**Highlights**

- **More than 700 million children and their families** across India have been reached with accurate information on how to stay safe from COVID-19.
- **Approximately 45 million people** engaged in activities that facilitate two-way communication, meaningful participation and local action on COVID-19 through digital and non-digital platforms.
- Across India **1.9 million people reached** with critical WASH supplies (including hygiene items) and services.
- Approximately **two million healthcare facility staff and community health workers** have been trained in infection prevention and control.
- Some **27,500 healthcare workers** within health facilities and communities provided with personal protective equipment.
- Over **35 million children continue to learn** through education initiatives launched by UNICEF and partners across 16 states.
- Some **199,000 children and their caregivers** have been provided with psychosocial support.
- To date **2,200 children without parental or family care** have been provided with appropriate alternative care arrangements.
- Some **48,000 UNICEF personnel and partners** have completed training on Gender-Based Violence (GBV) risk mitigation and referrals for survivors.
- So far **4.9 million children and women received essential healthcare**, including prenatal, delivery and postnatal care, essential newborn care, immunization, treatment of childhood illnesses and HIV care in UNICEF supported facilities.
- Some **1.42 million healthcare providers** have been trained in detecting, referral and appropriate management of COVID-19 cases.

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1. [https://en.unesco.org/covid19/educationresponse](https://en.unesco.org/covid19/educationresponse) accessed 1 July 2020
2. [https://www.mohfw.gov.in/](https://www.mohfw.gov.in/) accessed 1 July 2020 8.00 a.m.

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**UNICEF COVID-19 Appeal 2020**

**US$ 43.2 million**

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**Situation in Numbers**

- **286 million** Children and adolescents affected by COVID-19 school closures
- **568,092** Total laboratory-confirmed 2019-nCoV cases
- **17,400** Total COVID-19 deaths

**Cyclone Amphan in numbers**

- **13.6 million** people affected
- **4.35 million** children affected
- **86 deaths**
Situation Overview and Humanitarian Needs

June has seen a rising number of COVID-19 cases and deaths. India currently ranks fourth among countries with the highest COVID-19 spread globally. Over 220,000 active cases under medical supervision was reported on 1 July while nearly 350,000 have been treated to recovery.

India has increasing number of diagnostic labs (over a 1000 in June, in both public and private sectors) dedicated to COVID-19 testing. Over 200,000 samples are being tested daily. Maharashtra, Delhi, Tamil Nadu and Gujarat (in that order) report 65 per cent of the total cases in India.

Forced migration from cities to villages continues in significant numbers due to the lockdown and related disruption in economic activity, pushing people further to vulnerabilities. State help desks and tracking portals estimate the number of people – some 1.7 million people were on the move across 75 districts in Uttar Pradesh. As of June, over half a million migrants from Madhya Pradesh had returned to the state. In Bihar, about half of the migrant households in a Rapid Assessment have reported complete loss of income. Over two-thirds of the households who reported complete loss of income due to lockdown said they have finances that are adequate for only less than a month. An estimated 200,000 people are yet to return to Jharkhand, 600,000 of the 800,000 migrant workers were registered upon return via the State’s help desk.

Seasonal natural disasters continue to exacerbate the impact of the pandemic in several states. The damages left by Cyclone Amphan, the strongest tropical cyclone to strike the Ganges Delta since 2007, are being addressed by government and civil society organizations. Health services have been restored while restoration of critical infrastructure such as roads and power supply are ongoing. The first wave of floods in Assam started on 22 May in the aftermath of Cyclone Amphan. The second wave of flooding is affecting an estimated 180,000 people including 75,725 children across nine districts in Assam. The State Government has set up 44 relief camps in the affected districts where 11,468 people have taken shelter, including an estimated 4587 children. UNICEF has been coordinating with the government to provide necessary cross-sectoral technical support for line-department led response.

Summary Analysis of Programme Response

UNICEF continues to support the national efforts on COVID-19 prevention and response through the Joint Response Plan to COVID-19 focusing on health, coordinated by WHO, and the UN immediate socio-economic response plan, with multisectoral interventions to minimize the impact on the most vulnerable. UNICEF also coordinates with the Government of India as part of the empowered groups created under National Disaster Management Act 2005. We work in close coordination with the Ministry of Health and Family Welfare (MoHFW) and its institutions. These institutions include Indian Council of Medical Research, National Centre for Disease Control, and Emergency Medical Relief, Immunization, Adolescent Health, Maternal Health and Child Health Divisions.

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.

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1. Risk Communication and Community Engagement (RCCE)

As the lead coordinating agency for the national campaign against stigma and discrimination, UNICEF-led advocacy reached 38 members of parliament, 230 members of the legislative assembly, 23,922 sarpanch, and 11,340 ward parshad through the Chief Ministers in Maharashtra and Madhya Pradesh. A strategic alliance with 15 key humanitarian actors and leaders of faith-based organizations and 35 universities was strengthened.

UNICEF, WHO and MoHFW built the capacities of more than 300 Civil Society Organizations (CSOs) and 542,180 youth National Service Scheme members to reach communities with information and advice on how behaviour can reduce risk of COVID-19 infection. National CSO partnerships to improve routine immunization and reproductive, maternal, neonatal, child and adolescent health services are reaching 59 districts across 14 states where UNICEF is present.

Close to 38 million people were reached with COVID-19 messages on prevention and access to services, while over 19 million people were engaged through digital and non-digital platforms. Feedback mechanisms for two-way communication have been enabled and to date 1,812,391 people have shared concerns and sought clarifications on COVID-19 via messaging platforms, radio and phone.

UNICEF continued to provide technical assistance to the government in planning, capacity development and implementation of COVID-19 related RCCE activities, reaching an estimated 24.4 million people. The support included context-specific content and messages developed for different platforms, including social media, radio and TV, and print materials. Media partnerships with English and local language media have been expanded. State-wide real-time monitoring systems (using Rapid Pro) were rolled out to collect direct feedback from affected communities and migrants in UP and Maharashtra.
2. Improve Infection Prevention and Control (IPC) and provide critical medical and water, sanitation and hygiene (WASH) supplies

<table>
<thead>
<tr>
<th>Improve Infection and Prevention Control (IPC) and provide critical medical and water, sanitation and hygiene (WASH) supplies</th>
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<tbody>
<tr>
<td><strong>Target for December 2020</strong></td>
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<tr>
<td><strong>2.3 million</strong></td>
</tr>
<tr>
<td>Number of people reached with critical WASH supplies (including hygiene items) and services</td>
</tr>
<tr>
<td>![Icon] 83% Progress as of 24 June 2020</td>
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</tbody>
</table>

Some 250,000 people were trained on IPC and WASH, including urban sanitary inspectors in Maharashtra, teachers in Assam, Bihar, Chhattisgarh, Tamil Nadu and Uttar Pradesh, caregivers in Bihar and in Maharashtra’s urban slums, adolescents in Assam and Odisha, frontline workers in quarantine centres in Jharkhand, NGO members in West Bengal, and Panchayati Raj Institution (PRI) members in Bihar, Chhattisgarh and in West Bengal.

UNICEF continued to support the most vulnerable communities affected by or at risk of COVID-19 with WASH supplies and services, reaching an estimated 1.9 million beneficiaries. Supplies included masks, sanitizers and soaps. Private sector partnerships, such as those with Hindustan Unilever (HUL), and Rohit Surfactants Proprietary Limited (RSPL), further boosted the provision of critical WASH supplies to states.

As part of the urban support strategy, 800,000 triple layered masks were supplied through partners to Sion Hospital which caters to the world’s largest slum, Dharavi, 650,000 to Municipal Corporation of Greater Mumbai and 150,000 to Bengaluru.

UNICEF advocated with the Ministry of Jal Shakti (responsible for water supply and sanitation), the Ministry of Housing and Urban Affairs and key development partners to scale up WASH and IPC interventions in the slums and informal settlements across India most affected by COVID-19. UNICEF facilitated the installation of foot operated handwashing stations in Assam, Bihar, Gujarat, Madhya Pradesh, and Maharashtra and hand pump repairs in Uttar Pradesh. UNICEF also facilitated the provision of sanitation facilities in COVID-19 sensitive flood relief camps in Assam and the setting up of water treatment plants in cyclone affected areas that are at risk of COVID-19 in West Bengal.

Thermal scanners for airports, with support from ADB, reached India in June end and will be installed in select airports during in July.
3. Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management

<table>
<thead>
<tr>
<th>Target for December 2020</th>
<th>Target for December 2020</th>
<th>Target for December 2020</th>
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<tbody>
<tr>
<td><strong>1.5 million</strong></td>
<td><strong>34.2 million</strong></td>
<td><strong>363,000</strong></td>
</tr>
<tr>
<td>Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases</td>
<td>Number of children and women receiving essential healthcare, including prenatal, delivery and postnatal care, essential newborn care, immunization, treatment of childhood illnesses and HIV care in UNICEF supported facilities</td>
<td>Number of children (6-59 months) admitted for treatment of SAM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Progress as of 24 June 2020</th>
<th>Progress as of 24 June 2020</th>
</tr>
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<tbody>
<tr>
<td><strong>95%</strong></td>
<td><strong>14%</strong></td>
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</table>

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

In multiple states UNICEF is supporting trend analysis of COVID-19 cases, response planning, reporting for results and developing standard operating procedures. For example, in Rajasthan UNICEF provided technical support for strengthening and refining of Mission LISA focused on testing those aged above 60 years, with health issues, for early detection and treatment. We also supported the chief minister’s office in planning a state-wide awareness campaign to prevent the spread of COVID-19.

In 16 states UNICEF supported state governments in supervisory visits to more than 300 level two COVID-19 health facilities, together with WHO and other UN agencies. These visits provided on-site mentorship to health care providers supported state governments in assessing areas of improvement. In Gujarat and Maharashtra our teams have supported municipal corporations in containing the spread of COVID-19 in urban areas. In Mumbai, for instance, a multi-stakeholder consultation led to approval of action plans for two wards to implement microplanning and containment activities in partnership with ward offices and CSOs.

UNICEF supported active community engagement platform, Social Mobilization Network (SMNet), in Uttar Pradesh, supported orientation of Nigrani Samitis (surveillance committees) at village level to ensure implementation of COVID-19 protocols among returning migrants. In Bihar, 36,729 migrants were monitored by the SMNet team in June with the aim to improve perceptions and behaviours related to COVID-19. In West Bengal, hands on training for nurses treating patients with COVID-19, and interaction with COVID-19 warriors (COVID-19 warriors are the health care workers including nurses, doctors and other support staff working in hospital designated for COVID-19 treatment), has been enabled through interactive sessions on psychosocial care and communication.
Support to continuity of reproductive, maternal, newborn, child and adolescent health services

A situational analysis of private paediatrics and obstetric facilities providing maternal and newborn child health services in Gujarat was undertaken in partnership with professional associations and four medical colleges.

In Uttar Pradesh, ongoing tracking of reverse migration of informal workers resulted in identifying 341 pregnant women who returned to their home in the last two weeks of June, whose details were shared with government to ensure inclusion and access to ANC services and institutional delivery. Lists of 11,500 children under two years will also be shared with government for linking with immunization services.

In many states UNICEF has been instrumental in supporting the resumption of services at Special Newborn Care Units (SNCUs). For example, in Uttar Pradesh UNICEF’s analysis of online data tracking of SNCUs and labour rooms led to the Government of UP issuing a letter to all districts to take appropriate corrective action. In Chhattisgarh, UNICEF also facilitated a state level review of SNCUs in all districts. In Bihar, supportive supervision of SNCUs and delivery points has been initiated to ensure uninterrupted maternal and newborn health services.

In Assam, advocacy with the state government contributed to the complete resumption of immunization services including outreach through Village Health Sanitation and Nutrition Days. The State Department of Health and Family Welfare is also scheduling review meetings and capacity building workshops to maximize effectiveness of the interventions.

Essential nutrition services

UNICEF continues to advocate for continuity of essential nutrition services across India. State level advocacy efforts by UNICEF and other development partners contributed to re-initiation and implementation of village health, sanitation and nutrition days in 10 states, continued operation of Nutrition Rehabilitation Centres in nine States, home-based young childcare services in four states, and growth monitoring and promotion services in three states.
UNICEF, WFP, WHO and FAO published a joint statement on Nutrition in the context of COVID-19 and presented a list of six crucial domains for action, by concerned stakeholders including the UN, to enable nutrition and food security during this crisis. An interview with UNICEF India Country Representative published online in Seminar magazine focused on the urgency for COVID-19 sensitive approach to ensure safe resumption of essential nutrition services.

UNICEF compiled 30 stories on the work across states, districts and communities to continue delivering essential nutrition services. By sharing good practices, examples, suggestions, the stories inspire and call for continuation of critical services including in the times of COVID-19 to reduce maternal and child malnutrition and anaemia, while also limiting the risk of COVID-19 transmission. These stories were written by colleagues working in the government, UNICEF, FAO, World Vision, Piramal, IFAD and others. They have been disseminated widely through POSHAN Weekly, a weekly newsletter with 2000 subscribers from the nutrition community, Members of Parliament and through social media.

New data at state and national level on coverage of critical nutrition services indicate initial signs of a U shape, signifying an increasing uptake of services despite the growing numbers of COVID-19 cases. As containment measures are being eased, services are being re-organized. Even so, availability of data is constrained and limited in geographic scope.

In 14 states where UNICEF has field offices, take home rations are provided through anganwadi (pre-school) workers to pregnant or lactating women, and children, even as anganwadi centres are closed or not providing regular services. These services have also been extended to cover eligible migrant families arriving in the state. Instead of distribution of take-home rations by the anaganwadi worker, Telangana is offering a takeaway hot meal from the anganwadi centre, while in Bihar cash transfers are being provided.

Vidya practices the correct handwashing technique at a session for children during the Manta Diwas, Village Health and Nutrition Day, organized after the COVID-19 lockdown in Dahod, Gujarat.

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

The first of four rounds of the community-based monitoring (CBM) mechanism has been completed. The CBM, established in 12 districts across seven states, aims to monitor the impact of COVID-19 related lockdown on families by monitoring 300 households. It focuses specifically on access to health and nutrition services for children, pregnant women and lactating mothers through *anganwadi* centres (village level pre-school/nutrition centres). In addition, the CBM assessed pre-school education for children aged three to six years; the frequency of handwashing practiced by all community members during the lockdown; access to government-provided social services such as job guarantee schemes for the poor and marginalized; and access to food items distributed through the government’s public distribution system.

The CBM results revealed that the effect of the lockdown is not uniform across all 12 districts. The main effects of the lockdown highlighted via the monitoring were:

1. Access to medical services through local health facilities reduced in 25 per cent of the households.
2. Access to the social protection benefit for employment guarantees scheme and public food distribution system has remained stable.
3. Discrimination and stigma against home returnees is high, with 75 per cent of the monitored communities in rural areas reporting that they were either afraid of home returnees (reverse migrant laborers) or looked down upon them, due to a perceived notion that the carriers of COVID-19 infection came from outside the locality.
4. 36 per cent of returnees in the monitored communities have not received job-cards under the employment scheme to which they are entitled.
5. A little over half of rural households reported that children aged three to six years did not receive pre-school education during the lockdown period.
6. Close to half of rural households and 40 per cent of urban households reported that the practice of handwashing has not improved during the lockdown.

*Volunteers from Jeevan Rath (Relief on Wheels) distribute ration kits to people in a tribal village in Vasai, Maharashtra.*
### Support access to continuous education, social protection, child protection and Gender-Based Violence (GBV) services

<table>
<thead>
<tr>
<th>Metric</th>
<th>Target for December 2020</th>
<th>Progress as of 24 June 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children supported with distance/home-based learning</td>
<td>59 million</td>
<td>60%</td>
</tr>
<tr>
<td>Number of schools implementing safe school protocols (COVID-19 prevention and control)</td>
<td>64,600</td>
<td>0%</td>
</tr>
<tr>
<td>Number of children without parental or family care provided with appropriate alternative care arrangements</td>
<td>3,300</td>
<td>67%</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Metric</th>
<th>Target for December 2020</th>
<th>Progress as of 24 June 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children, parents and primary caregivers provided with community based mental health and psychosocial support</td>
<td>3,71,000</td>
<td>54%</td>
</tr>
<tr>
<td>Number of UNICEF personnel and partners that have completed training on GBV risk mitigation and referrals for survivors</td>
<td>1,04,000</td>
<td>46%</td>
</tr>
</tbody>
</table>

### Education

UNICEF is providing technical support to state governments and partners for continuity of students’ learning at home, benefitting 35 million children (approximately 48 per cent girls) in 17 states. Support on content development for broadcasting of educational lessons in 10 states through TV, radio and other digital mediums continues. Multiple outreach strategies are being developed to improve access and use of learning materials by students, especially in reaching the unreached, with the support of parents, academic coordinators, volunteers and partners. For instance, in Odisha, an ‘Alternate Learning and Mentorship Programme’ is being rolled out to cater to 600,000 Schedule Caste (SC) and Scheduled Tribe (ST) students from Standard Two to Ten, in collaboration with the SC/ST development department. In Bihar, around 2000 head teachers from the Madrasa Board are being trained on learning outcomes to support continuity of students’ learning. In Chhattisgarh, with the help of volunteers, more than 25,000 children (approximately 45 per cent girls) are being supported in five remote districts through the Seekh programme.

UNICEF in collaboration with the Department of Women and Child Development at the state level continues to roll out the responsive parenting programme for parents of young children in seven states. Technical support is being provided on preparation and roll out of a monthly calendar of activities and key messages on responsive parenting through various pathways including radio, video, WhatsApp and posters.
In Assam, for example, in collaboration with the Department of Social Welfare around 1210 (90 per cent female) child development project officer supervisors and *anganwadi* workers have been oriented on responsive parenting, aiming to reach around 150,000 pre-school children (approximately 49 per cent girls) through the 23,000 *anganwadi* workers. UNICEF also launched the *Saath health* App in collaboration with *Samagra Shiksha* Jammu and Kashmir and Mission Directorate ICDS. *Saath health* App is a digital parenting platform that offers behaviour change content to parents of children zero to six years, focusing on children’s health, nutrition, early development and early learning.

UNICEF provided multi-sectoral technical support to the preparation of guidelines on the reopening of schools in seven states. For example, in Maharashtra, through several consultations with NGO partners, teacher unions and other functionaries, draft checklists and guidelines have been prepared to support the decision-making process around the reopening of schools. We also provided feedback from across states to the National Council of Educational Research and Training (NCERT) towards the revision and finalization of guidelines.

Multiple states (Bihar, Gujarat, Maharashtra and Tamil Nadu) oriented block officials, teachers, state and district functionaries, principals and wardens of tribal residential schools and vulnerable school children through online channels. Jharkhand launched a module on Safe School Protocols (SSPs) on the State’s Swachh Vidyalaya Puraskar app. Odisha also supported online capacity building on SSPs for adolescents. In Uttar Pradesh, interactive voice response calls to headmasters of all 168,388 elementary schools are being used to track progress of school WASH construction work and to support the Gram Panchayat in this process.

**Social Protection**

State specific initiatives to support design and implementation of social protection measures for the most vulnerable are being undertaken. UNICEF in Odisha is engaging with the government to advocate for a universal cash transfer scheme for enrolment and retention of children in the school system post COVID-19 school opening. This is expected to benefit at least one million children, from six to 17 years old, in the state. In Assam UNICEF is partnering with the State Rural Livelihood Mission to enhance financial inclusion of vulnerable families to access benefits in select tea livelihood blocks in three districts. In Rajasthan an online forum for capacity building of civil society partners was launched to guide and support their efforts towards ensuring that vulnerable families have the necessary means to mitigate the adverse impact of COVID-19 from a socio-economic point of view.

Advocacy by UNICEF in Uttar Pradesh led to an expansion of the new child labour cash transfer programme to include children from families of migrant workers and a bundling of social protection schemes for the families of children enrolled in this scheme. In Jharkhand, a monitoring mechanism for social protection benefits and services has been developed and initiated in four blocks in West Singhbhum. Technical support by UNICEF West Bengal Office is resulting in continued enrolment of girls into a conditional cash transfer programme based on school enrolment.

There is concerted action by UNICEF teams across the states to support migrants with social protection measures. In Bihar, a stakeholder platform has been convened to articulate policy recommendations to the government on social protection, employment and empowerment of labour migrants. In Chhattisgarh, UNICEF developed a comprehensive strategy paper on social protection of reverse migrants for the Government of Chhattisgarh, which opened the space for a policy level discussion on migrants. In Odisha, UNICEF is working with the government to establish a planning and monitoring unit for migration tracking and response in the state. In Uttar Pradesh, we are supporting the government to enable social protection and skilling measures for migrants.
Rapid assessments conducted by UNICEF across states are supporting governments in understanding bottlenecks on access to social protection measures. In Jharkhand, the first round of accessibility to social protection measures to mitigate the impacts of COVID-19 on 6000 households covering 18 of the 24 districts in the State has been completed and shared with government. In Andhra Pradesh, the rapid assessment highlighted disruptions in service delivery, particularly services and in-kind transfers to pregnant women and children, both through *anganwadis* and health centers. This has resulted in the creation of an additional feedback loop where information now comes to the state department directly from the beneficiaries (pregnant and lactating mothers and their children) and state intervention is sought where necessary. In Rajasthan, to strengthen evidence on the delivery of nutrition related entitlements, a rapid assessment on the delivery of take-home rations during the COVID-19 pandemic was carried out. The government is now considering a follow-up survey to strengthen the design of take-home rations in the state.

UNICEF teams are engaging strongly with Gram Panchayats to build their capacities towards implementing social protection measures. In Madhya Pradesh, outreach of relief and social protection services to migrants and poor families in 100 Gram Panchayats enabled information sharing and raising awareness among 50,000 people. In Chhattisgarh, UNICEF contributed to the development of guidelines on the role of Gram Panchayats and management of pregnant and lactating mothers in quarantine centres. In Rajasthan, the CSO platform developed by UNICEF conducted online block level orientation of newly elected Panchayati Raj Institutions (PRIs) towards a more decentralized management of COVID-19 and is also planning a mobile-based online learning platform for PRIs. In Assam, model panchayats are being developed in three districts, with a focus on children and women’s development in partnership with the State Institute of Panchayati Raj and Rural Development.

The Government of Tamil Nadu and UNICEF are working together in preparing a map for socio-economic response and recovery. In Chhattisgarh, UNICEF supported development of a COVID-19 cell at the State Planning Commission. In Maharashtra, UNICEF is undertaking fortnightly tracking of expenditure and uptake of the State’s main food schemes. In Uttar Pradesh, UNICEF supported development of the terms of reference for the newly announced Commission for Migrant Workers in the State. UNICEF is also supporting setting up a governmental Migration Resource Centre in Odisha.

**Child Protection**

The effects of COVID-19 on migrant populations, especially children, continue to be felt. In June, at least nine children lost their lives on the journey, in railway stations or in quarantine centres due to poor conditions. CHILDLINE has reported 3,653 interventions related to the rescue of child labourers, with 50 per cent of children rescued aged between 11 and 15 years, and 40 per cent below 10 years. The Supreme Court has issued a second follow up order to all states on the status of children who have been sent home since the onset of the pandemic, and on the functioning of the child protection structures. Over 80,000 children from childcare institutions across states have been sent back to their families. In Uttar Pradesh, 50 children are reported COVID-19 positive in a childcare institution for girls.

Over 304 child marriages were prevented through UNICEF interventions across Assam, Chhattisgarh, Madhya Pradesh, Tamil Nadu and West Bengal, Maharashtra and Odisha. Marriages were averted through counselling of parents, adolescents and community members. In Rajasthan control rooms for child marriage have been established across all districts. In Tamil Nadu, help desks are set up by district administrations for emergencies and a toll-free control room helpline with a rescue team has been established, which are also addressing child marriage. Religious institutions have been instructed by Tamil Nadu District Administration not to perform public religious activities which would support child marriage.
To date, 85,361 children from migrant families in eight states have been supported by UNICEF with access to services, including food and safe transportation, and access to basic protection services. These children were stranded while attempting to reach their homes.

Uttar Pradesh launched a Conditional Cash Transfer Scheme (CCTS) for prevention and rehabilitation of child labour. The CCTS has been designed with UNICEF technical support and will benefit about 2,000 children in the next six months. In Gujarat, UNICEF provided an information pack to the Labour Department for dissemination upon the return of over 300,000 workers and families. In Odisha, emergency relief support was provided to 487 children of migrant workers left behind with local guardians, as well as to 100 severely distressed migrant families. Messages on World Day against Child Labour reached over 2.3 million people through print and digital media coverage.

Nearly 367,500 children and caregivers in institutions and foster care have received information on prevention and response to COVID-19. In Uttar Pradesh, 71 separated/unaccompanied children were reunified with their families and 1,735 children in 31 Child Care Institutions have received medical services. In the last two weeks of June, 114 girls and 170 boys were provided with alternative care arrangements in five states. In Rajasthan, state level advocacy has ensured monthly disbursement of the kinship care scheme for around 300,000 vulnerable children.

In Maharashtra, 300 children were reunited to their families from childcare institutions and Ashram Schools by the District Child Protection Unit. UNICEF convened Maharashtra Government After Care Association and NGOs to scale up support to nearly 600 care leavers.

A national level training on child protection in the context of COVID19 was organized by the National Institute for Public Cooperation and Child Development (NIPCCD), the training wing of the Ministry of Women and Child Development, benefiting 794 participants. A series of sessions with CHILDLINE and National Institute for Mental Health and Neurosciences (NIMHAS) was organized on psychosocial support benefiting 509 participants. UNICEF also supported a training organized by the Department of Women and Child Development in Uttar Pradesh to review One Stop Centre operations during COVID-19. It was assessed that newly appointed staff need prolonged support for effective functioning of the Centres.

UNICEF and CHILDLINE ran a training of over 350 NGO partners on ending violence against children in collaboration with PRATYeK. The training focused on strengthening advocacy by children’s parliaments with policy makers.

UNICEF in partnership with state government departments, CHILDLINE and NIMHANS, have reached 199,783 children and their parents or caregivers with mental health and psychosocial support services in 17 states. More than 1,400 CHILDLINE functionaries were trained on providing psychoeducation and psychosocial first aid to children. In addition, IKEA in India donated one million PPE for CHILDLINE workers and COVID-19 hospitals and quarantine centres in several cities.
In Assam, UNICEF in partnership with the State Child Protection Society, Assam Police’s Sishu Mitra Programme, CSOs and Tea Estates reached 6000 children and their parents or caregivers with mental health and psychosocial support services.

Around 20,000 professionals from across the north eastern states representing media houses, teacher bodies, national youth volunteer networks (National Service Scheme and Nehru Yuva Kendra), academics and students from universities, CSOs, volunteers recruited for COVID-19 and child protection functionaries received customized training on mental health and psychosocial support.

In 20 districts of Uttar Pradesh, UNICEF and partners are providing support at railway and bus stations to returning workers and children arriving by special trains and buses. UNICEF-supported initiatives designed to provide targeted support for children in CCIs, migrant workers, separated and unaccompanied children has been able to serve 56,634 children and their parents or caregivers. In Uttar Pradesh, 32 child marriages were reported between November 2019 and March 2020 in 10 UNICEF supported districts. However, in the post lockdown period, there has been a steady decline observed in the number of child marriages. Awareness programmes, directives, law enforcement and efforts by development partners have played an important role in preventing child marriage. In addition, government programmes like Beti Bachao Beti Padhao are said to have significant impact in reducing child marriage.

Adolescent Participation and Engagement:

UNICEF has reached 1,379,665 adolescents and youth across platforms and networks with targeted information and messaging on prevention of COVID-19.

In Assam the National Service Scheme (NSS) and UNICEF reached 58,283 people through their public awareness campaign Thumbs-Up Assam, aiming to increase public awareness and address stigma and discrimination associated with COVID-19. In addition, 10,000 Pratirodhi Bondhu (Friends for Resistance) volunteers have been actively engaged by the Assam Disaster Management Authority to support the management of quarantine centres and to raise awareness in public spaces.

In Tamil Nadu UNICEF-supported the ‘Take It Eazy’ mobile-messaging programme to reach more than 78,000 students in 10 days and receiving direct feedback from 1500 students. In Odisha UNICEF facilitated a Virtual Community Volunteer Network of more than 500 volunteers to reach 100,000 migrants, including adolescent and youth, with key messages related to COVID-19, covering 190 villages.

“I feel so lucky that in this COVID-19 situation where no one is ready to help, my parents allowed and supported me to do something for society. I experienced lots of things, like many people came forward to help and in this situation lots of efforts were taken by our social workers,”

- Sonam P. Kannojiya, 18 year-old student and Jeevan Rath (Relief on Wheels) volunteer in Mumbai.

“The CHILDLINE team is very happy to say thank you for providing the face masks and shields. We are using them while carrying out our intervention. We feel we are being protected,”

- Preeti Malhotra, Coordinator, CHILDLINE Central District Delhi
UNICEF and YuWaah! organized the first edition of #YuvaSansad (Youth Parliament), a live interaction to bring together young people and members of the legislative assembly digitally to discuss the issues faced by young people in Assam, Chhattisgarh, Maharashtra and Tamil Nadu.

Adolescent friendly club meetings led by health counsellors are training young people in Gujarat to conduct such meetings on basic health issues and good practices among their peers.
Humanitarian Leadership, Coordination and Strategy

The UN Resident Coordinator continues to lead the UN inter-agency coordination efforts in India, through the UN Crisis Management Team (UNCMT) ensuring an integrated, coherent and whole-of-system response. Updates during the reporting period include the following:

**Formal submission of the updated COVID-19 Joint Response Plan and proposed Results Framework to Government of India:** The UN Resident Coordinator submitted the updated JRP and the proposed Results Framework for the consideration of NITI Aayog, Government of India. JRP serves as an endeavour of UN agencies and partners to organize effective coordination and collaboration among health partners to support strategic planning at the country level. It also aims at supporting the government efforts to minimize social impact through risk communication and community engagement and facilitate operational and clinical research like the global solidarity trial on pharmaceuticals.

**Continued engagement of UN System on immediate socio-economic response to COVID-19 in India:** Support to national and state governments continued over the reporting period, including on cross-sectoral situation analysis and impact assessment, addressing stigmatization, engaging with adolescents and youth, and strategic communication. Within the UN System in India, UNICEF continued to lead the UN’s effort on Discrimination and Stigma in the context of COVID-19 and developed a communications strategy for a comprehensive anti-stigmatization campaign for MOHFW, focusing to reach all groups, beyond just health personnel and COVID-19 positive individuals.

**Implementation of Human Rights Indicators in the socio-economic assessments and analysis:** In conformity with the guidance from the HQ Crisis Management Team, the mandated inter-entity task team on human rights indicators, the list of agreed thematic indicators to assess and mitigate human rights impacts of the COVID-19 pandemic, stood incorporated in the UN’s Framework for the Immediate Socio-economic Response to COVID-19 for roll-out at the country level. These indicators, inter alia, are expected to help guide the UN System’s health and humanitarian response.

**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 60 per cent funded with US$ 25.9 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), IKEA, Asian Development Bank (ADB), USAID, Global Partnership for Education (GPE), DBS Bank India, Hindustan Unilever (HUL), Netafin and the Bill and Melinda Gates Foundation (BMGF) and others.

The Response Plan is still in urgent need of $17.4 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: Children, the hidden victims of COVID-19 [link]
Media: Interview with Dr Yasmin Ali Haque: Do you know what UNICEF is telling us? [link]
Media: Govt. intervened to stop over 5,584 child marriage during coronavirus link
Media: Children face 30 forms of violence and abuse in households, says study link
Web: UNICEF steps in with relief for migrant children and women link
Web: Award winning musicians unite for the ‘My Earth Songs for Every Child’ global concert link
Web: Join Kareena Kapoor Khan - support the #ChildhoodChallenge to help vulnerable children link
Press release: Urgent action needed to safeguard futures of 600 million South Asian children threatened by COVID-19 link
Press release: Kareena Kapoor Khan launches UNICEF #ChildhoodChallenge campaign to help children impacted by COVID-19 link

Next SitRep: August 2020

UNICEF India: https://www.unicef.org/india/

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## Annex A: Funding Status

<table>
<thead>
<tr>
<th>Response Pillar</th>
<th>Total ICO BUDGET (US$)</th>
<th>Humanitarian/ COVID-19 response funds received</th>
<th>Other Resources</th>
<th>TOTAL FUNDS Available</th>
<th>Funding GAP</th>
<th>% Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Risk Communication and Community Engagement (RCCE)</td>
<td>2,900,000</td>
<td>1,684,383</td>
<td>100,000</td>
<td>1,784,383</td>
<td>1,115,617</td>
<td>38%</td>
</tr>
<tr>
<td>2. Improve Infection and Prevention Control (IPC) and provide critical medical and water, sanitation and hygiene (WASH) supplies</td>
<td>25,075,000</td>
<td>16,373,394</td>
<td>500,000</td>
<td>16,873,394</td>
<td>8,201,606</td>
<td>33%</td>
</tr>
<tr>
<td>3. Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management</td>
<td>5,100,000</td>
<td>300,000</td>
<td>1,875,000</td>
<td>2,175,000</td>
<td>2,925,000</td>
<td>57%</td>
</tr>
<tr>
<td>4. Data collection and social science research for public health decision making</td>
<td>650,000</td>
<td>175,435</td>
<td>-</td>
<td>175,435</td>
<td>474,565</td>
<td>73%</td>
</tr>
<tr>
<td>5. Support access to continuous education, social protection, child protection and gender-based violence (GBV) services</td>
<td>5,175,000</td>
<td>240,000</td>
<td>2,685,000</td>
<td>2,925,000</td>
<td>2,250,000</td>
<td>43%</td>
</tr>
<tr>
<td>6. Coordination, technical support and operational costs</td>
<td>1,100,000</td>
<td>375,964</td>
<td>-</td>
<td>375,964</td>
<td>724,036</td>
<td>66%</td>
</tr>
<tr>
<td>Programable Amount</td>
<td>40,000,000</td>
<td>19,149,176</td>
<td>5,160,000</td>
<td>24,309,176</td>
<td>15,690,824</td>
<td>39%</td>
</tr>
<tr>
<td>Total Global Recovery cost</td>
<td>3,200,000</td>
<td>1,511,483</td>
<td>-</td>
<td>1,511,483</td>
<td>1,688,517</td>
<td>53%</td>
</tr>
<tr>
<td>Total Funding Requirement</td>
<td>43,200,000</td>
<td>20,660,659</td>
<td>5,160,000</td>
<td>25,820,659</td>
<td>17,379,341</td>
<td>40%</td>
</tr>
</tbody>
</table>