



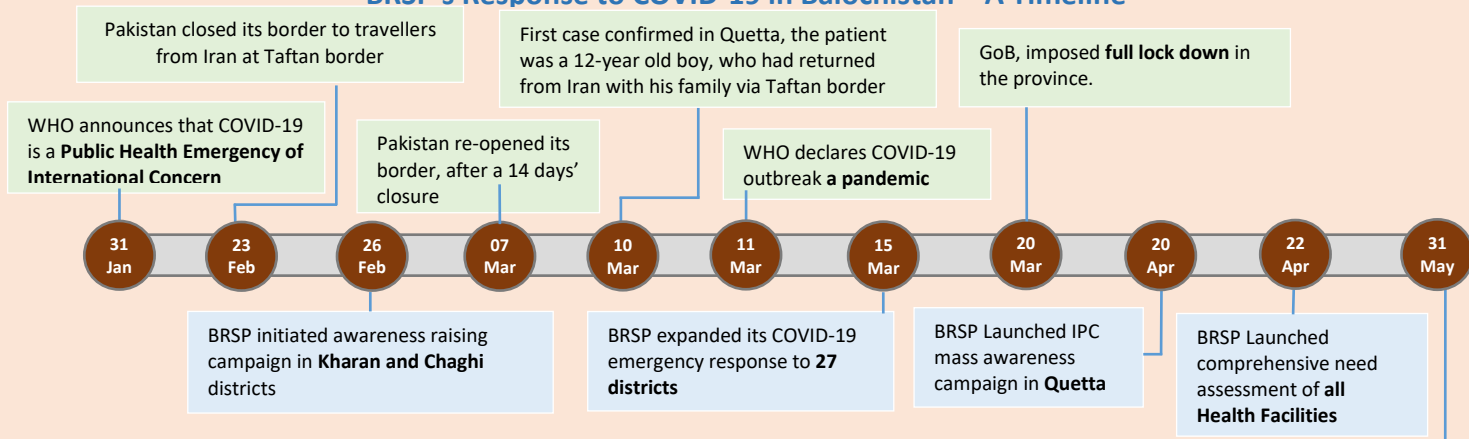
COVID-19 Emergency Response

Updates as of May 31, 2020



Balochistan Rural Support Programme (BRSP)
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BRSP's Response to COVID-19 in Balochistan – A Timeline



BRSP reached 6.76 million people of 940,263 HHs in 425 towns & rural councils of 27 districts* spread over an area of 243,576 km², which is 70% of the province

* BRSP joined hands with GoB and Law Enforcement Agencies to complement their efforts in responding to COVID-19 in districts of Barkhan, Chaghi, Dera Bugti, Duki, Harnai, Jaffarabad, Jhal Magsi, Kachhi, Kalat, Kharan, Khuzdar, Killa Abdullah, Killa Saifullah, Kohlu, Loralai, Mastung, Musa Khail, Naseerabad, Noshki, Pishin, Quetta, Sherani, Sibi, Sohbat Pur, Washuk, Zhob

Human Resource Engaged:

643 BRSP staff, supported by:

- 134 Local Support Organizations
- 1893 Community Resource Persons
- 434 Office Bearers of Community Institutions
- 114 Adult Literacy and Numeracy Skills Teachers
- 213 Accelerated Learning Pathway Teachers
- 34 Master Trainers
- 141 Religious Scholars
- 30 Book Keepers

BRSP's result framework for COVID-19 emergency response revolves around six components which includes:

1. Increased awareness regarding COVID-19 prevention and control
2. Enhanced capacity on Infection, Prevention and Control (IPC) particularly COVID-19
3. Increased resilience of citizen, communities, government line department staff, LEAs personnel and health care facilities through provision of PPEs.
4. Improved WASH practices at public places and Health Care Facilities
5. Ensured food security and livelihood opportunities through provision of food supplies or the Cash Grants
6. Strengthened coordination among stakeholders and synchronized information flow

1. Increased awareness regarding COVID-19 and Infection, Prevention & Control:

- **6.76 million people** given awareness on COVID-19 through loudspeakers, *masjid* announcements, billboards, banners, sessions and dissemination of IEC material
- Mobile Loudspeakers announcements in **3,983 hamlets of 425 UCs**
- **1,115 Masjid** in **260 UCs**
- Awareness messages delivered by religious scholars through Eid Sermons at **23 locations** (Eid Gah) in 7 districts
- **380,000** brochures/IEC distributed
- **1,893** CRPs Oriented, who further reached out 43,124 HHs in 199 UC of 15 districts

- **660** banners and **400** visibility boards including the large billboards installed on all key locations and entrance of Quetta City
- **400** awareness raising boards installed at the entrance of masjid in 7 districts
- COVID-19 awareness messages are being aired on FM 89 and local cable channels in Urdu and all local languages across the province.
- 1,000 copies of a book written on “COVID-19 - Islamic Perspective on Pandemics” by Dr. Atta-ur-Rehman, printed and distributed in 124 *Madaris* and *Masajid* in district Quetta.

2. Enhanced capacity on Infection, Prevention and Control (IPC) particularly COVID-19:

- **61 Health Officials and HCF staff capacitated** on COVID-19 case management, surveillance and rapid response.
- **1,893 CRPs/Volunteers** oriented on COVID-19 preventive measures and mass awareness among communities.
- **222 janitorial staff** have been trained on Environmental cleaning and disinfection principles for health care facilities.
- Fumigation at BRSP offices, Town and 06 Rural UCs of Pishin district

3. Increased resilience of citizen, communities, government line department staff, LEAs personnel and health care facilities through provision of PPEs:

- **166,700** Surgical Masks
- **4,728** N-95 Masks
- **13,472** surgical masks and 4,728 N-95) to 439 Health Facilities (281 Public and 183 Private), with the support of 11 districts provided by The Indus Health Network.
- **45,997** sanitisers
- **26,280** gloves
- **40,964** soaps
- **2,911** protective suits
- **1,320 hygiene** kits provided to madaris and Metropolitan Corporation for janitorial staff
- **2,000** packs of tissue papers
- **60** thermal guns/Infrared Temperature Gun (ITG)
- Fumigation at **9** Health facilities and **49** public places in 5 districts

4. Improved WASH practices at public places and Health Care Facilities

- Installation of **404** Hand washing Units (LEAs joined hand for Operation & Maintenance and Behavioural Change Communication (BCC)
- Construction/Rehabilitation of WASH services (including construction of MHM and PWD oriented washrooms) in **18** health care facilities. The total cost of this component is **PKR 35.09 million**.
- To improve WASH and IPC in education facilities in **20** schools of Quetta districts are being targeted with the total estimated cost of **PKR 25.48 million**.
- Construction of **57** Drinking water Supply schemes in **6** targeted districts under EU Funded BRACE Program. The total cost of the schemes is **PKR 68.38 Million** out of which **PKR 59.13 Million** is being funded by European union and **PKR 9.25 Million** contributed by communities.

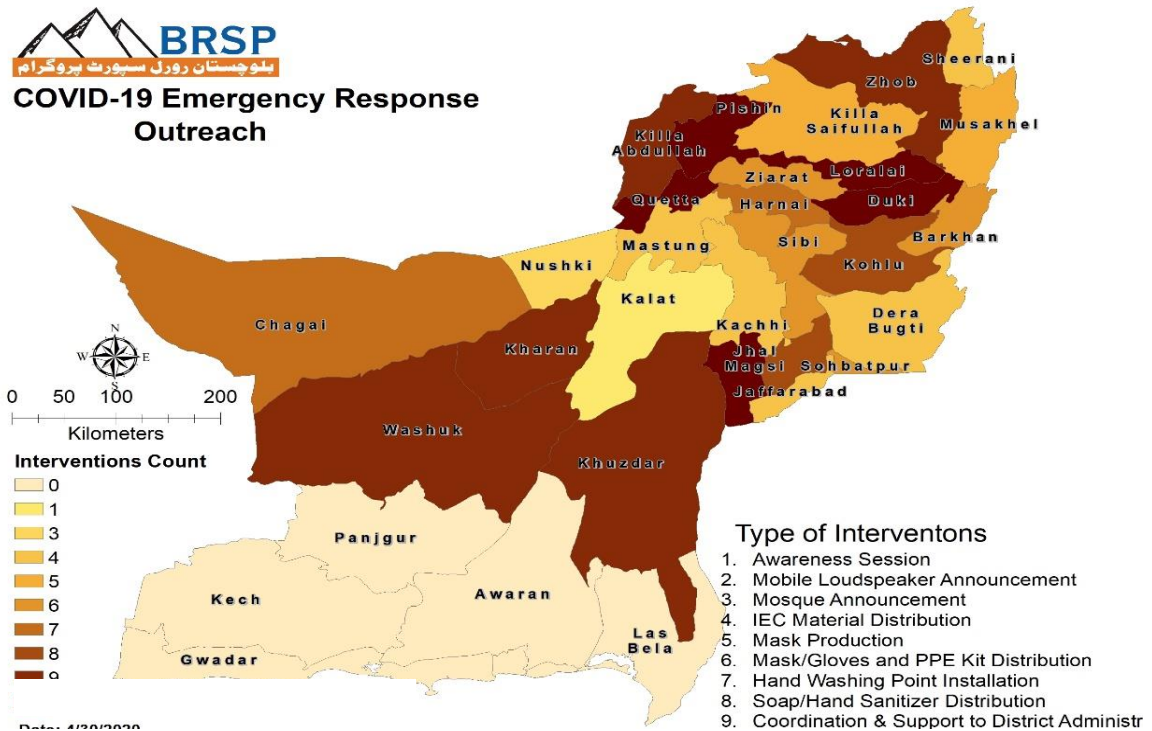
5. Ensured food security and livelihood opportunities through provision of food supplies or the Cash Grants:

- **PKR 27.82 million disbursed to 935 poor** Households (HHs) in 8 districts as Community Investment Fund (CIF)/Interest Free Loan/Income Generating Grants (IGG)
- **23,543 HHs** linked with *Ehsaas* Emergency Programme Government of Pakistan and district administration for Cash/In-kind support
- BRSP's fostered Local Support Organisations (LSOs) linked **13,083 poorest HHs** with District Administration for food packages.
- LSOs mobilised resources on their own to provide food packages to **2,158 poorest HHs**.

- **478 TVET** beneficiaries trained under BRSP's Skills Development Programme, produced **7,622 masks** in 37 UCs of 8 districts for selling out in local market to reduce the spread of COVID-19 in communities.

6. Strengthened coordination among stakeholders and synchronized information flow:

- BRSP participated in **166 coordination/task force meetings** at provincial and district level on COVID-19 response.
- **Completed assessment of 778 health facilities** to assess their readiness for COVID-19 Response and deployed a real-time data management system (4Ws) at PDMA for a concerted response to an emergency outbreak of COVID-19.
- A real-time data management system has been deployed. In addition, technical support is being provided to Health department and PDMA in data consolidation



Our Partners:



Salute to the defenders of Pakistan

BRSP's extensive geographical footprint was the strength to undertake rapid and inclusive COVID-19 Emergency Response for complementing the efforts of Government of Balochistan, PDMA and Law Enforcement Agencies (LEAs) and Health Care Providers. The European Union, PATRIP Foundation, Indus Health Network and Directorate of Malaria Control Programme, UNICEF, Water Aid and GIZ enabled BRSP to reach out to 27 districts, spread over an area of 243,576 km², which is 70% of the province which includes the bordering districts with two countries i.e. Afghanistan, Iran and three provinces i.e. Khyber Pakhtunkhwa, Sindh and Punjab.

The salient feature of BRSP strategy in this response is that it does not treat this emergency response as standalone rather this has been integrated with all existing regular projects and programmes that are effectively been contributing to SDGs in the province. This integration would also contribute in post-pandemic recovery.

Under a comprehensive awareness raising campaign, BRSP has reached out **6.76 million people** in 425 UCs of 27 districts given awareness on COVID-19. This awareness campaign carried out through different means including:

- Mobile Loudspeakers announcements in **3,983 hamlets of 425 UCs**
- **1,115 Masjid in 260 UCs**
- **380,000** brochures/IEC distributed
- **1,893** CRPs Oriented, who further reached out 43,124 HHs in 199 UC of 15 districts

In addition, 1,000 copies of a book written on "COVID-19 - Islamic Perspective on Pandemics" by Dr. Atta-ur-Rehman, printed and distributed in 124 *Madaris* and *Masajid* in district Quetta.

Mass awareness campaign on IPC in Quetta District was launched in collaboration with District Administration and Municipal Corporation on 20th April that continued till May 01, 2020. Under this campaign, 100% localities have been covered through mobile loudspeaker announcements and door-to-door awareness raising on COVID-19. While, **33,522** shopkeeper and street hawkers, donkey-cart riders and scavengers were provided and demonstrated with masks and IEC material as well. Hundreds of banners and leaflet were also displayed/distributed at various public places in district Quetta. Quetta Metropolitan Corporation fumigated the entire city covering around 172 km² area, whereas, *Al-Khidmat* Foundation carried out fumigation regularly in more than 1,000 Mosques, *Churches*, *Gurdwara*, *Mandir* (temples) and Parsi Colony. The IPC campaign would have not been effectively and efficiently completed without the active participation and support of Metropolitan Corporation and the District Administration, Quetta. Keeping in view the need and effectiveness of mass awareness campaign on IPC, BRSP expanded this campaign to 08 high risk districts i.e. Pishin, Jaffarabad, Chaghi, Noshki, Loralai, Naseerabad, Zhob and Killa Saifullah.



In addition, BRSP also facilitated the District Administration, Sherani by organising a training for Tiger Force, who will be supporting the district administration voluntarily during COVID-19 emergency response activities particularly awareness raising at community level.

2. Enhanced capacity on Infection, Prevention and Control (IPC) particularly COVID-19

To enhance capacity of HCPs; a thorough capacity building programme has been initiated in that **61 HCPs** have been trained on IPC in District Noshki. The similar training events will be carried out in districts Quetta, Chaghi and Naseerabad, whereas, 184 CRPs were also oriented on IPC in same districts.

In addition, BRSP's Loralai district office hosted a training programme for **29 HCPs** on COVID-19 case management, surveillance and rapid response. The training was organised jointly by USAID and District Health Department in BRSP Loralai office on April 17, 2020.



Furthermore, **222** janitorial staff have been trained on Environmental cleaning and disinfection principles for health care facilities and will be provided with Calcium Hypochlorite for next three months to ensure disinfection of

HCFs/Isolation Wards/Quarantine Centres in districts Quetta, Killa Saifullah, Killa Abdullah, Naseerabad, Noshki, Chaghi and Zhob.

3. Increased resilience of citizen, communities, government line department staff, LEAs personnel and health care facilities through provision of PPEs

To equip the health facilities, quarantine centres and the front-line health care providers, district administration and Law Enforcement Agencies' (FC, Police, FIA and Pakistan Customs) personnel; a total of 166,700 Surgical masks, 4,578 N95 Masks, 45,997 sanitisers, 26,280 gloves, 40,964 soaps, 2,811 protective suits and 2,000 packs of tissue papers have been distributed. The distribution of masks also include provision of 18,200 masks (13,472 surgical masks and 4,728 N-95) to 439 Health Facilities (281 Public and 183 Private) with the support of The Indus Hospital/The Indus Health Network in 11 districts. BRSP provided 1,070 hygiene kits to Quetta Metropolitan Corporation for janitorial staff and distributed 250 Hygiene kits to women workers of minorities in district Quetta.



Disinfectant sprays were carried out in all BRSP Offices, while in collaboration with district administration; town area and 06 UCs of district Pishin were fumigated. Under PATRIP funded COVID-19 emergency project, BRSP hired the services of 19 CRPs for carrying out fumigation in 79 public places including public offices, masajid and health facilities in 7 districts in which till now, 9 Health facilities and 49 public places have been fumigated in 5 districts. Moreover, during IPC mass awareness campaign in district Quetta, BRSP teams facilitated Al-Khidmat Foundation and Municipal Corporation, Quetta in fumigation of Quetta city covering around 172 km² area.



4. Improved WASH practices at public places and Health Care Facilities

To promote hand-washing practices, 404 Handwashing points have been installed at public place in 18 districts, this also includes installation of Hand Washing Points at 26 HCFs and Quarantines Centres in Quetta, Kohlu, Chaghi, Killa Saifullah, Loralai, Noshki, Zhob and Killa Abdullah districts. In addition, 40,964 Soaps have been provided to district authorities, health department, health care facilities and quarantine centres in 21 districts.



Furthermore, to improve WASH in Health Facilities, work has been initiated on Construction/Rehabilitation of WASH services (including construction of MHM and PWD oriented washrooms) in 12 health care facilities. The total cost this component is PKR 29.58 million. Similarly, to improve WASH and IPC in education facilities 20 schools of Quetta districts are being targeted with the total estimated cost of PKR 25.48 million.



Under EU funded BRACE Program, BRSP implemented 57 Drinking water Supply schemes in 6 targeted districts. The total cost of the schemes is PKR 68.38 Million out of which PKR 59.13 Million is being funded by European union and PKR 9.25 Million contributed by communities.

District wise CPIs breakup is as follows;

Sr. #	District	Number of CPIs	Total Cost in PKR (Million)	EU Share in PKR (Million)	Communities' Contribution in PKR (Million)
1	Pishin	12	17.57	14.86	2.72
2	Loralai	5	3.23	2.64	0.59
3	Zhob	2	2.36	1.93	0.43
4	Khuzdar	21	27.2	23.15	4.05
5	Jhal Magsi	5	5.7	5.19	0.51
6	Washuk	12	12.3	11.37	0.95

5. Ensured food security and livelihood opportunities through provision of food supplies or the Cash Grants:

Besides, raising awareness and contributing to strengthen the health facilities, it is essential to create livelihood opportunities, protecting jobs and promoting small enterprises for poor HHs and vulnerable working group. In this regard, BRSP ensured disbursement of PKR 27.82 million to 935 poor through Community Investment Fund, Income Generating Grants and Interest Free loan. While, for the immediate support, 23,543 poorest HHs were facilitated in their registration with Ehsaas programme and linked with district administration, other CSOs, Philanthropists. Furthermore, BRSP in collaboration with an MPA, distributed a ration package and hygiene items (Soaps & anti-septic liquid) to 2,000 poorest HHs District Killa Abdullah.

A special “Zakat/Charity Committee” constituted by DC Pishin on the suggestion of BRSP, mobilized PKR 2.5 million from the personal contribution of committee members and other local/overseas philanthropists that would be used for distributing food packages and/or disbursement of cash grants to the poorest HHs of the district. The Committee consists of political parties, local notables and BRSP. In addition, through this forum, a local philanthropist distributed 300 floor bags (50 kg each) to 300 poorest HHs in tehsil Huramazai, Pishin.



Under this component, BRSP fostered CIs also played a key role as 39 LSOs not only linked the poorest HHs with district administration and other charity organisation, but also through self-help initiatives, served 2,158 HHs with distribution of food packages. Further, 478 TVET beneficiaries trained under BRSP’s Skills Development Programme, produced 7,622 masks in 37 UCs of 8 districts for selling out in local market to reduce the spread of COVID-19 in communities.

Assessment for livelihood restoration is under progress in three UCs of Killa Abdullah and one UC of Kharan districts, after the assessment around 1,520 HHs will be provided with livelihood support.

6. Strengthened coordination among stakeholders and synchronized information flow

Close coordination with Government Departments, LEAs and other development partner, positions as utmost priority in BRSP implementation strategy in both regular and emergency operation. Hence, BRSP’s HO and district teams maintained regular and close liaison with GoB, Administration, concerned departments/authorities and CSOs to ensure coordinated efforts to fight the pandemic. Till date, BRSP has participated in **166 coordination/task force meetings** on COVID-19 response and has regularly been attending National WASH Cluster meetings and also attended the 1st Provincial WASH Cluster Meeting While, regular sharing of BRSP’s contribution with all stakeholders is also ensured.

RSPN signed Memorandum of Understanding (MOU) with the National Command and Operation Center (NCOC), government of Pakistan to combat COVID-19 pandemic through capitalizing on RSPs’ fostered Community Institutions (CIs), particularly increasing awareness in rural populace across the country. Under this MoU, provincial/district administration have been recommended to incorporate Community Institutions in their existing community mobilization plans and extend support in awareness campaigns, assistance in Trace and Quarantine, disinfection of public places, data collection, hospital duties of volunteers, ration collection and distribution, utility store inspection, price control and anti-hoarding measures, anti-dengue measures and any other task commensurate with their capacity.

BRSP entered into partnership with United Nation Development Program on Sustainable Development Goals and COVID-19 in UNDP Balochistan office. The Chief of Section and Head of SDG Unit in Planning and Development Department Government of Balochistan was also present at the occasion. This collaboration with UNDP will contribute in enhancing the effectiveness of development efforts to promote advocacy, research and generate policy debate around issues of sustainable development and implementation of SDGs and dissemination of COVID-19 messages through its COs, VOs and LSOs to the general public and rural communities.



Apart from providing HR Support to maintain MIS on COVID-19 in emergency cell at Department of Health, GoB; BRSP, in consultation with PDMA, health Department, UNICEF, has developed an android-based MIS to record 4W progress,

which has been deployed at PDMA and is also being set up at Department of Health. Moreover, for more effective and meaningful response, BRSP has initiated two Comprehensive Need Assessment Exercises in 25 districts i.e.

- i. Need Assessment of Health Facilities/Quarantine Centres
- ii. Assessment of WASH facilities at Public Places.

The both assessments will give an overview of the existing capacity and immediate requirements for next three months, which will help GoB, donor agencies and other stakeholders to plan their response to address acuter needs in both Health and WASH sectors.

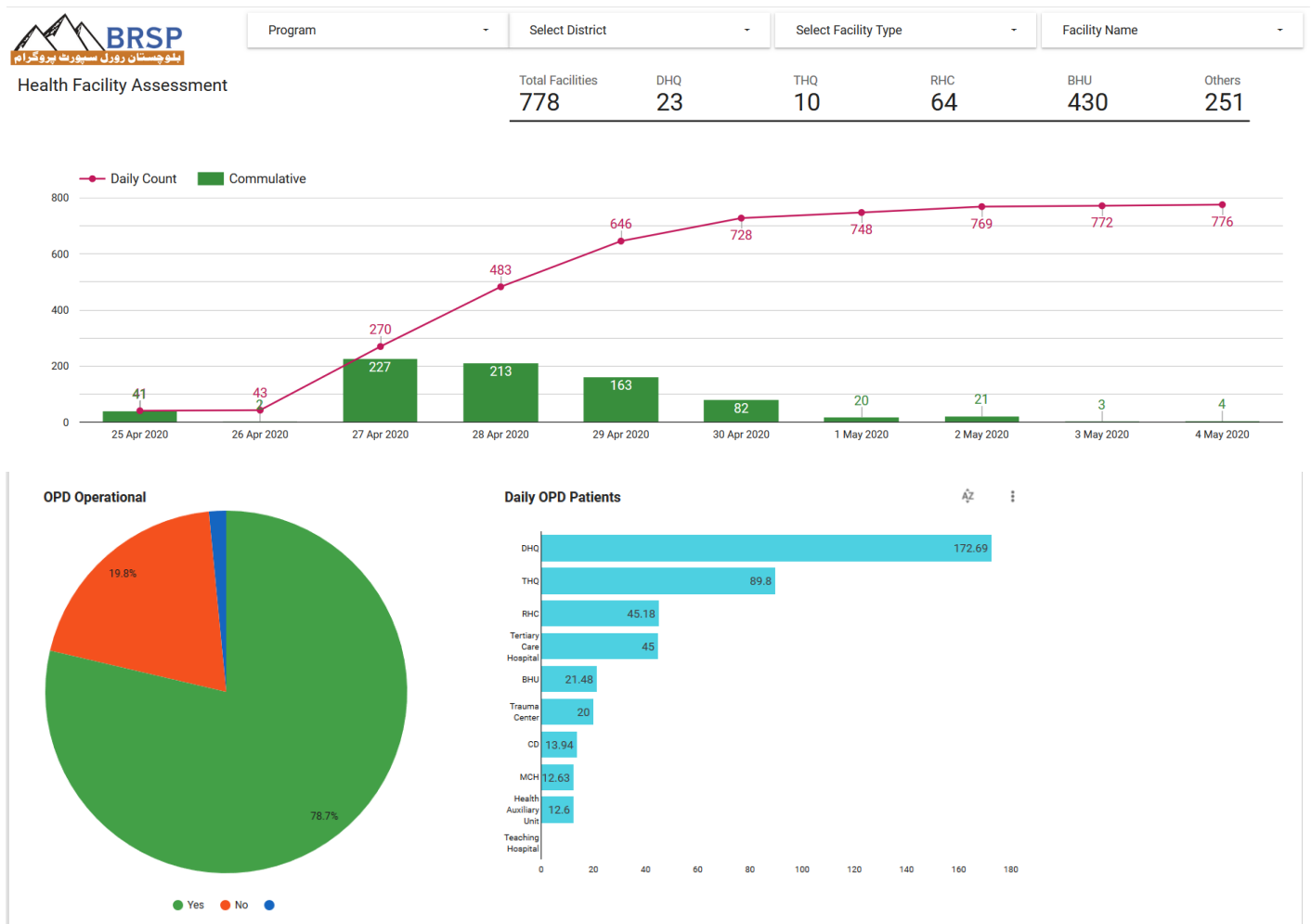


Brief on WASH Health Facilities Assessment

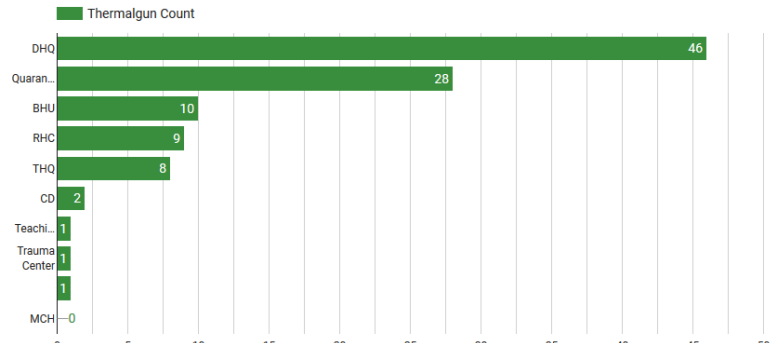
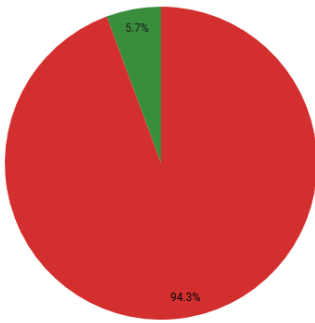
BRSP, on the request of Health Department government of Balochistan, designed and conducted a rapid needs assessment of 778 Public health facilities (Including tertiary and teaching hospital, DHQs, THQs, RHCs, BHUs, CDs, MCH centres and health auxiliaries) in 25 districts of Balochistan. The assessment results revealed that 59% of facilities' staff was unaware about preventive measures of COVID-19 and merely 3% facilities were equipped with ventilators (those are mostly at tertiary health facilities level) while 5% HF were using thermal guns for temperature check. There are 10,800 staff deputed (including Medic, paramedic and administration staff) in 778 health facilities; however, due to unavailability of Personal Protection Equipment (PPEs), 90% of staff was at risk of being exposed to COVID-19. The WASH facilities' status in public health facilities were also not satisfactory as 60% of facilities lack drinking water facility with very limited sources. A total of 60% HF were having toilets for both OPD patients and staff. However, toilets accessibility to Persons with Disabilities (PWDs) was almost none in HF. The unavailability of Hand washing places and hand sanitizers for personal hygiene was also noticed at the HF. The HF were also probed on frequency of surface disinfection that revealed 20% of facilities were being disinfected on regularly basis. On capacity building side, the HF's staff was asked on awareness raising of COVID-19 and its preventive measures, 42% of the total staff was oriented on COVID-19 while rest of staff was unaware of preventive measures.

Though, there are a lot of efforts being made by the Government, UN agencies, INGOs and NGOs; however, there is a dire need to address COVID-19 through improving health facilities, changing behaviour at the community level and developing a strong database to monitor diseases surveillance in high risk districts of Balochistan.

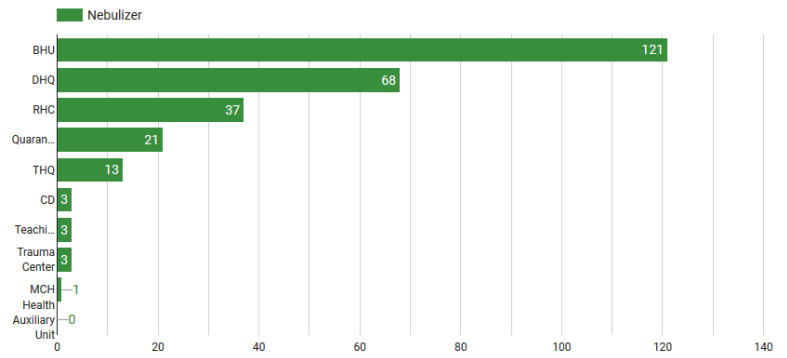
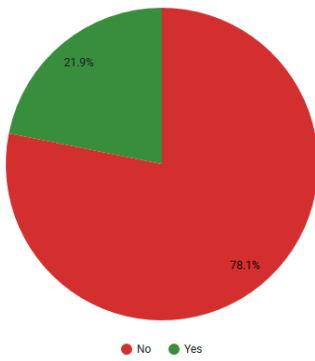
An overview of Health Facility Need Assessment:



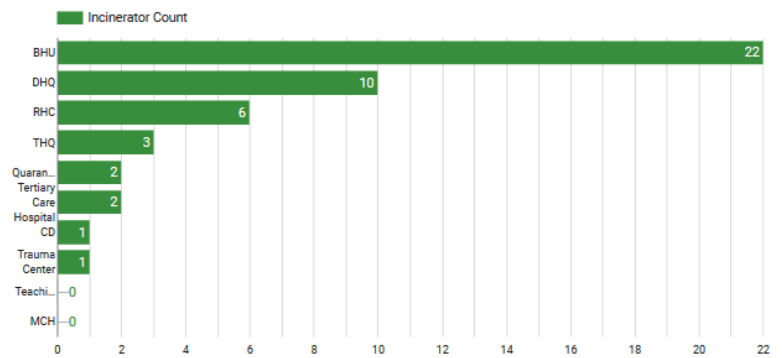
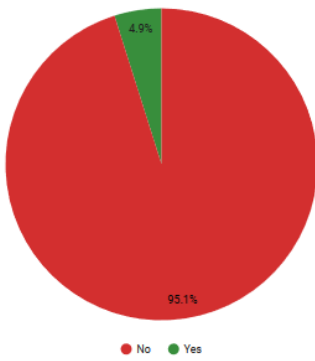
Thermalgun Available



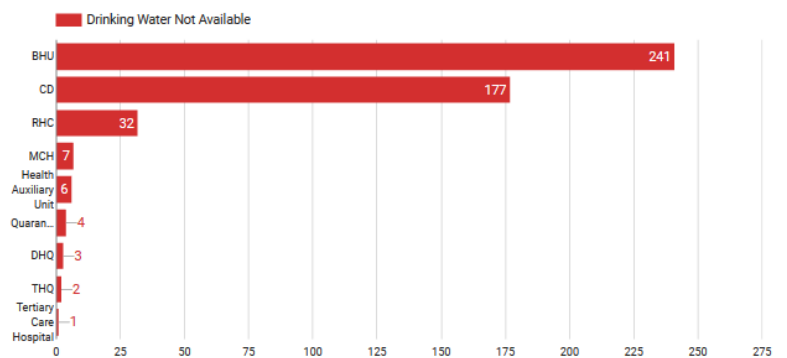
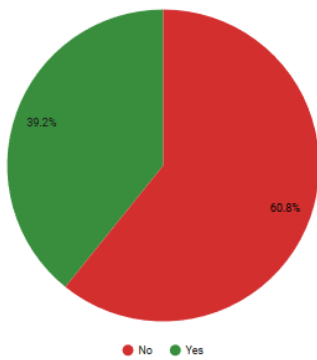
Nebulizer Available



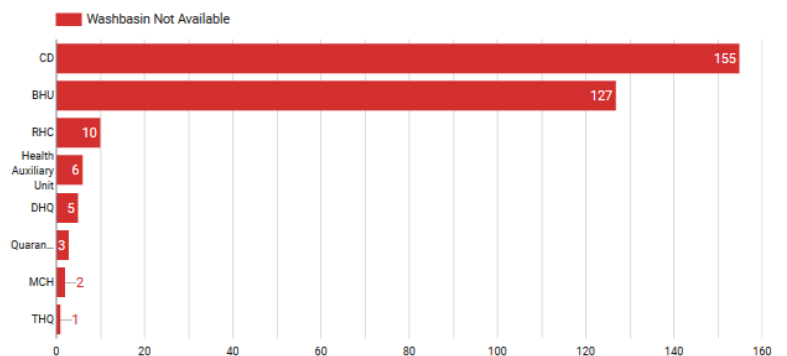
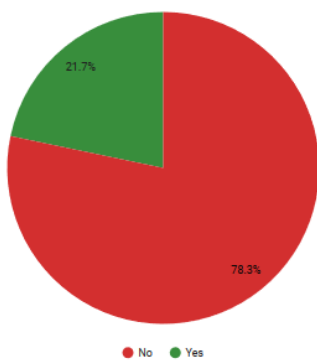
Incinerator Available



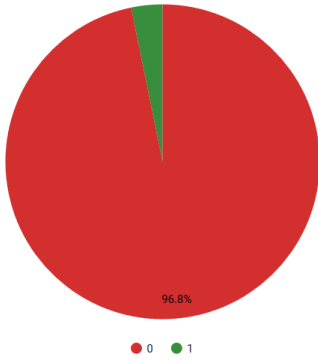
Drinking Water Available



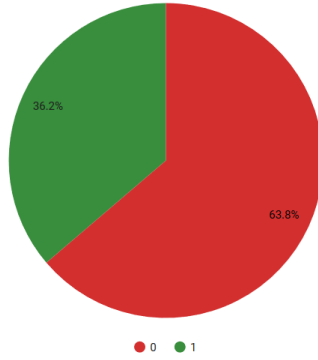
Washbasin Available



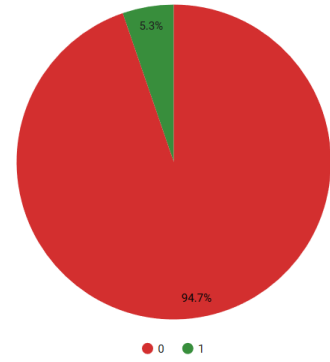
MHM Available



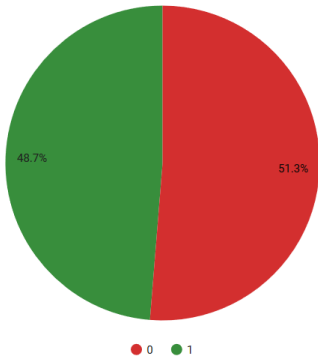
Proper Drainage



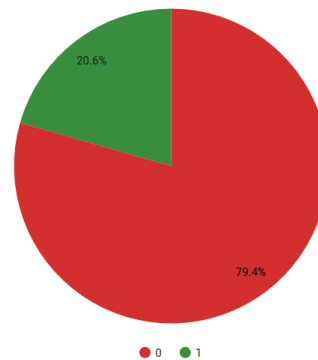
Surface Disinfection



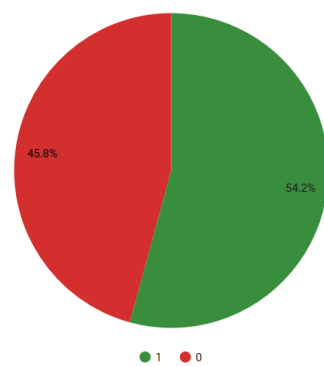
Soap Available for Staff



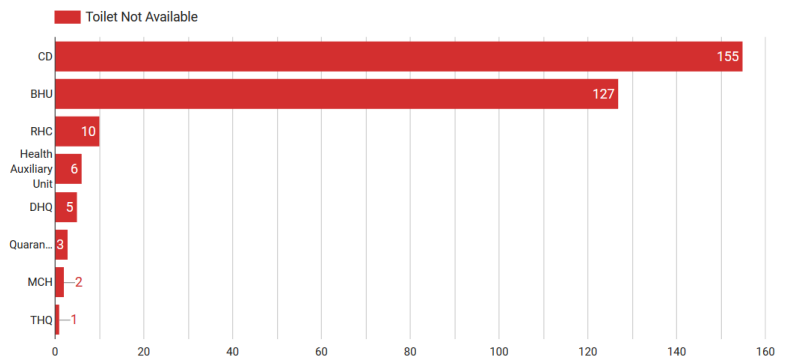
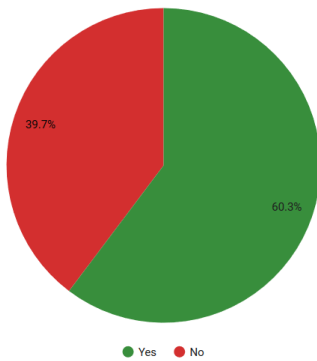
Soap Available for Patients



Sanitizer Available



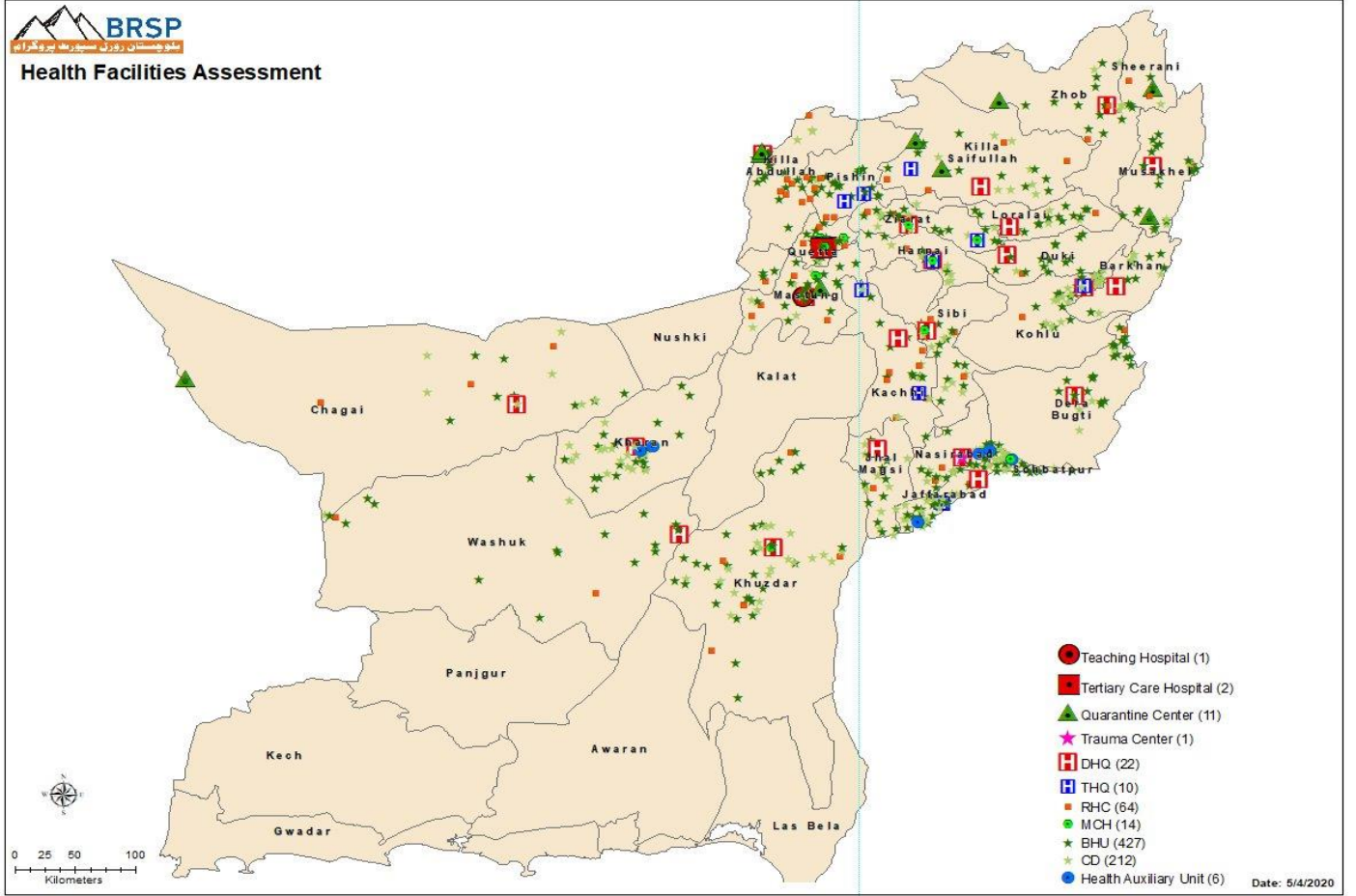
Toilet Available



Requirement Summary

Facility Type	Surgical Gloves	Medical Cap	Shoecover	N95 Mask	Surgical Mask	Gown	Sanitizer (Ltr)	Soap	Disinfectant(Ltr)
Tertiary Care Hospital	11,034,000	204,340	204,840	29,588	248,760	204,640	2,764	32,668	3
DHQ	5,772,396	109,383	108,425	15,416	115,725	109,623	1,580	18,197	184
BHU	10,866,826	210,647	210,693	30,360	268,244	210,797	2,993	31,830	430
RHC	4,644,616	86,491	86,710	11,513	107,869	86,861	1,270	14,494	256
Quarantine Center	2,876,850	49,745	50,232	7,419	82,044	52,843	914	10,366	90
THQ	1,276,265	23,168	23,184	3,615	25,680	25,171	305	3,191	40
CD	2,631,728	51,859	52,077	7,519	63,720	52,106	712	6,946	213
Teaching Hospital	166,000	2,590	2,390	383	6,520	2,760	78	330	1
Trauma Center	89,700	1,770	1,800	260	1,980	1,794	22	192	1
Health Auxiliary Unit	40,500	810	810	117	810	810	9	59	6
MCH	386,800	7,199	7,196	1,038	9,470	7,199	108	1,227	14
Grand total	39,785,681	748,002	748,357	107,228	930,822	754,604	10,755	119,500	1,238

Mapping of HCFs under Health Facility Need Assessment



IEC Material



ضروری اعلان

حکومت بلوچستان ضلعی انتظامیہ نے عوام الناس کے تاک اور منہ ڈھاپنے کو لازمی قرار دے دیا، خلاف ورزی کرنے والے کے خلاف قانونی کارروائی ہوگی۔ تاکہ کورونا سے متاثر ہونے اور کورونا کے پھیلاؤ سے محفوظ رہا جاسکے۔

20 سینڈ تک ہاتھوں کو صابن سے دھوئیں، ہاتھ دھونے سے کورونا وائرس سے بچا جاسکتا ہے۔

بلوچستان رورل سپورٹ پروگرام (BRSP)



حفظان صحت کے ان طریقوں پر عمل کریں



بلوچستان رورل سپورٹ پروگرام



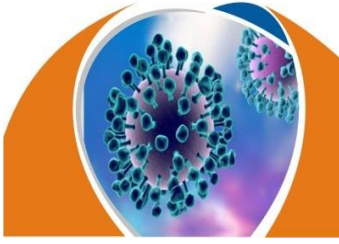
BRSP
بلوچستان رورل سپورٹ پروگرام



BRSP
بلوچستان رورل سپورٹ پروگرام

سیکھو اور سکھاؤ
کورونا سے
بچاؤ

مل کر
بلیٹھنے
سے پرہیز
کریں



من احیاءہا فکانما احیاء الناس جمیعا
جس نے کسی ایک کی زندگی بچائی اس نے گو یا ساری انسانیت کو بچا لیا (الما کمہ)

جمعہ ، جماعت اور تراویح کی ادائیگی

حکومت پاکستان اور علماء کا اہم نکات پر اتفاق

نکاتی تجاویز

- مساجد اور امام بارگاہوں میں تہنیں یا دریاں نہیں بچھائی جائیں گی
- نماز سے پہلے اور بعد میں تیمم کرنے سے پرہیز کریں
- جہاں تک موجود ہو وہاں ہال کی بجائے گھر میں نماز پڑھائی جائے
- عمر رسیدہ افراد، بالوں سے اور کھانسی، نزلہ، بخار سے متاثرہ افراد میں نہ جائیں
- صفت بندی کا اہتمام کیے گیا جائے کہ 2 نمازیوں کے درمیان 2 نمازیوں کی بلکہ خالی چھوڑی جائے
- دو گھر میں کریں، 20 سیکنڈ تک ہاتھ صابن سے دھوئیں
- ماسک پہن کر مسجد میں آنا لازمی قرار دوسروں سے ٹھیل گیزٹ ہوں اور نہ ہاتھ ملائیں
- مسجد میں سری اور افراطی کا اجتماعی اہتمام نہ کیا جائے
- چہرے پر ہاتھ نہ لگائیں
- حکومت بلوچستان کو یہ اہتمام راجل ہوگا کہ مخصوص علاقوں میں متاثرین اور حالات کے مطابق پالیسی اختیار کرے

PATRIP FOUNDATION BRSP

بلوچستان رورل سپورٹ پروگرام

معلوماتی کتابچہ

COVID-19 CORONAVIRUS

کورونا وائرس 2019

دنیا کے حالات طلب کا سبب
اور اسلامی تعلیمات

آج کی دنیا کے حالات
تکلیف کے اقدامات
میڈیکل اور طب کے ماہرین کیا کہتے ہیں؟
قرآن کریم، حدیث اور علماء کرام کی آراء

ترجمہ: مولانا ڈاکٹر حیات اللہ
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PATRIP FOUNDATION BRSP

European Union BRSP

کورونا وائرس کے انفیکشن کی عام علامات

اگرمندرجہ ذیل علامات ظاہر ہوں تو فوری ڈاکٹر یا صحت کے عملے سے رجوع کریں

جسم میں درد کھانسی سانس لینے میں مشکلات بخار

حفظان صحت کے ان طریقوں پر عمل کریں

آگر آپ کو کھانسی اور بخار ہو تو دوسروں کے ساتھ قریبی رابطہ کرنے سے گریز کریں

کھانسی یا پیچھانے پر منہ اور ناک کو ٹوشیا آستین کے کپڑے سے ڈھانچیں (ہاتھ سے نہیں)

استعمال شدہ ٹشو فوری طور پر ڈھانچے ہوئے پکڑے کے ڈبے میں ضائع کر دیں

اپنے ہاتھوں کو باقاعدگی سے صابن اور پانی سے دھوئیں یا ہینڈ سینیٹائزر کا استعمال کریں

مزید معلومات کے لئے: 1166

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ای میل ویب سائٹ