



COVID-19

Rapid Need Assessment

International Rescue Committee, Pakistan

April 13, 2020

Executive Summary

There is currently a lack of data on the gaps in current response to the pandemic as well as its impact on crucial sectors. The IRC is proactively responding to the emergency at a global level, as well as through a comprehensive Pakistan specific COVID-19 Master Response Plan, of which Needs Assessment is a crucial component. Therefore, IRC conducted a country wide Rapid Needs Assessment in Dadu, Ghotki, Sukkur (Sindh), Noshki, Quetta, Killa Abdullah (Balochistan), RahimYar Khan, Multan (Punjab) and Peshawar, Swat, Mardan, D.I. Khan (KP). The findings are summarized below.

Health and WASH

At the government level, 33% of Government officials flagged the unavailability of PPEs for frontline workers as a key challenge. **At the community level** 88% stated that soap is used as a primary safety measure against the disease. In terms of preventative measures, 24% believed sanitizers should be used, 27% responded face masks, 47% responded the use of soap. Usage of these items is low with only 22% people in Sindh, 20% in KP, 7% in Punjab and 11% in Balochistan using these. 51% complained that the items are expensive, 37% reported unavailability in the market. **At the HH level** in terms of prevention, 35% responded handwashing with alcohol/soap and water was enough followed by 27% believing in social distancing.

Safety

At the government level, 83% of respondents perceived that quarantine and isolation centers were safe and inclusive for women, PWDs, children and the elderly. The most common stress factors included loss of livelihood, paying rent and other expenses. Inability to access education was cited as another major stress factor. Only 17% of respondents stated the receipt of reports of domestic violence, only in KP. Respondents noted the absence of, or lack of mechanisms for reporting GBV as a potential cause for this. **At the community level**, 65% reported loss of livelihood as the major stress factor for men and boys followed by borrowing money (33%) and violence against women (22%). **At the household level**, 41% noted extreme behavioral changes among family members. The elderly, PWDs and children were noted to be most at risk, with the health conditions of the elderly and unavailability of infant food/milk as major concerns. 21% reported the presence of chronically ill persons in the family. 25% of respondents believed COVID-19 stigmatizes, with religious minorities (43%), PWDs (13%) most discriminated against. Only 1.7% noted discrimination against transgenders.

Education

At the government level respondents noted that 100% of schoolchildren are at home. In terms of continuity, 91% of government and private education service providers have not taken any measures for continuity. 41% respondents think that institutes have planned for continuity in case of prolonged lockdown. Of these, only 11% of government and private institutes have e-education facilities, as per the respondents. All respondents highlighted technical support for educational

continuity while 68% highlighted financial support. **At the community level** 96% of community members stated the presence of school going children in their vicinity. 60% of these children are unengaged at home, 22% are being taught by parents, 9% reported schools are assessing homework over WhatsApp, while 3% are getting education from radio and 3% from online classes. **At household level**, 89% noted the closure of school's negative impact on children's education. Barriers include a lack of learning materials (38%) and 4% reported an inability to pay the school fees. In terms of alternate learning methods, 36% responded online classes, followed by WhatsApp (8%) and Radio (4%). Access to internet for school children is 18% in Balochistan, 9% in Punjab, 6% in Sindh, and none in KP. Access to TV is 52% in KP, 64% in Punjab, 39% in Sindh and 25% in Balochistan.

Economic Wellbeing

At the government level, 35% reported that food supply has been affected by the pandemic. 60% of respondents noted a decrease in people's income in the last 2 weeks. Cash support by government was noted as a major support required for recovery followed by food rations. In terms of agricultural productivity, 50% of respondents expect impact on harvesting and marketing current crops while 29% noted marketing challenges. 55% feel that farmers will face difficulties in arranging capital and inputs for next cropping season. **At the household level**, 65% of respondents reported disruption in livelihood due to shop closure (40%), no wages (38%) and job loss (4%). An average of 60% of respondents reported food shortages, however, only 22% stored additional food at home. Prior to COVID 70% people were eating food three times a day, during lockdown only 24% manage to eat food three times a day. Similarly, 54% people were able to eat two times of food in a day before COVID-19 but after crises and during lockdown only 19 % people manage to eat food twice a day.

Risk Communication and Community Engagement

At the government level all respondents in KP, Sindh and Balochistan reported reaching out to people with relevant messages on time while 80% in Punjab reported this. In terms of the presence of feedback mechanisms, only 83% in KP, 80% in Punjab, 67% in Sindh and 63% in Baluchistan responded to in the affirmative. Currently the government communication has focused on radio announcements (15%), mosque announcements (16%), establishment of emergency rooms (18%), banners and (21%) pamphlets (18%). **At the community level** a majority (85%) felt that there was awareness of COVID-19 in their community and people were aware of symptoms (74%). The elderlies were noted to be least aware (31%), followed by girls (22%), and women (20%). In terms of information, 28% were aware of protective measures, 24% of symptoms, 24% about transmission, while only 12% were aware of what to do in case of contracting the disease. When asked which mass media tools were available in their villages 43% mentioned mobile phones and landline connections, followed by television (30%) and Radio (24%). **At the household level** 97% of respondents had a basic understanding of the virus. In terms of risk factors, 27% noted people with existing physiological illness, 23% mentioned adults and 13% mentioned already ill people are at a higher risk.

1. INTRODUCTION AND BACKGROUND

IRC Pakistan has formulated a Master Response Plan to help contain spread of the virus. IRC's COVID-19 response is geared towards pandemic containment and mitigation spectrum. This Master Response Plan (MRP) builds upon and expands our global emergency response learnings and will help our teams, partners and local authorities to plan, prepare and respond to COVID-19 effectively.

A key aspect of IRC's MRP is to conduct need assessments at government, community and household level, in order to identify unmet needs at each level, with a focus on health, Water and Sanitation Hygiene (WASH), Education, Safety, Economic Wellbeing and Risk Communication. The assessment, conducted at the very initial stages of the COVID19 response will serve as a guide to design programming around the target areas based on ground realities and actual needs, particularly keeping the needs of vulnerable and marginalized groups at the forefront. Due to restrictions on public gathering and on ground movement, the IRC conducted this assessment using remote data collection methodologies and was able to rapidly collect the data due to its ongoing presence and rapport with communities and government in the selected districts.

2. OBJECTIVE OF THE RAPID ASSESSMENT

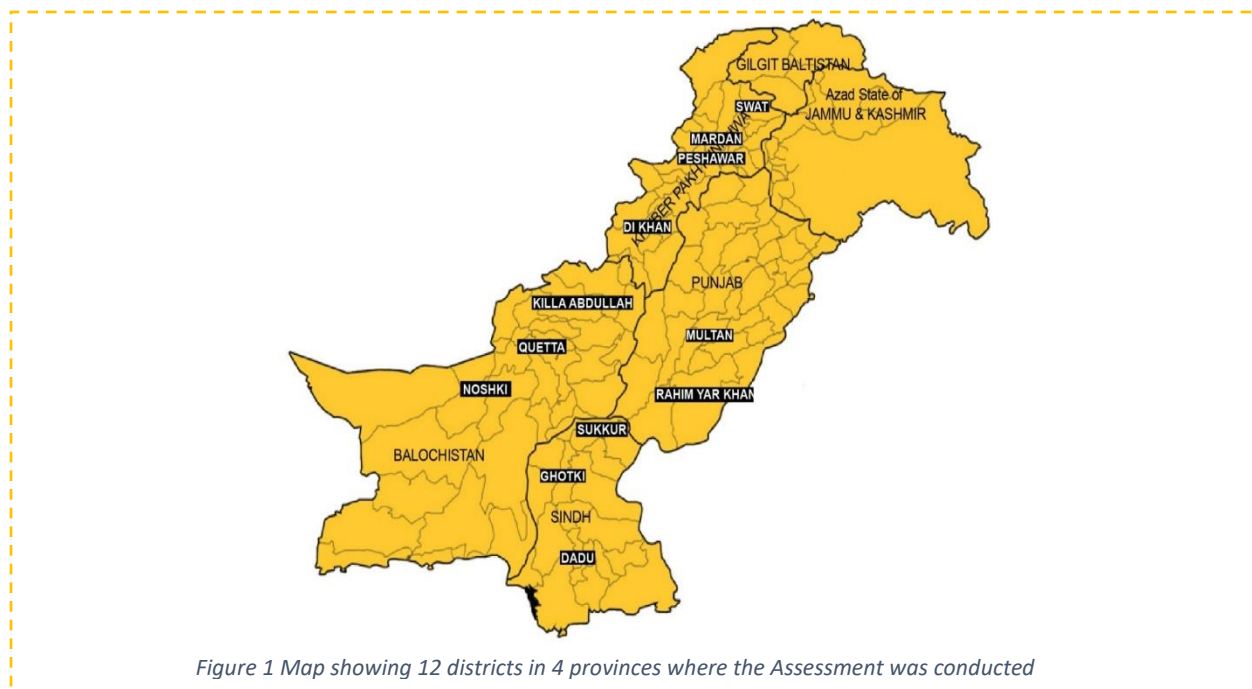
The Rapid Needs Assessments is aimed at learning the priority needs of the communities emerged amid COVID-19 across the 4 provinces of Pakistan. For cross-validation and authenticity, the perspectives have been captured and data has been collected from government, community leaders and representatives of selected households. Overall data collection has been compartmentalized to learn about communities' Basic Health & Hygiene, Safety, Education Livelihoods and information needs.

The findings will enable IRC-Pakistan to respond to the community needs and accordingly structure the response during implementation. The results of the RNA will also inform the ongoing project strategies amid COVID-19 and design new projects more effectively to assist the affected population.

3. METHODOLOGY

The COVID-19 Rapid Need Assessment (11-13 April 2020) was designed considering the lockdown, restriction on public gatherings and movements and risks associated with in-person data collection methods. It was agreed to follow a remote data collection approach; in compliance with Do No Harm¹ principles. The data collection tools were designed in consultation with the technical leads, head of offices and selective project staff. Key data collection methods included key informant interviews with selective government representatives and community members (leaders & elders), and household-level survey.

¹ A Do No Harm Assessment is used to identify how a project may have unintended impact on IRC clients and their community. It does so by examining the factors that divide or connect groups in the communities where we work.



A total of 12 districts (as indicated in the map) from four provinces selected for the assessment in which IRC was already present and they had bigger COVID-19 caseload. Efforts were made to establish a representative sample with the principles of inclusion. 45% of respondents were female and 54% were male, while a member of the transgender community was also approached. Details of the sample size are provided in the table below

Provinces	# of Districts	Household Interviews		Kills with Communities		Kills with Govt. officials	
		#	%	#	%	#	%
Khyber Pakhtunkhwa	4	62	25%	20	37%	6	24%
Sindh	3	63	25%	14	26%	6	24%
Balochistan	3	63	25%	12	22%	8	32%
Punjab	2	64	25%	8	15%	5	20%
Total	12	252	100%	54	100%	25	100%

The IRC data collection team composed of 45 staff members (20 women, 24 men and one Transgender), who were engaged and capacitated to collect data via phone calls. The data was entered using Online Data Entry forms and was extracted, analyzed and summarized with gender segregation. The assessment leads trained the data collectors on Online Data Entry Forms (designed in KoBo) before initiating data collection. The Online Data Entry Form helped in acquiring clean & efficient data with real-time ongoing data review. Ethical Considerations of safety and dignity of clients, confidentiality, informed consent and safeguarding considerations particularly while conducting telephonic interviews were considered during the data collection process.

4. LIMITATIONS

COVID-19 pandemic is a unique and complicated scenario to deal with. It has affected all the ways of conducting businesses including such assessments. Despite best efforts, there remained critical limitations that need to be considered while referring to key findings in this report. A few of them are as under:

- Restricted movement and risks of getting infected have forced to use only online data collection methods – which limits personal observations and detailed discussions.
- Online/telephonic interviews are new experiences for communities, and they are not comfortable with longer duration talks specially the women respondents, which otherwise take place during in-person interviews/discussions.
- Telecommunication networks affected sample selection such as District Chaghi could not be selected due to poor telecoms connectivity. Thus, some aspects/perspectives from one complete district could not be captured.

5. KEY FINDINGS

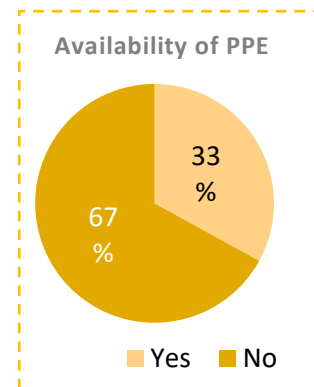
The assessment presents interesting but critical findings around Health, Safety, WASH, Education and Livelihoods sectors, and RCCE in the wake of COVID-19. The key findings represent the analysis of responses of government representative, community members and individuals at HH level.

A summary of key findings distinguished by the stakeholders is as under:

HEALTH

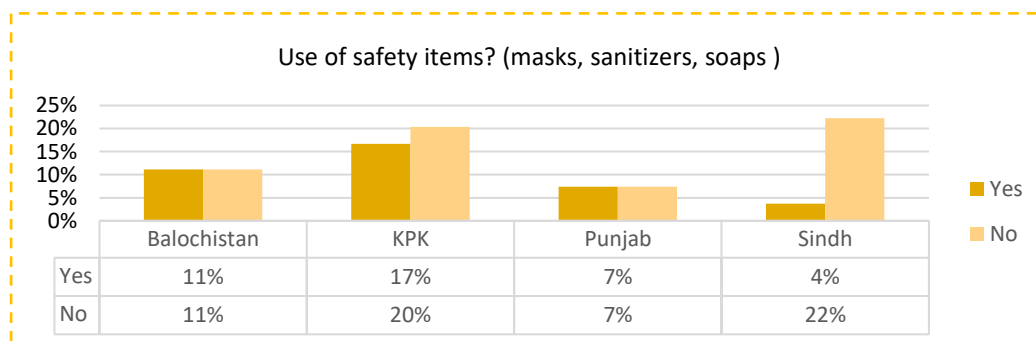
Government Representative

- In response to safety and inclusiveness of quarantine and isolation centers for women, persons with disabilities, children and elderly; only 17% responded centers are not safe while rest all considered these centers to be safe. None from Sindh considered the centers to be unsafe in contrary to KP where 33% (biggest among the provinces) considered the centers to be unsafe.
- Regarding ongoing COVID19 response overall 33% respondents flagged the unavailability of much needed supplies of Personal Protection equipment (PPE) for front line workers. 40% from Punjab and 33% from KP have endorsed same findings around unavailability of PPEs.
- Most of the respondents, i.e., 83% in Sindh followed by 71%, 67% and 60% in Balochistan, KP and Punjab respectively expressed that enough health staff is available to deal with cases, for screening and treatment.
- 22.5% per govt. respondents believe that now risk communication and community engagement should focus more on psychosocial support and integrated health messages for caregivers and PWDs.



Community

- 24% community responded reported that they look up to their healthcare providers to provide them with the right information followed with 13% seeking support from community groups around them. Whereas 26% of population is still not aware on how it spreads but interestingly 21% still want to know how it is treated.
- Of the total respondents, 47% believed the usage of soap to be effective against COVID-19, while 24% respondents believed that sanitizers and 27% believed the usage of face mask is effective. However, the data reveals that less people (i.e., only 22% people in Sindh, 20% in KP, 7% in Punjab, 11% in Balochistan) are using safety items like masks, sanitizers, soap. The reasons include items are expensive (51%) and items are not available in the market (37%).



Household

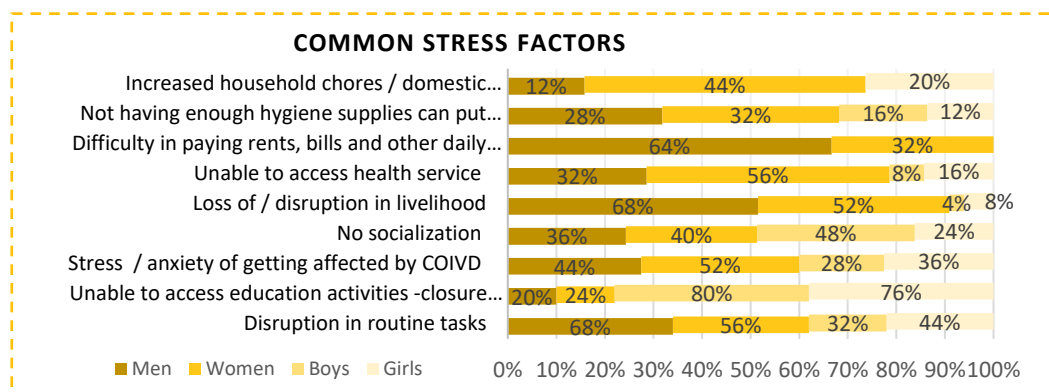
- When asked about the prevention of this virus; 35% HH were sure that it can be prevented through hand washing with alcohol/soap and water followed by 27% believed in keeping social distancing, 26% believed through covering mouth and nose while coughing and/or sneezing and 8% believed that it can be treated by drinking hot and/or treated water.
- A considerably high percentage (almost 90%) of respondents at HH level denied having required safety measures with major causes of unaffordability (54%) and unavailability (35%) in the market. They also prioritized soaps (36%) as top priority need followed by sanitizers (33%).

SAFETY – KEY FINDINGS AND RECOMMENDATIONS

Government Representatives

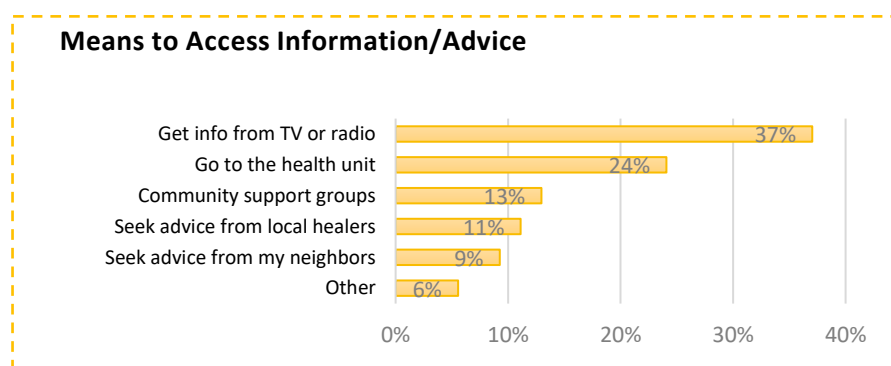
- In response to common stress factors for the women, girls, men and boys; it was learnt that majority men and boys (68% & 64%) and women and girls (52% & 32%) are stressed due to loss of livelihoods and paying for rents, utilities and other expenses, while for girls (76%) and boys (80%) the major stress factor is inability to access education. On the other hand, few factors such as disruption in routine activities, no socialization and fears of getting affected almost affect all segments equally. However, this was particularly important to note that for women (44%), access to health and house chores were amongst other key stress factors which were not noted same way by the men, boys or girls.

- Majority respondents believed elderly (33%) to be at higher risks followed by men (21%) and persons with disabilities (19%) as compared women (3%), girls (10%) and boys (12%).
- Inquiring about reports on domestic violence, only 17% responded to have reports of domestic violence and that is too only in KP province while rest all provinces had no reports. It was interesting to learn that respondents from Balochistan claimed the presence of GBV response mechanisms to address GBV concerns. While the respondents from other provinces admitted the absence of such response mechanisms with some percentage agreeing to the notion of having the mechanisms in place and others not knowing the status exactly.



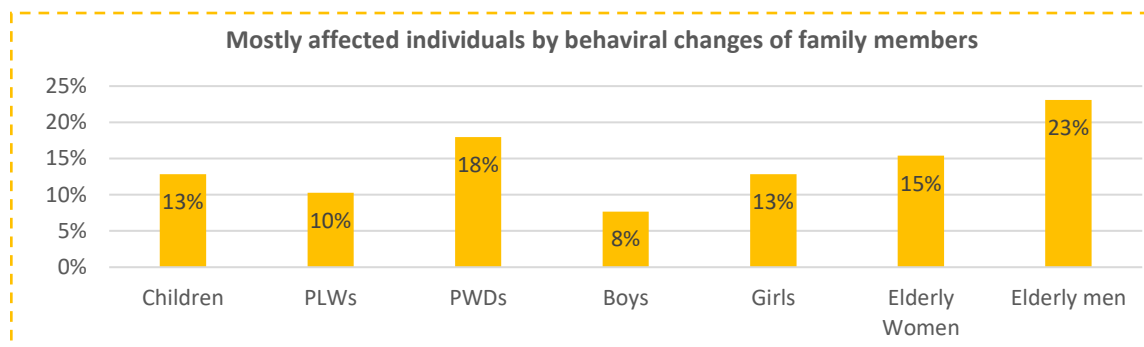
Community

- Inquiring about how communities in general spend their times during lockdown; it was revealed that majority is spending their times at home, accumulatively 23%, 22% & 18% with children and families and not engaged into any extra activities. While 13% reported to engage themselves in exploring alternate ways of livelihoods, 13% watch TV and 11% are busy with any other engagements.
- The most stressful factors according to 65% respondents is loss of livelihoods followed by 33% borrowing money. The violence against women (22%) turned out to be the most practiced negative coping mechanisms by the communities. Community members categorized the 38% men and 38% elderly to be most in stress and affected by the COVID-19 with comparatively minor percentages of women, girls and boys. 56% community members believed to witness extreme and worrying behavioral change in communities.
- Of total respondent, 37% reported to access the information through TV or radio channels followed by 24% going to health units, 13% from community support groups, 11% from local healers and 9% reported to access information from the neighbors.



Household

- 59% respondents at HH level did not agree with the notion of showing extreme behavioral changes in their family members, while 41% of agreeing to extreme behavior changes.
- Further shared that elderly (23% men & 15% women), PWDs (18%) and children (13%) are the most affected by such changes. When inquired about presence of elderly (52%) and infants (44%) in the family, an almost equal number of respondents responded with YES and NO. However, key priority concerns for elderly were shared as their health conditions (43%) while unavailability of infant food/milk for the infants (42%). A total of 21% of the respondents reported to have any chronically ill person in the family.
- Only 25% of Household respondents believed that COVID-19 stigmatizes while 14% say having no knowledge about it. In response to group discriminated and socially excluded are religious minorities (43%), followed by PWDs (13%) and very few thought transgenders (1.7%).

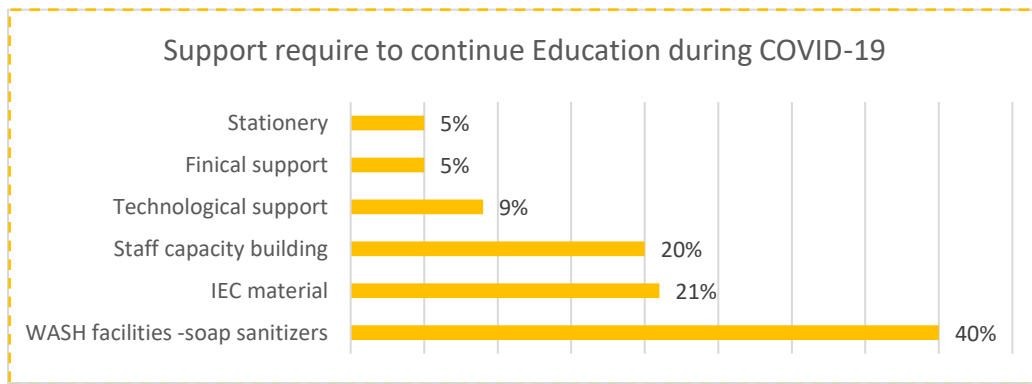


EDUCATION

Government Representatives

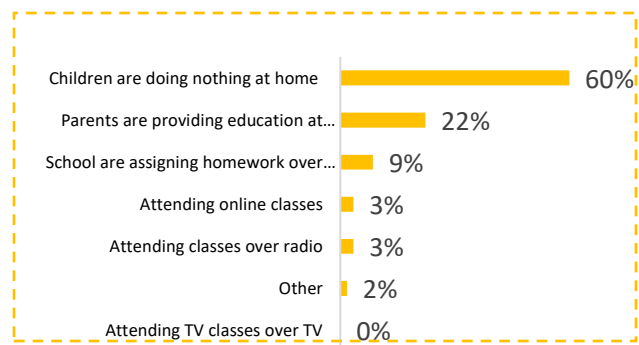
- About the Status Of Educational Institutes/ Education Continuity, the Government officials shared that 100% of school-going children are at home and all the educational institutes are closed. Concerning education services continuity the respondents said that 91% of government and private education services providers have not taken any step to continue the education while 18% believe that educational institutes took steps to educate children through TV or Social Media while 5% using distance learning methodology. It is also notable that 41% respondents think that institutes have a plan for the continuation of education in case the lockdown situation prolongs while 59% think there is not any such planning.
- About the Availability Of Alternate Education Mechanisms/E Learning; out of 41% who proposed to continue education during lockdown, 11% of the respondents proposed that government and private education institutes should have E-education facilities, 11% proposed institutes to setup few classes with limited students per class to discuss the syllabus that student can cover at home while 33% proposed institutes should plan for online classes and 33% proposed institutes have a strategy for education through Radio, TV and social media.

- On the question of What Support Is Required to continue education due to situation of COVID-19, 100% Government officials responded that institutes needed technical support while 68% said that there is a need for financial support.



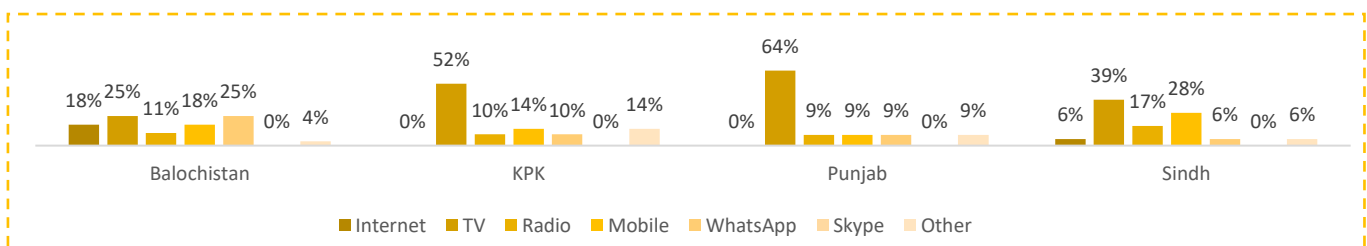
Community

- During the KII with the community members, 96% shared that they have school-going children in their respective vicinities while 4% said that they don't have school-going children.
- In response to engagement of children during the lockdown, they shared that 60% of children doing nothing at home, 22% parents provide education at home, 9% schools are assessing homework over WhatsApp while 3% said getting an education from radio and 3% children can access online classes.



Household

- On the question of barriers to education during the lockdown; 89% of the survey respondent shared that closure of school has affected children's education while 5% believe that transport is not available for school which affects the education and 4% said that after the lockdown now they are not able to pay the children school fee and 2% stated other reasons. During this lockdown situation, respondents think that 38% of children do not have textbooks and other learning material to continue their education while 62% of children have access to these materials.

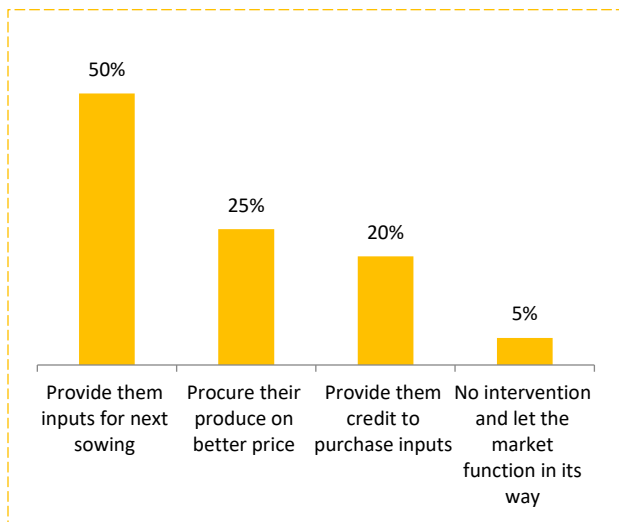


- Effectiveness Of Alternate Learning Methods; 36% of the survey respondent believe that online classes are the best way for children's education during the COVID-19 pandemic situation while 4% believe that radio is best and 8% believe that education on WhatsApp is the best way. Internet availability is limited in remote areas of the country. During the survey, the community key informants responded that 18% of the school children particularly girls have access to the internet in Baluchistan, 9% in Punjab, 6% in Sindh while in KPK school-going children particularly girls don't have access to the internet. 25 % in Baluchistan 52% in KPK, 64% in Punjab, and 39% in Sindh of the same group have access to TV.
- On the availability of the alternate learning mediums 31% shared presence of mobile phone, 30% TV, 14% radio and 12% telephone that could be used as alternate learning mediums.

Economic Wellbeing Findings

Government Representatives

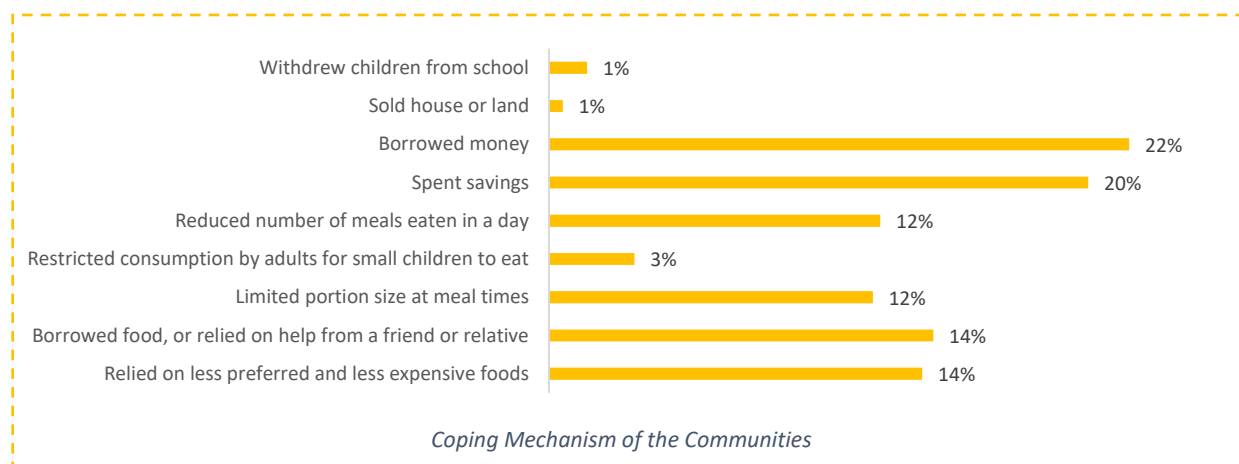
- The availability of food and other items is less than usual, but very few respondents indicated that key items were unavailable. 35% respondent answered "Yes" whereas 10% indicated no effect was observed likewise 55% did not respond against the question. Correspondingly question while responding to question on shortage of food being observed, wheat flour appeared on the uppermost i.e. 30% , followed by meat/beef 25%, chicken 20%, pulses15%, sugar 15%, tea 15%, vegetables 15%, cooking oil 15% and rice 10% respectively.
- The pandemic is already resulting in loss of income. More than half (60%) of respondents reported that local people's income has been affected negatively/decreased in lockdown situation. They experienced job loss or reduced income/revenue in the previous two weeks. This trend is most visible among those engaged in daily labor, 100% affected followed by 75% street hawkers, 40% ordinary private workers, 16% Self-employed in small business and 16% farmers or other job holders.
- Majority of the respondents were of the view that government should support the people by providing cash 37%, 35% respondent were of the view that they need food ration while 23% need inputs , 3 % psycho social support and 3% give specific timing to open their shops to compete crises.
- According to 50% of the respondent, there will be major impact on harvesting and marketing of current crops, 29 % mentioned marketing will be challenging, 13% revealed harvesting will be easy and economical while 8% suggested marketing will be easy.
- The Smallholder Farmers will require support. While responding to question concerning on the kind of support required 50% indicated inputs to smallholders farmers for next sowing, followed by 25% indicated procure their produce on better price , 20% mentioned credit to procure



inputs and 5% indicated no intervention and let the market function on its own.

Community

- The impact on food intake was observed largely in the surveyed households. Among the surveyed 70% people were eating food three times a day before COVID-19, during lockdown only 24% manage to eat food three times a day. Similarly, 54% people were able to eat two times of food in a day before COVID-19 but after crises and during lockdown only 19 % people manage to eat food twice a day.
- The livelihoods and food security of majority of low-income groups is badly affected. According to the KIIs 48% of respondents were employed as daily wagers as their primary livelihood source, followed by 26 % private jobs, 26 % agriculture, 15% own business, 13% government servants ,7 % poultry/livestock and other 6% respectively. COVID impacted people’s livelihood which include 63% people earned no wages due to lockdown, followed by 28 % shop closed due to lockdown and 2% job lost, respectively. In addition to this, 29% have ran out of savings, 25% worry food will runout before they get money to buy more, 24% run out of food, 19% people worry that the food they bought will not last. 67% respondents indicated that community has experienced food shortage for last seven days.
- A variety of coping strategies are being adapted by communities. The respondents indicated the coping strategies are being pursued; 22 % borrowed money , 20 % spent their savings, 14% borrowed food or relied on help from a friend or relative, 14% relied on less preferred and less expensive foods, 12% limited portion of meal times , 12% reduced number of meals eaten in a day , 3% restricted consumption by adults for small children to eat and 1% sold house or land and 1% withdrew children from school respectively.
- The availability of food and food supply in the market is also affected due to lock down situation. 75% respondents stored additional food and other necessary items while 25% did not in homes. Question about the food items availability in the local markets 57 % respondents revealed the inadequate food availability in the markets while 33% did not face any problem.



Household

- The availability of the food in the market has suffered during lockdown as the household survey indicates. The HH responses indicated that food shortage was observed across the

country, in Sindh province 62%, in Punjab 61%, in Khyber Pakhtunkhwa 61% and in Baluchistan 59%. 78% respondents did not store additional food and other necessary items while 22% people stored food in homes.

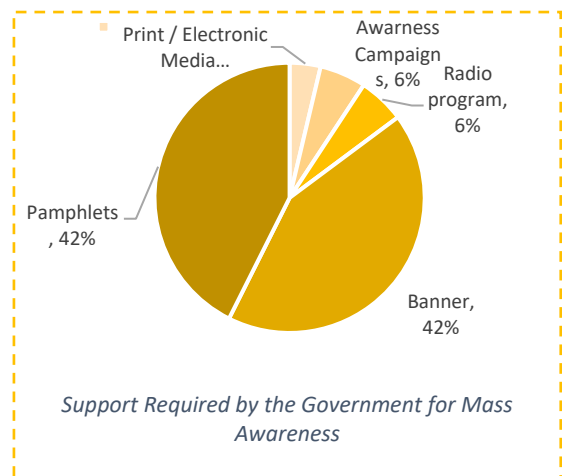
- The livelihood of the households is impacted due to lockdown or close of businesses and lack of other employment opportunities. Prior to the COVID-19; 32% respondents were daily wagers, 18% private jobs, 17% government jobs, 10% business owners and 7% in agriculture, respectively. There is disruption in the livelihoods of 65% respondents while 33% observed no disruption whereas 2% do not know. The respondents reported that their livelihood has been affected due to shop closure (40%) no wages due to lockdown (38%) and 4% lost their jobs.
- The food security at the household level is suffering across all provinces. When asked the households whether they have experienced the food shortage during last seven days; 59% in Baluchistan, 39% in Punjab, 62% in Sindh and 37% in KP responded that they had to cope with food shortage during last seven days.

4.3. Risk Communication and Community Engagement

Government Representatives

As part of the RNA KIIIs were conducted with government officials to understand Government's Response and find areas of collaborations where IRC can support the GOP.

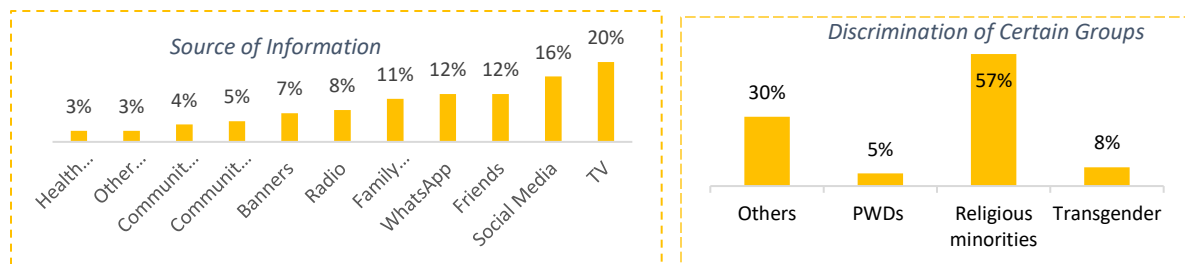
- The government officials responded that **information sharing/feedback mechanisms at government level** has been good. 100% of the respondents in KP, Sindh and Baluchistan and 80% in Punjab mentioned that they are reaching out to the people that they intended to reach with the information, at the right time. When asked if the people were able to reach back to the respective government officials 100% in Baluchistan and KP, 83% in Sindh and 80% in Punjab responded in affirmative. This information however slightly differs when same question was posed differently i.e., are there mechanisms in place to receive feedback to which 83% in KP, 80% in Punjab, 67% in Sindh and 63% in Baluchistan responded to in the affirmative.
- When asked that in addition to basic set of COVID-19 prevention messages and social distancing, what other topics should be covered through messages to help people deal with situation. 24% of the respondents mentioned PSS, 21% mentioned messages for caregivers, children, women, persons with disabilities and elderlies, 18% mentioned child and women protection, 21% mentioned prevent spreading the rumors and 8% mentioned that there should be messages around stigmatization.
- As per the respondents; under the mass awareness component, the government has so far focused radio announcements (15%), mosque announcements (16%), establishment of emergency rooms (18%), distribution of banners (21%) and pamphlets (18%) and others (11%).
- When asked what kind of support is required for an effective messaging campaign, 42% asked for



banners and pamphlets each whereas the remaining 16% mentioned the need for mass campaigns on radio and television.

Community

- 85% of the respondents of the community KII were of the view that their communities knew about the disease and 74% were also aware of the symptoms. However, when asked which groups were not aware of the coronavirus disease, 20% of the respondents each mentioned women and transgenders, 31% mentioned elderly, 22% mentioned girls and 4% each for men and boys.
- The analysis shows that predominantly men and boys are aware of the COVID-19 and whereas girls, women, transgender have less knowledge about it, whereas elderly which are at a higher risk of being affected are the least informed (83% of total deaths in Pakistan so far are people over the age of 50).² When asked what kind of information did the people have 28% mentioned how to protect yourself from the disease, 24% knew about the symptoms, 24% knew how it was transmitted, only 12% were aware of what to do if they had the disease only 8% were aware of the risk and complications.
- On question of mediums used to access the information; the results of the RNA mention that 20% of the respondents are relying on getting information from TV, 16% from social media, 12% from friends (word of mouth) another 12% from whatsapp, 11% from family members, 8% from Radio, 7% from banners displayed in their communities, 5% from community mobilizers working in their areas, 4% from the community health workers and 3% each from other community members and health units.
- When asked which mass media tools were available in their villages 43% mentioned mobile phones and landline connections, followed by television (30%) and Radio (24%). This information allows IRC and similar organizations to make informed decisions while selecting tools for mass awareness on COVID-19.



- Additional questions around discrimination and stigma were asked to understand if the virus was dividing communities/ creating stigmas. When asked if the coronavirus disease is generating stigma against specific people 50% respondents were of the view that it was not, whereas 43% said that yes it was and 7% chose not to respond to this question.
- While speaking about which group is being discriminated in your community because of coronavirus, 57% mentioned religious minorities, 30% mentioned others, 8% mentioned transgenders and 5% mentioned PWDs. This shows a need to provide messages to curb the spread of rumors and hate rhetoric.

² <http://www.covid.gov.pk/stats/pakistan>

Household

- The awareness on risk factors was found high. 97% of the respondents in the target areas were aware that it is a virus that can cause a disease. 27% knew that people with existing physiological illness were more at risk, 23% mentioned adults were at a higher risk and another 13% mentioned already ill people. 45% of the respondents mentioned that they were likely to get sick because of the new virus whereas another 40% thought that they are safe from the virus and 15% were unsure.
- The awareness on prevention was also found good. Speaking on prevention from the virus 35% of the respondents mentioned that they have to wash their hands regularly with soap or alcohol based sanitizer, 27% mentioned that they have to stay away from people who have fever or cough and 26% mentioned to cover their mouth while coughing or sneezing.
- What information would be provided at the community level, there were various responses. The RNA asked the communities, what they will like to know more about the virus and 21% respondents wanted to know how it can be treated, 20% about ways to protect themselves, 16% about who are the people more at risk, 15% wanted to know more about what to do if a person had any symptoms, 14% wanted to know how it is transmitted and 13% wanted more information on the symptoms.
- On information dissemination and further awareness among communities when it was asked that in addition to basic set of COVID-19 prevention messages and social distancing, what other topics should be covered through messages to help people deal with situation; the respondents ranked psychosocial support highest at 24%, while messages for vulnerable groups and messaging on rumors 21% each followed by 18% responded to disseminate message on child and women protection.



6. KEY RECOMMENDATIONS

Key recommendations based on the findings of rapid needs assessment report are as follow:

Health and WASH

- Enhanced efforts need to be undertaken for messaging and advocacy around provision of minimal initial support package (MISP); continuity of FP and SRH services and COVID-19 prevention. This can be done through TV, radio shows by a qualified doctor to answer questions regarding COVID-19.
- Prioritize provision of mobile health clinics along updated referral systems to minimize barriers to accessing healthcare both for COVID19 illness and routine health needs.
- Better align health activities around NAP indicators of quarantine, testing and contact tracing (QTT).
- The distribution of soap and other related PPEs could be considered for the most vulnerable families who cannot afford these items. Furthermore, IRC should continue working with department of health for the provision of soaps, sanitizers, PPEs and hand washing stations.

Safety

- Mental health and psychological needs to be prioritized particularly for women and girls, elderlies and children and help the adapting positive coping mechanisms.
- There is need for evidence-based messaging around misinformation, availability of basic services, and avoiding stigma and discrimination against most vulnerable groups and individuals. There is also needed to explore and establish two-way communication channels through digital tools, hotlines or information help desks to provide information, PSS and support access to basic services.
- Strong and focused capacity strengthening should be done with key government staff on PSEAH, GBV and associated response mechanisms in order to secure better understanding, encourage reporting and provide an effective and efficient response to CP/GBV cases.
- The COVID-19 response activities must give special considerations to the protection and inclusion of most vulnerable categories of the target populations, including women, children, elderlies, persons with disabilities, religious minorities, transgenders, etc.

Education

- Extend support to the provincial education ministries for the continuation of children's education during the emergency. This includes but not limited to strengthening existing learning approaches and/or remote learning opportunities through TV, radio, social media etc.
- Strengthening parent and teacher councils (PTCs) coordination and orientation on how to support children's education at home during the lockdown situation and awareness-raising on hygiene practices. Alternative means of communication may be adopted to start interaction between PTCs.
- Financial or in-kind support (learning supplies etc.,) to the most vulnerable children to cover the education expenses and reduce financial burden on families.

Risk Communication and Community Engagement

- In addition to mass awareness campaign organizations should start behavior change communication campaigns. Additionally, a mixed media approach should be taken to

implement mass awareness and BCC campaigns through digital media, pre-recorded calls, text messages, radio and television.

- The messaging should be simple with clear guidelines, translated into local languages and ensuring targeting all groups, especially most vulnerable categories including women, children, elderly, persons with disabilities, religious minorities, transgenders, etc.
- The feedback mechanisms between different stakeholders and communities should be adequately established and accessible for frequent and easy exchange of information.

Economic Wellbeing

- Supporting most vulnerable groups with appropriate in-kind and cash support to ensure that they have adequate access to essential goods and food items.
- Increase local food production by providing in-kind assistance to subsistence farmer which include fast-growing seeds, agriculture inputs, livestock fodder and tools. Consideration is also given to provide the business grants to micro entrepreneurs/business to revitalize their business.
- Smallholder farmers would be adequately facilitated in the marketing of their produce and support for next sowing through providing cash or input support.
- Explore and offer the virtual opportunities via different online platforms and virtual skill development to access technical and vocational trainings in new emerging skills.