increase of child protection risks is anticipated in the current COVID-19 pandemic as has been observed in previous health related pandemics. Some of these may include: Physical and emotional maltreatment, gender-based violence (GBV), mental health and psychosocial distress, Child labour, Unaccompanied and separated children and social exclusion. Interventions include:

- Provision of Psychosocial Support (PSS) to those individuals or group of people who require care and support within facilities and in areas receiving suspected/infected people and families,

relatives and caregivers of such people through digital platform. However, if people demonstrate exacerbated distress and signs of mental health concerns or adverse reactions, they would be referred to specialized mental health and psychosocial support.

- Capacity building of relevant stakeholders including government officials and civil society organizations on MHPSS and strengthening case management and referral systems to prevent and respond to violence of children and women affected and provide care and protection for children in need of alternative care;
- Prevention of stigma, labelling and discrimination of people who are perceived to be infected or affected by the novel coronavirus. The promotion of correct information and addressing emerging myths and rumours including positive understanding and behaviours about 'social distancing' for general public as well as those suspected or affected by the novel coronavirus.

Gender Based Violence:

Immediate multi sectoral actions are required to address the need in order to ensure continuity of protection and right-based support and services for humanitarian affected population.

UNFPA will support strengthening the existing Hub and Spoke model and linking them with communities and service delivery points. Effective referral services will aim to reduce the consequences and burden of GBV and timely access to basic reproductive health services. To reduce the financial burden on the health system, both financial and human resources will realistically and rationally be organized between the "hub and spoke".

Increased risk of domestic violence in time of isolation will be addressed through involvement of different community groups. Young people capacity will be strengthened and used to build social cohesion for risk mitigation, community outreach in this crisis. Many young people's ease with technology will be vital in keeping communication channels open, informed and supportive of each other and the larger community and will play a critical role in disseminating accurate information on COVID-19, risk reduction, preparedness and response.

UNFPA and UNHCR will provide support to local health care system and communities in selected refugee villages to ensure access to basic health and reproductive health services. In selected camps there are mobile services available to support timely referral and regular medical psychosocial support to the communities including host communities. Pakistan, which ranks poorly in terms of gender equality and the implementation of human rights of women, an epidemic is likely to damage the social and economic fabric of society, while compounding gender inequalities faced by disadvantaged groups, including refugees and host communities. UNFPA is ensuring the continuity of lifesaving, multisector services for survivors of gender-based violence and the most at-risk women and girls.

UN Women is coordinating COVID-19 specific GBV response services being provided/supported by UNHCR, UNODC, UNFPA, WHO and UN Women, according to global Essential GBV Services Guidelines; and is supporting national and provincial partners to reactivate/enhance services for GBV survivors during lockdown, including helplines and shelter homes.

Women, Livelihoods and Protection:

The focus of interventions by UN Women will be on economic recovery solutions to facilitate 500 micro businesses owned by women and link 10,000 vulnerable and effected women with programs implemented by the Government and will be reached through SMS, messaging and Direct Contacts in the field. Total 6,000 vulnerable HBWs women will be identified and provided PKR 12,000 equivalent to the immediate cash grant the government is providing. Additionally, essential services should be provided to survivors of gender-based violence based on UNW Essential Services Guidelines which can help safeguard women and girls effected by GBV. For an effective referral and coordinated pathway key structures are important and should be considered essential services. These include shelters, helplines, police, judiciary, health, governance and coordination mechanisms. This does not include training but identifying and adapting existing structures and SOPs. During the COVID epidemic, keeping hotlines for GBV crisis response open and working is critical, and transitioning to remote and technological supports is key.

CHALLENGES

The economic impact of COVID-19 will have significant impact on the most vulnerable groups including refugees, migrants, TDPs and host communities due to the loss of income, restricted movement, reduced access to markets, inflation and a spike in prices. This situation may lead to increases in negative coping strategies such as hazardous forms of child labour and child marriage, for example. Host communities may limit the access of refugees, migrants, and TDPs to land and other natural resources that might have been supporting their basic needs, such as food and energy. These negative consequences may be alleviated to some degree by remittances from abroad, for those receiving them. Critical resources such as trained health workers and medical supplies are being diverted to respond to pandemic, thus leaving other essential services under-resourced and dysfunctional. Public movement directives of the Government resulting restrictions and social distancing will challenge the monitoring, implementation and assessment of the project assistance.

