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# UNICEF India

## COVID-19 Pandemic

### Monthly External

### Situation Report No. 5



## Situation in Numbers



**286 million**  
Children and adolescents affected by COVID-19 school closures<sup>1</sup>



**3,691,166**  
Total laboratory-confirmed 2019-nCoV cases

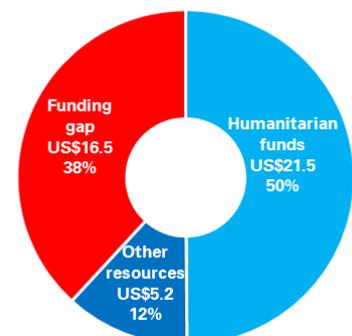


**65,288**  
Total COVID-19 deaths<sup>2</sup>

## UNICEF COVID-19 Appeal 2020

### US\$ 43.2 million

#### Funding Status (in US\$)



Reporting Period: 1 - 31 August 2020

## Highlights

- More than 650 million children, adolescents and their families across India have been reached with accurate information on how to stay safe from COVID-19 through a mix of innovative and traditional mechanisms. UNICEF prioritized addressing misinformation to ensure that discrimination is not further entrenched as communities observe physical distancing.
- Total 2.2 million healthcare facility staff and community health workers have been trained in Infection Prevention and Control. WASH assessments have been conducted for health care facilities and quarantine centres.
- Some 40 million children continue to learn through education initiatives launched by UNICEF and partners across 16 states, with 20 million more children still to reach as per the target.
- So far 3,700 children without parental or family care have been provided with appropriate alternative care arrangements.
- Some 4.9 million children and women receiving essential healthcare, including prenatal, delivery and postnatal care, essential newborn care, immunization and HIV care in UNICEF supported facilities.
- 84,800 children (0-59 months) were admitted for treatment of severe acute malnutrition since January.

<sup>1</sup> <https://en.unesco.org/covid19/educationresponse> accessed 1 September 2020

<sup>2</sup> <https://www.icmr.gov.in/> accessed 1 September 2020 8.00 a.m.

## Situation Overview and Humanitarian Needs

India has crossed the grim milestone of three million reported COVID-19 cases. The number of confirmed cases doubled in August, and India reached the third largest number of cases in the world. In the last week of August, India recorded the highest ever increase in new daily reported cases globally, with 78,512,000 new cases reported by the Ministry of Health and Family Welfare on the 30<sup>th</sup> of August 2020. As of 1 September 2020, the total reported COVID-19 cases are 3,691,166 (785,996 active, 2,839,882 recovered and 65,288 deaths).

Even as the number of cases is rising, India maintains a good recovery rate (above the global average) and the case fatality rate, estimated at 1.8 per cent, is significantly lower than the global average (3.4%). More than half the active cases are in the southern states of Andhra Pradesh, Karnataka, Maharashtra and Tamil Nadu.

The maximum reported deaths are in the States of Maharashtra and Tamil Nadu which together contribute to half of the total deaths in the country. As of 31 August 2020, a cumulative total of 42,300,000 tests were conducted, with more than 1,016,920 in the previous 24 hours.

Although COVID-19 remains largely a phenomenon affecting urban area, an increasing proportion of cases are now being reported in rural districts across the country. The COVID-19 infection has even reached remote tribes, such as the Bonda tribe in the Andaman Islands that reported four cases in a population of 7,000.

Faced with the highest GDP contraction in 40 years, India prepares to roll-out its 'Unlock 4' with a further re-opening of hospitality sector services, as well as metro rail services and an order to not restrict cross-border movement of goods or people. The Indian economy shrank by nearly a quarter in April-June according to the National Statistical Office first quarter data. This can mean a much longer period of recovery, as the world's fastest growing economy experiences its first full year of contraction in four decades.

While schools remain closed, the Unlock 4 directive makes provision for teachers to return to schools, in 50 per cent capacity, and to provide consultation to students in Grades 9-12 by appointment and on voluntary basis, from 21 September 2020.

Throughout August excess rainfall caused floods across multiple states, including flash floods in Rajasthan and deadly landslides in Kerala. Floods continue to affect large parts of the states of Assam, Bihar, Madhya Pradesh and Odisha.

Concern around the high numbers of child marriage continues alongside a national debate on the increase of minimum age of marriage from 18 to 21. A committee has been set up to explore the pros and cons of such a measure.

Three potential vaccines are in various stages of trials in India. On 12 August 2020 the National Expert group on vaccine administration for COVID-19, co-chaired by the Ministry of Health and Family Welfare (MoHFW), deliberated on the strategy to ensure COVID-19 vaccine availability and delivery mechanism<sup>3</sup>.

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<sup>3</sup> <https://pib.gov.in/PressReleasePage.aspx?PRID=1645384> 12 August 2020

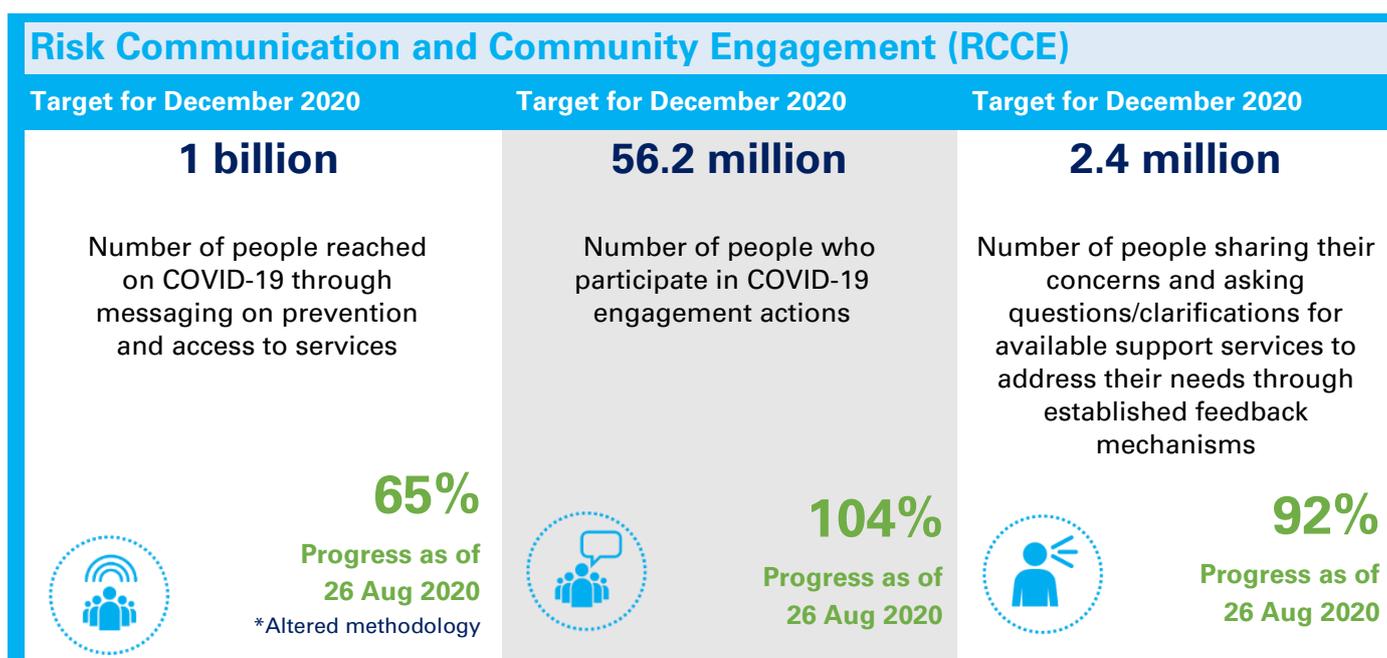
## Summary Analysis of Programme Response

UNICEF continues to support the national response to address the direct health impact of COVID-19 and augment response efforts as part the Joint UN Response Plan, led by the World Health Organization (WHO). UNICEF India COVID-19 Response Plan is implemented in close coordination with the Ministry of Health and Family Welfare (MoHFW) and its institutions. It is aligned with the UN immediate socio-economic response framework to address the secondary impacts of COVID-19 through multisectoral interventions aiming to minimize the impact on the most vulnerable. United Nations India, including UNICEF, is completing the Social Economic Response Framework (SERF) covering September 2020 to December 2021.

UNICEF participates in the Government of India’s Empowered Group 6 created under the National Disaster Management Act 2005. As part of UNICEF India’s COVID-19 Response Plan to support the MoHFW, other relevant ministries and state governments in 17 states, UNICEF and partners have enabled results across six response pillars in the Response Plan.

National targets for Risk Communication and Community Engagement (RCCE), Infection Prevention and Control (IPC) training, and critical WASH supplies and services have been met. However, support the government to sustain COVID-19 prevention and control measures will continue. Rapid assessments of essential services in Maharashtra and in disaster response (to floods in Assam, Bihar and West Bengal) contexts, supported by UNICEF, continue to guide actions by government and Civil Society Organizations.

### 1. Risk Communication and Community Engagement (RCCE)



UNICEF’s technical support enabled state governments to launch innovative anti-stigma and discrimination campaigns such as ‘Gratitude and Motivation’ in Andhra Pradesh and Telangana, [‘Sahyog Se Hi Suraksha’](http://www.nhmmp.gov.in/SahyogSeHiSurakshaAbhiyan.aspx)<sup>2</sup> in Madhya Pradesh, [‘Voices Against COVID Stigma’](#) in Gujarat and [‘Souls of Rajasthan’](#) in Rajasthan. The Madhya Pradesh State Government’s campaign aims to reach more than

<sup>2</sup> <http://www.nhmmp.gov.in/SahyogSeHiSurakshaAbhiyan.aspx>

300,000 government grassroot functionaries and community-based organizations (including self-help groups, school management committees and adolescent groups).

In Gujarat, 18,500 key influencers including ministers, parliamentarians and Civil Society Organization (CSO) representatives have signed a pledge to eliminate COVID-19 related stigma. Over the last month over 32 million people were reached with messages on COVID-19 prevention and access to services, while more than 15 million people were engaged through digital and non-digital platforms. Feedback mechanisms for two-way communication have enabled over two million people to share their concerns via messaging platforms, call centres, radio and phone.

Advocacy and support to state departments continued, including development and dissemination of COVID-19 sensitive WASH messages for various stakeholders, including *Swachhagrahis* and other frontline workers, local government Panchayati Raj Institutions (PRIs), CSOs, Faith-Based Organizations (FBOs), slum dwellers, migrants and youth volunteers.



*Children learn handwashing during a home visit from Anganwadi worker Bhuri Dabhi in rural Gujarat.*

## 2. Improve Infection Prevention and Control (IPC) and provide critical medical and water, sanitation and hygiene (WASH) supplies



With over 400,000 service providers trained in IPC to date, the national target for this indicator has been met. This includes training sanitation officials and workers, community toilet operators, teachers, Public Health Engineering Department staff, caregivers and residents in quarantine centres, *Swachhagrahis*, National Quality Assurance Standards (NQAS) assessors and PRI representatives. Training on biomedical waste management in health care facilities was also provided to 250 staff in Gujarat, 150 staff in West Bengal and 450 NQAS assessors in MP. Supportive supervision on IPC was conducted for 64 health care facilities in Odisha’s aspirational districts.

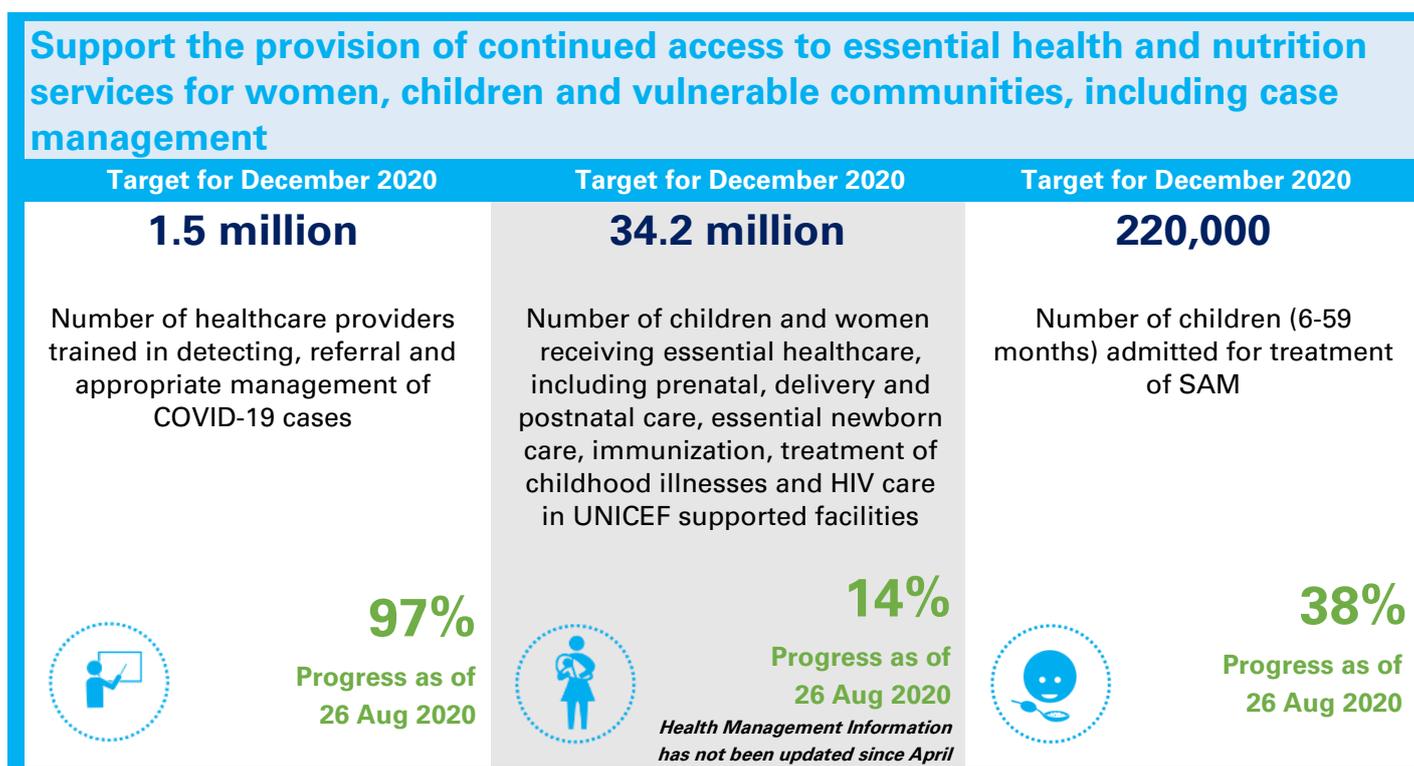
Critical WASH supplies and services have so far reached 2.3 million people also meeting the national target for this indicator. UNICEF supported state governments, development partners, and CSOs to reach 269,355 vulnerable people in rural and urban areas of 15 states in the month of August 2020 with such services. Supplies include hygiene items such as soaps, PPE kits, disinfectants, and sanitary pads. Supported services included the installation of handwashing units, construction and repair of water and sanitation facilities, and setting up of chlorinators in villages, quarantine centres and urban slums.



*“I have always wanted to help people and being an Anganwadi Worker makes me reach out to the kids and women.”*

- Shivamma, Anganwadi Worker  
(Community worker)

### 3. Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management



#### Containment and mitigation of the pandemic in coordination with MoHFW, WHO and partners

UNICEF support to the COVID-19 control room and the SMNet enabled shifting of cases from containment zones to government identified safe areas in Bihar. In Uttar Pradesh, SMNet monitored 81 COVID-19 positive patients in 'home isolation' in five districts. UNICEF's advocacy led to three leading private hospitals in the city of Lucknow agreeing to provide ICU care to COVID-19 patients. UNICEF in Gujarat provided technical assistance on analysis of availability of logistics, bed availability and supported district management planning, monitoring containment measures, and surveillance activities across the State. UNICEF also aided five *Gram Panchayats* (village councils) to draft COVID-19 Response Plans in Kutch, Gujarat. In Madhya Pradesh, trainings on strengthening readiness for response in rural areas was provided to 159,775 PRI and Self-Help Group members from 22,825 *Gram Panchayats*.

#### Support to continuity of reproductive, maternal, newborn, child and adolescent health services

UNICEF provided technical assistance to state government health services by reviewing immunization programmes in Odisha and Tamil Nadu, the District Early Intervention Centre in Gujarat, Special Newborn Care Units (SNCUs) in Tamil Nadu, Prevention of Mother to Child Transmission in Assam, Newborn Care Corner in Jharkhand and effective vaccine management in Gujarat and Rajasthan.

UNICEF technical support resulted in pre-positioning of Oral Rehydration Salts (ORS) in the households of three million children in Chhattisgarh. UNICEF supported the drafting of the 'rotation policy for staff dealing with Sick and Newborn Care Units. In addition, in Gujarat, UNICEF leveraged CSR funds for the provision of essential supplies for SNCU. The team mentored staff at delivery points and SNCUs in Odisha.

UNICEF also provided technical assistance for the roll out of the Pneumococcal Conjugate Vaccine in 56 districts in Uttar Pradesh, and for revising the guidelines on Home-Based New-Born Care service

continuity for containment and non-containment zones in the state. In Bihar UNICEF provided technical assistance towards *Kayakalp* (hygiene in health facilities scheme) certification in two aspirational districts.



*Dr. N.J. Darshak (centre) checks Bhavna Khant and her newborn during the COVID-19 pandemic and explains the benefits of early initiation of breast feeding.*

### **Essential nutrition services**

A broad range of stakeholders working on nutrition in India are joining forces through UNICEF coordination to ensure a strong focus on nutrition during the COVID-19 pandemic. They have jointly drafted and released the Commitment to Action, building on previous consensus statements, namely “The Leadership Agenda for Nutrition” (2008) and “An Action Agenda for Nutrition Security in India” (2014). The recommended interventions for immediate and sustained action will help to further strengthen nutrition security and include leadership for food and nutrition security, uninterrupted universal and high-quality coverage of essential nutrition interventions, adequate financing, addressing food security, data systems and a collective multisectoral approach.

The World Breastfeeding Week was leveraged to strengthen advocacy for essential nutrition, through multiple activities promoting the importance of breastfeeding in the context of COVID-19. This included webinars, an online launch of breastfeeding week by the Hon’ble Governor of UP, a live event with NITI Aayog and dissemination of messages on safe breastfeeding during COVID-19 through multiple channels. UNICEF supported the MoHFW to release a decision tree for breastfeeding as guidance for health care workers in facility and community settings and supported dissemination activities in all UNICEF supported states.

UNICEF compiled 23 stories from the field on ‘Experiences of Infant and Young Child Feeding practices during COVID-19’. These stories highlight what can be done for continuing essential nutrition services during COVID-19 to reduce child malnutrition while protecting the frontline workers from transmission, as outlined under the POSHAN Abhiyaan (national nutrition mission). Multiple organizations and individuals working at national, state, district and community levels have written these stories, which are being disseminated as part of the ‘Poshan Weekly’ newsletter.

## 4. Data collection and social science research for public health decision making

Data collection from the first wave of community-based monitoring (CBM), at both community and family level, was completed between mid-June to mid-July 2020. UNICEF worked with Centre for Social Equity and Inclusion, (CSEI) and Wada Na Todo Abhiyan (WNTA) as lead partners to conduct the assessment with participation of with 14 other CSOs.

The results of the study from 12 districts in seven states reveal that the effect of the lockdown is not uniform across all districts. Over 4,900 families have responded in the Wave-1 of the CBM from the selected six urban and six rural districts<sup>[1]</sup>.

The study is a cohort based longitudinal study, with purposively selected respondents from high prevalence COVID-19 areas based on MOHFW's report in April 2020. The CBM covered 300 habitations in areas with concentration of marginalized population, home returnees and considered quality of community volunteers in terms of gender, age and proximity. The urban habitations are all from slums and shanties. The results are drawn from observations from the sample included in this CBM.

The socio-economic impact<sup>3</sup> of the pandemic on vulnerable families and communities, as seen from the study are as follows:

### **Economic impact and social protection:**

- The economic condition of families has worsened due to loss of employment. Between March 2020 and mid-July 2020 earning family members reporting a difficult economic condition<sup>4</sup> increased by more than 30 percentage points vis-a-vis their self-assessment in pre-lockdown period.
- There has been a 12 per cent increase<sup>5</sup> in people reporting that they have 'no job'.
- In 10 out of 12 districts under study, more than 30 per cent of wage earners reported that they have debt due to the pandemic.
- Cash assistance from the government seems to have been provided to people in most districts, and notably access varied (11-71 per cent) depending on the scheme and its eligibility criterion.
- Cash assistance is received in more in rural areas (56 per cent) than in urban areas (44 per cent), though it is not well-targeted. For instance, a substantial proportion (around 30%) of families reported facing challenges by non-availability of food in the next week and these families did not receive any cash assistance.
- The coverage of a few cash transfer schemes during pandemic was also surveyed. Results show that PMMVY<sup>6</sup> scheme's coverage was 22 per cent in rural areas and nine per cent in urban areas, though more than 70% of the health centres were open for maternal care services.

### **Social impact - access to services, behavior and perception:**

- Integrated Child Development Services such as distribution of take-home ration and pre-school education have been disrupted.
- Just around 13 per cent of mothers reported children attending *anganwadi* centres for early childhood education in June-July 2020.

<sup>[1]</sup> **Uttar Pradesh** : Agra, Lalitpur, Jalaun, **Rajasthan**: Jaipur, Jodhpur, **Gujarat**: Ahmedabad, **Maharashtra**: Mumbai, Sangli, **Tamil Nadu**: Chennai, Dindigul, **Andhra Pradesh**: Kurnool and **Telangana**: Hyderabad

<sup>3</sup>The results are based on the observations from the sample under study.

<sup>4</sup>Self assessed based on the question - Before the lockdown in March, how do you see your economic condition?; a similar question was asked in the post lockdown situation

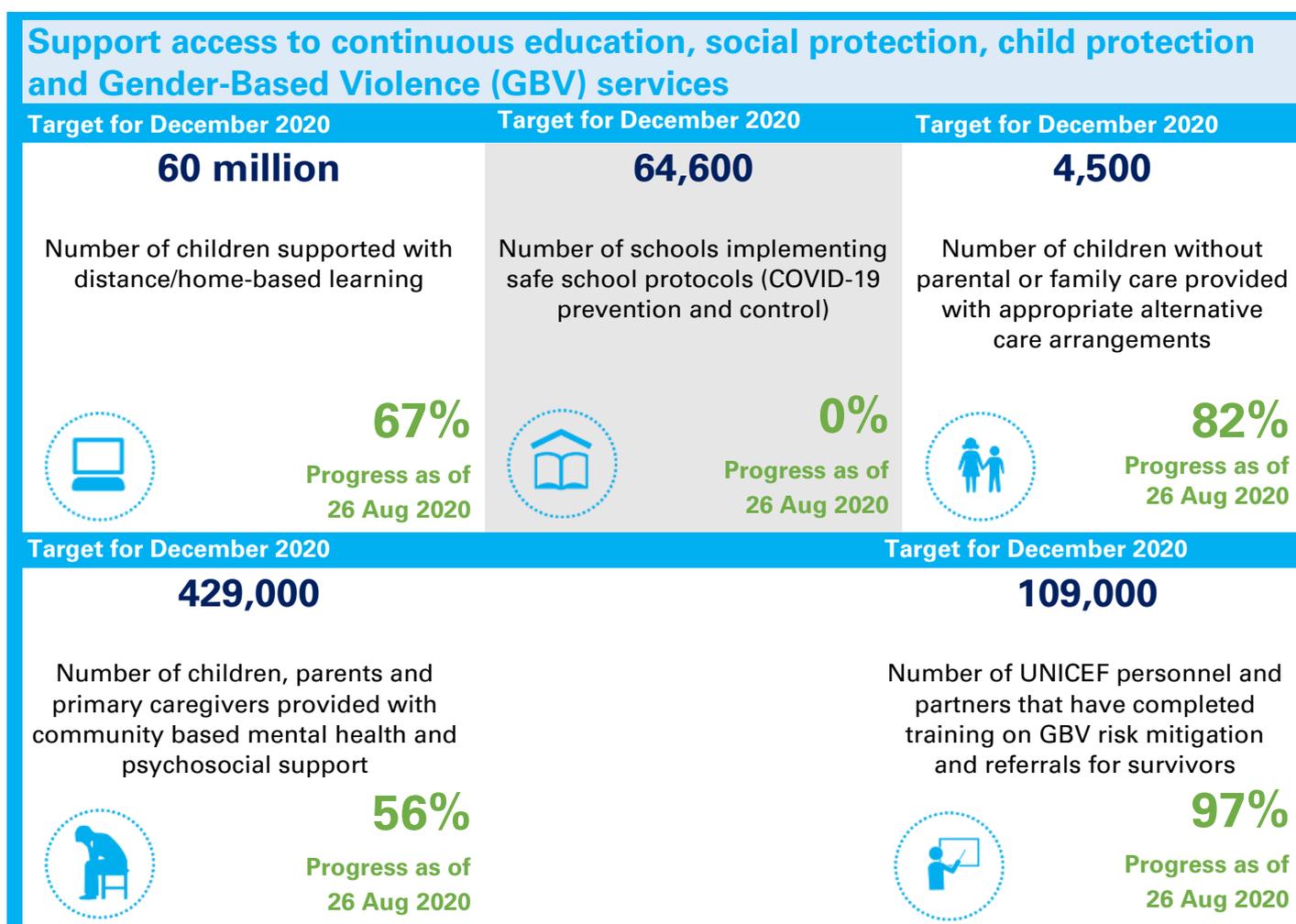
<sup>5</sup> A question was asked to the main earning member - Before the lockdown in March, what was your main source of income? With three options – casual worker, regular job and no job; this question was repeated for post lock down situation; the result is based on the responses in two periods;

<sup>6</sup> **Pradhan Mantri Matri Vandana Yojana (PMMVY)** is a maternity benefit programme run by the government of India

- One out of three mothers with a child aged 6-19 years reported their children were attending on-line classes.
- Mothers' fear of COVID-19 is resulting in children missing out on immunization. Some 55 per cent of rural and 45 per cent of urban mothers with a child less than one year stated that they do not feel safe in taking their children to an *Anganwadi* Centre or health centre for vaccination. More mothers from urban areas missed immunization for their children (33 per cent) than mothers from rural areas (30 per cent).
- Frequency of hand washing improved by<sup>7</sup> 48 and 53 percentage points in rural and urban areas, increasing from 20% & 18% respectively.
- On trusted medium for messages on COVID-19, seven in every 10 main earning members identified television as the most trusted medium for information on COVID-19, followed by newspaper (12 per cent), WhatsApp (nine per cent) and radio (three per cent), The rest trust other mediums including Facebook.

Wave two of the survey is underway, monitoring by community volunteers have been completed.

## 5. Support access to continuous education, social protection, child protection and Gender-Based Violence (GBV) services



<sup>7</sup> More than the usual, as during pre-lockdown

## Education

UNICEF technical support to state governments and partners for continuity of education reached around 40 million children (51 per cent girls) of the targeted 60 million children across 17 states. Support to develop digital content for broadcasting educational lessons through TV, radio and other digital mediums continues.

UNICEF, in collaboration with state education departments is strengthening teacher support systems for improved teacher performance and children's learning. In Madhya Pradesh, a state-wide online capacity building programme for district, block and cluster level officials to mentor teachers for quality of home-based learning has been launched. Over 8,000 academic personnel have been recruited towards this effort. In Rajasthan, an online professional development course for teachers of Grades 6-8 through mentoring and peer learning support reached more than 100,000 teachers. Odisha initiated an innovative mentoring programme for psychological well-being and resilience building of 600 district and block education officials to support quality education.

UNICEF, together with Dalberg consulting firm, is conducting a rapid assessment, in six states (Assam, Bihar, Gujarat, Kerala, Madhya Pradesh and Uttar Pradesh) to understand further how best to promote student learning during school closures. The assessment will identify the needs of parents and students to enable continued learning and their aspirations for future solutions. By including voices from marginalized and vulnerable populations (migrants and families of children with special needs), the assessment aims to provide a review of current interventions and gaps.

UNICEF continued to support virtual training on Safe Schools Protocol reaching over 150,000 teachers, government officials and National Service Scheme (NSS) volunteers in multiple states (Bihar, Chhattisgarh, Gujarat, Jharkhand and Uttar Pradesh). Disinfection and construction of WASH facilities was conducted in over 10,000 schools and 50 *Anganwadi* Centres in Bihar, Gujarat and Uttar Pradesh. Advocacy efforts in Chhattisgarh, Jharkhand and Madhya Pradesh focused on fund leveraging and WASH school readiness protocols. Virtual trainings on menstrual hygiene management continued in Maharashtra and Tamil Nadu.



*Kinjal shares the materials he is using to learn at home in rural Gujarat.*

## Social Protection

UNICEF India is leading several interventions to advance social protection that address the secondary impact of COVID-19, especially on the most marginalized. In Assam, partnership with the State Institute of Panchayat and Rural Development and Action Aid, led to establishing model peer learning centres for *Gram Panchayats* to support the most vulnerable households in applying for job cards under the government rural employment scheme.

In Madhya Pradesh, real-time monitoring through a mobile app has been rolled out to track the 'readiness and response status' of 22,824 Gram Panchayats in prevention, control and mitigation of the risks, especially among the most marginalized. In Uttar Pradesh, Urban Poor Settlement Committees have been formed for community engagement. COVID-19 compliant SoPs have also been drafted for *Aadhar* (national identity/registration card) linked birth registration.

UNICEF is leading a key stakeholders' platform in Bihar to articulate policy recommendations on social protection, employment and empowerment of labour migrants, at the request of the State Labour Resources Department. Support is also being provided to the Department of Finance in assessing their capacity and requirements to safeguard continued investments for children. UNICEF Maharashtra has been tracking spending by, and uptake of, key social protection programmes with a special focus on nutrition. UNICEF Odisha has supported the State Finance Department analysis related to 'reorienting the economy-post COVID-19'.

The 'Karnataka migrant tracking system, an IT enabled arrangement has been launched by Government and UNICEF in over 6,000 villages to understand the emerging needs vulnerabilities of people on the move. The system provides critical data and information like need for enrolment in school or a social protection scheme etc. to government departments for targeted delivery of social sector, child centred services for people-on-the-move. In Jharkhand, UNICEF support to government on coordination with CSOs has resulted in weekly updates and progress on inclusion and access to social protection and other Government services by the people-on-the-move from over 45 local NGOs supporting people-on-the-move to enable further informed, joint planning action by Government and civil society to address emerging needs and vulnerabilities of women, girls, boys and men amongst people-on-the-move.

## Child Protection

UNICEF continues to enable much needed psychosocial support initiatives. Examples include help lines in King Edward Memorial Hospital, Tata Institute of Social Science in Mumbai and iCALL, a free counselling helpline by qualified counsellors for children-on-the-move and COVID-19 patients in Maharashtra. In Gujarat, 407 Prevention of Parent-to-Child Transmission of HIV counsellors were trained in psychosocial support (PSS). In Jharkhand, 504 PSS sessions were held for people-on-the-move. In West Bengal, UNICEF, in partnership with CHILDLINE, National Institute of Mental Health and Neuro-Sciences (NIMHANS) and CSO partners, rolled out a programme for child protection and psychosocial support in 10 districts that have been most affected by the impacts of Cyclone Amphan and the pandemic.

A national roundtable by the Parliamentarians group for Children with 23 members of parliament was held to present the Policy Brief on Child Rights and COVID-19 by CSOs to raise visibility on the impact of the COVID-19 pandemic on children's rights.

In Uttar Pradesh, upon the direction of the court and with the technical support of UNICEF, about 1,000 boys in detention returned to their families/guardians and communities over the last four months. However, more than 600 children (new cases) allegedly in conflict with the law have been detained and are yet to be released. UNICEF and partners have, so far, provided alternative care arrangements to 3,773 children without parental or family care. In Maharashtra UNICEF released a report on 896

children in child-care institutions awaiting inter-district, inter-state and inter-country transfers/repatriation. Advocacy with the State Department of Women and Child Development resulted in referrals of 283 vulnerable, at risk children to the child protection system.

In Rajasthan, 23 children were rescued from labour and are in the process of being rehabilitated while in Uttar Pradesh 1,455 working children aged 9-14 years have been identified through a child labour survey in five districts. These children will be linked with social protection and education/skill programmes. Some 340 persons were rescued from bonded labour, of whom 245 have received an interim relief of Rs. 20,000 (around US \$274) each.

UNICEF, the Maharashtra Police, Mission Josh and the Logical Indian launched the Full Stop to Cyber Bullying Campaign aiming to create awareness and educate people about online harassment, trolls, cyberlaws, basics of cyber bullying, and impact on mental health.



*Amisha, 14, shows she has the Aarogya Setu App to monitor and report COVID-19 symptoms and potential contacts during a home visit from Anganwadi worker Tamiben.*

### **Adolescent Participation and Engagement**

So far, 1,848,061 adolescents and youth have been reached with targeted messages and information on prevention of COVID-19. Youth-inclusive programming has proven to be successful in states such as Chhattisgarh, where *Seekh Mitras* are connecting with over 60,000 children through interactive learning approaches. UNICEF's volunteer dashboard in Odisha set up in collaboration with the Odisha State Disaster Management Authority (OSDMA), Government of Odisha has registered 17,000 individuals and 800 organizations to capture COVID-19 related stories of volunteering efforts on ground, and to prepare for meaningful engagement with volunteers across COVID related issues. UNICEF has also supported the training of the registered volunteers on various aspects of COVID safety, awareness generation, relief camp management, stigma and discrimination etc.

The [YuWaah Youth Challenge](#), launched by UNICEF and YuWaah in collaboration with Atal Innovation Mission, has reached more than nine million young people (10-24 years) across India. It has received

over 1,000 submissions of youth-led innovations to address persisting challenges due to the pandemic. Government of Punjab also officially announced the YuWaah partnership as part of the 'Pride of Punjab' project to deepen youth engagement and address local challenges.

In the run-up to International Youth Day on 12 August YuWaah, UNICEF and UN75 partnered for a workshop with seven young changemakers to go through a process of self-reflection and support them in articulating their journey so far, including their challenges, roadblocks, and stories of success. These young people then went on to be panellists in the International Youth Day Dialogue on 12 August 2020, which reached over 174,000 views and generated considerable engagement. As a follow-up, a special follow-along online workshop aimed at building mindfulness and emotional well-being through art, called the 'Creativity and Young Voices Workshop' reached over 6,000 young people.

To ensure continued learning, YuWaah and UNICEF, in collaboration with NGO Alohomora and iDreamsCareer, a career counselling service for students, organized online sessions on career guidance and psychosocial support reaching over 942,000 young people across India.

## Humanitarian Leadership, Coordination and Strategy

The UN inter-agency coordination in India continues to be led by the UN Resident Coordinator, through the UN Crisis Management Team (UNCMT). In the reporting period focus has been primarily on two key initiatives:

- 1) The COVID-19 Immediate Socio-Economic Response Framework (SERF) by the UN System in India:** The framework reflects UN India's Joint Work Plan for COVID-19 response from August 2020 to December 2021 and focuses on five pillars, namely, 1) Health First 2) Protecting People 3) Economic Response and Recovery 4) Macroeconomic Response and Multilateral Collaboration and 5) Social Cohesion and Community Resilience. Each pillar is being led by a lead agency where UNICEF is designated to lead pillar two Protecting People. The UN Results Group coordination mechanism is being leveraged to develop the SERF workplan and list of indicators. A total of 18 global indicators have been reviewed for monitoring of progress on the SERF.
- 2) Proposals to the Multi-Party Trust Fund (UN COVID-19 Response and Recovery Fund):** The UNCMT swiftly responded to the global COVID-19 MPTF call for proposals, *inter alia*, demonstrating the UN System jointness and focus on principles of Leave no one behind (LNOB), and Human Rights Based Approach (HRBA), Disability and Gender, while building on existing programmes and alignment to SERF. As the global call solicited a maximum of three proposals per country, one for consideration for immediate funding and the others for the MPTF pipeline. For India the proposal on Protection of Women and Girls from Sexual and Gender-Based Violence in times of COVID involving UNICEF, UN WOMEN, WHO and UNHCR was prioritized for submission.

## Funding Overview and Partnerships

The UNICEF India Response Plan to COVID-19 Pandemic funding requirement is US\$ 43.2 million to help prevent the spread and minimize the impact of COVID-19 across India. To date, the appeal is 62 per cent funded with US\$ 26.7 million available against the appeal, including US\$ 5.2 million that has been re-programmed from existing UNICEF India resources. UNICEF India expresses its sincere gratitude to the many Government, IFIs and private and public sector donors who have generously donated and pledged funding to the appeal. This includes the Government of Japan, Government of Germany (BMZ/KFW), Asian Development Bank (ADB), USAID, Global Partnership for Education (GPE), DBS Bank India, Hindustan Unilever Limited (HUL), the Bill and Melinda Gates Foundation

(BMGF), IKEA, Johnson and Johnson, RSPL Foundation, Bewakoof India, UNICEF National Committee partners, and others.

The Response Plan is still in urgent need of \$16.5 million that remains unfunded. Bridging the funding gap will ensure larger number of vulnerable children and their caregivers' access essential services and supplies including healthcare, nutritional care, sanitation, education, protection and psychosocial support. To discuss partnership opportunities, see contact details below.

## Human Interest Stories and External Media

Media: Al Jazeera's Instagram interview of UNICEF India Representative on the impact of COVID-19 on schooling in India [Link](#)

Media: UNICEF India's Chief of Nutrition interviews with The Hindu and Times of India [The Hindu Link](#) & [TOI Link](#)

Media: UNICEF India Representative's interaction with youth changemakers on Indian Express Facebook Page [Link](#)

Media: Media meet on addressing COVID-19 stigma attended by 75 participants [Link](#)

Media: UNICEF India WASH Specialist participated in panel discussion on re-opening of schools broadcast on Rajya Sabha TV [Link](#)

Media: UNICEF Bihar child protection specialist interviewed on [UN Radio](#) about preventing child marriage among the Mahadalit community in the State [Link](#)

Web: Jeevan Rath – the wheel that keeps spinning bringing relief and response to the most vulnerable [Link](#)

Web: Children's video diaries about life during COVID-19 [Link](#)

Web: A friendly voice down the line [Link](#)

## Next SitRep: September 2020

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## Annex A: Funding Status

Response Pillar	Total ICO BUDGET (US\$) as at 6 May	Funds Available		TOTAL FUNDS Available	Funding GAP	% Gap
		Humanitarian/ COVID response funds received	Other Resources			
1. Risk Communication and Community Engagement (RCCE)	2,900,000	1,453,422	100,000	1,553,422	1,346,578	46%
2. Improve Infection and Prevention Control (IPC) and provide critical medical and water, sanitation and hygiene (WASH) supplies	25,075,000	15,839,640	500,000	16,339,640	8,735,360	35%
3. Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management	5,100,000	529,027	1,875,000	2,404,027	2,695,973	53%
4. Data collection and social science research for public health decision making	650,000	186,720		186,720	463,280	71%
5. Support access to continuous education, social protection, child protection and genderbased violence (GBV) services	5,175,000	735,787	2,685,000	3,420,787	1,754,213	34%
6. Coordination, technical support and operational costs	1,100,000	1,191,564		1,191,564	-91,564	-8%
<b>Programable Amount</b>	<b>40,000,000</b>	<b>19,936,159</b>	<b>5,160,000</b>	<b>25,096,159</b>	<b>14,903,841</b>	<b>37%</b>
Total Global Recovery cost	3,200,000	1,609,964		1,609,964	1,590,036	50%
<b>Total Funding Requirement</b>	<b>43,200,000</b>	<b>21,546,123</b>	<b>5,160,000</b>	<b>26,706,123</b>	<b>16,493,877</b>	<b>38%</b>