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UNICEF India

COVID-19 Pandemic

Monthly External Situation Report No. 4



Situation in Numbers



286 million

Children and adolescents affected by COVID-19 school closures¹



1,695,988

Total laboratory-confirmed 2019-nCoV cases



36,511

Total COVID-19 deaths²

Assam and Bihar floods in numbers



25.7 million

people affected



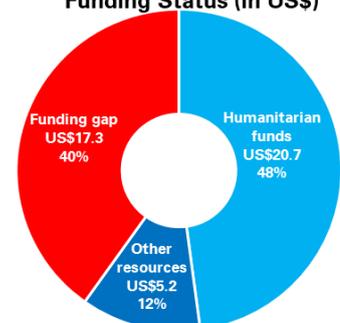
1.8 million

children affected

UNICEF COVID-19 Appeal 2020

US\$ 43.2 million

Funding Status (in US\$)



Reporting Period: 1 - 31 July 2020

Highlights

- More than 650 million children and their families across India have been reached with accurate information on how to stay safe from COVID-19 and provide feedback through a mix of innovative and traditional mechanisms.
- A total 2.2 million healthcare facility staff and community health workers have been trained in Infection Prevention and Control (IPC) to support IPC assessments of health care facilities and quarantine centers.
- Personal Protective Equipment (PPE) has been provided to 34,500 healthcare workers, both in health facilities and within communities.
- Some 1.42 million healthcare providers have been trained in detecting, referral and appropriate management of COVID-19 cases.
- To date 4.9 million children and women received essential healthcare - prenatal, delivery and postnatal care, essential newborn care, immunization, treatment of childhood illnesses and HIV care - in UNICEF supported facilities.
- So far 44,800 children (6-59 months) are being treated for severe acute malnutrition.
- Around 37.6 million children continue to learn through support to education initiatives such as online classrooms and radio programmes across 16 states.
- Over 219,000 children and their caregivers have been provided with mental health support.
- Around 3,100 children without family support have been provided alternative care arrangements.

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

² <https://www.mohfw.gov.in/> accessed 1 August 2020 8.00 a.m.

Situation Overview and Humanitarian Needs

India has seen a higher number of COVID-19 cases in July with a lower fatality rate reported. Of nearly 1.7 million confirmed COVID-19 cases, by the end of July 2020, more than a million (1,094,374) have recovered and 565,103 cases were still active. The Country has witnessed 36,511 deaths due to COVID-19, with one migrated case. The reported case fatality has been reduced to 2.2 per cent as of the end of July. Meanwhile, laboratory testing has significantly increased in 1,274 facilities (897 government and 393 in the private sector, as of the 31 July 2020). The cumulative number of tests conducted has more than doubled just in a month and the total number of samples tested reached over 19 million since the start of the pandemic. More than half a million (525,689) samples were tested in just a day on 31 July 2020.

Current pandemic hotspots are the cities of Pune, Thane and Mumbai in Maharashtra. States and cities across India are undertaking different containment measures, including imposed lockdowns for varying periods – from more than a week to only on weekends.

Adding to the impact of the pandemic, monsoon flood-related hardships have further exacerbated the risks to children and women's health and wellbeing, especially in the severely flooded districts in Assam and Bihar. In Assam, as of 29 July 2020, 1,654,984 people, including approximately 661,994 children, have been affected by the floods in 21 of the 33 districts. Goalpara remains the worst hit district with 419,300 (25.34 per cent) of people affected. Only a small percentage of those affected (about two per cent) have taken shelter in relief camps. A Joint Rapid Needs Assessment covering 146 villages from 12 affected districts has been undertaken by UNICEF in partnership with the Inter Agency Group. The report has been shared with civil society members supporting the response and recovery plans.

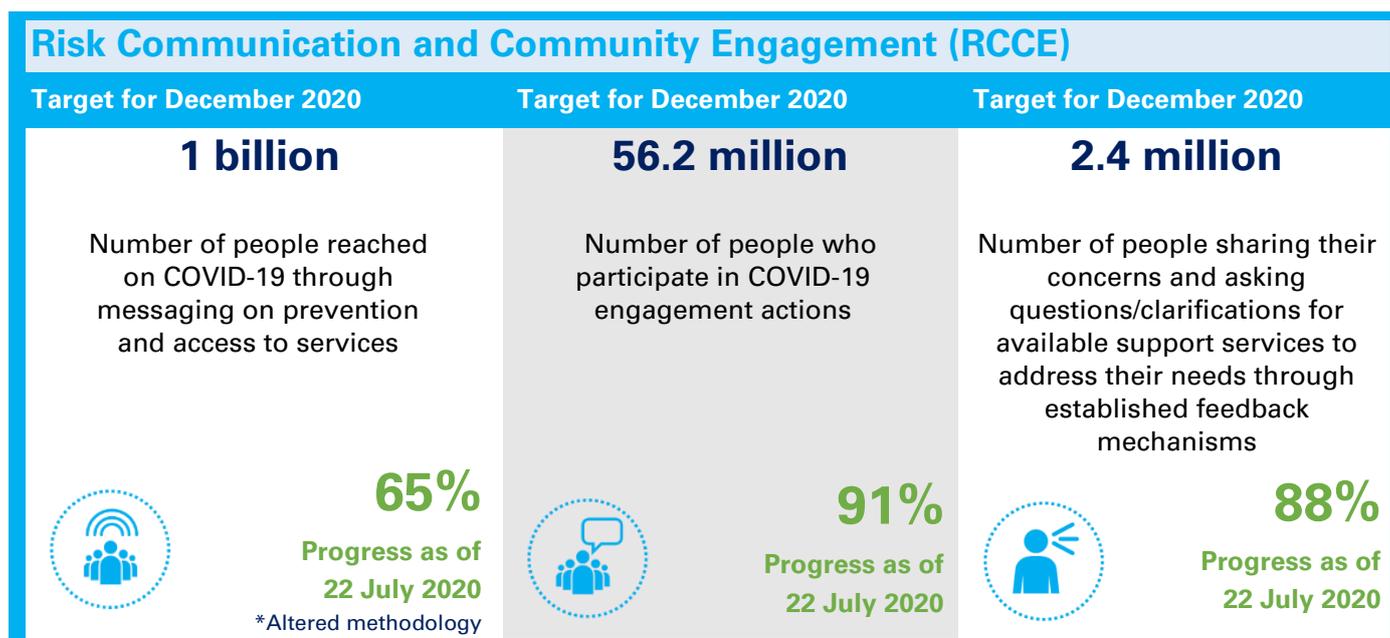
Floods in Bihar are owed to over 50 per cent excess rainfall, with more than 200 mm above the average normal rainfall in the months of June and July. Over 2.4 million people (including 1.2 million children) are affected by the floods in 11 districts. Over 167,000 people have been evacuated and 12,858 people have taken shelter in 29 relief camps. The majority of those evacuated (over 92 per cent) are unwilling to take shelter in relief camps due to fear of contracting COVID-19. Instead many people have taken to living on the roads or railway tracks. The fear of COVID-19 among the population, and among government functionaries, has exacerbated following several officers losing their lives to COVID-19 in July.

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 plan to address the secondary impacts of COVID-19 through multisectoral interventions aiming to minimize the impact on the most vulnerable.

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.

1. Risk Communication and Community Engagement (RCCE)



UNICEF led RCCE strategies have enabled the Government of India and partners, i.e., UN agencies, foundations, influential leaders, faith leaders, Civil Society Organizations (CSOs), youth networks and universities, to educate, engage and empower communities in 15 states with COVID-19 interventions to mitigate the risks of transmission, adopt and maintain new normal behaviours, and to resume essential basic social services. All community outreach efforts focus on reaching the most vulnerable and towards sustainable results with gender as a key consideration.

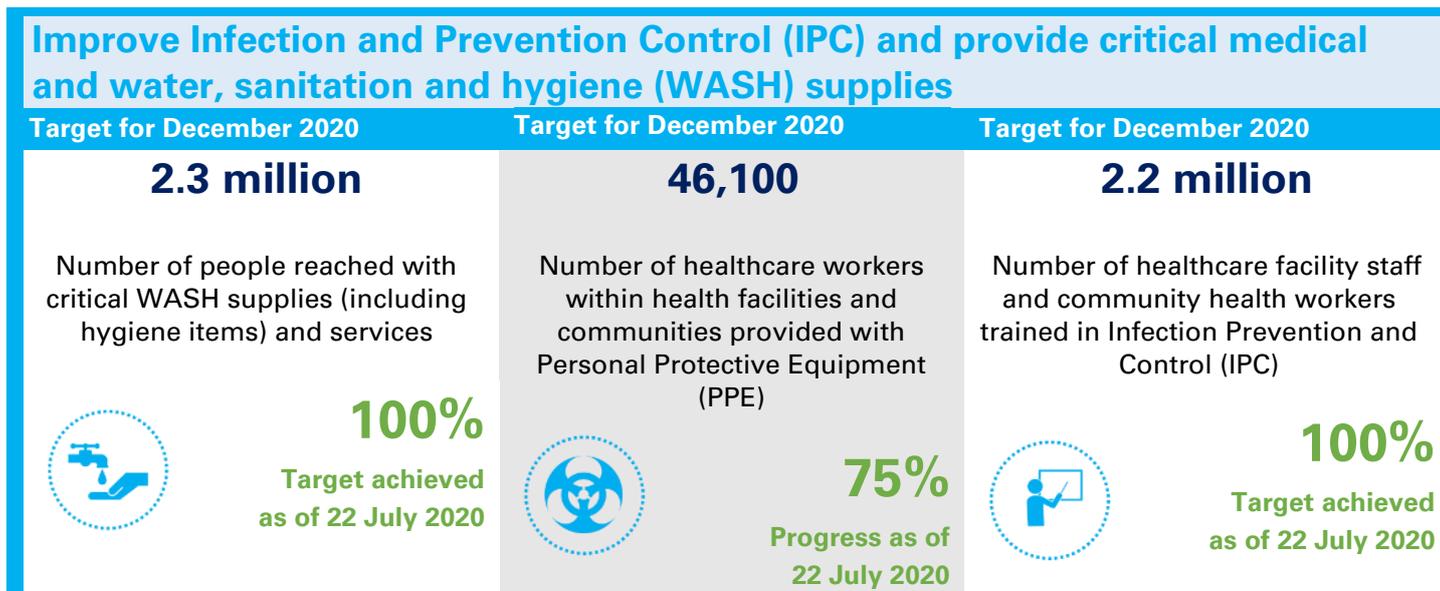
Close to 34 million people were reached with COVID-19 messages on prevention and access to services, while over 20 million people were engaged through digital and non-digital platforms. Feedback mechanisms for two-way communication (via messaging platforms, call centres, radio and phone) have enabled over two million people to share concerns and seek clarifications on COVID-19.

Innovation in employing a mix of digital and community engagement has led to capacity building of over two million frontline workers at the grassroots level to use digital tools for the first time.

UNICEF is coordinating the efforts of 13 development partners through its field office presence in multiple states. This includes supporting evidence generation to inform the MoHFW and partners to address knowledge and information gaps on COVID-19, and to reduce stigma and discrimination. The Assessment of levels of COVID-19 related Stigma and Discrimination found that the preferred channels for key sources of information on COVID-19 across various states are TV (94 per cent), newspapers (53 per cent), social media platforms (39 per cent), frontline workers (41 per cent), social networks such as friends (47 per cent) and family members (46 per cent).

A partnership for community engagement with the Digital Empowerment Foundation was launched to scale up anti-stigma and discrimination efforts in 16 states (69 districts) reaching nearly 1.9 million people on the ground. UNICEF also enabled capacity building of CSOs, front-line workers and youth networks, through modules to address prevailing stigma. The National Aids Control Organisation (NACO) completed a successful orientation of 3,500 participants, representing 33 states and union territories. Given NACO's rich experience this orientation is expected to go a long way in addressing stigma.

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



Efforts to provide COVID-19 sensitive community sanitary complexes have begun in six states with technical and monitoring capacity support from UNICEF. For example, to accelerate the national community sanitary complex efforts, the *Samudayik Shauchalaya Abhiyan* has been launched in the state of Madhya Pradesh for construction, use and maintenance of these community facilities reaching the most marginalised, including migrants.

Over 2.3 million vulnerable people from rural and urban areas across 15 states have been provided essential supplies including soaps, personal protective equipment (PPE), disinfectant and sanitary pads through UNICEF's support to state governments, partners and CSOs. Support has also been provided to install handwashing units, construct and repair of water and sanitation facilities, and to set up of chlorinators in villages, quarantine centres and urban slums.



Shifa Samim, 19, stands outside a community toilet in Mumbai. UNICEF Maharashtra partnered with Citizens Association for Child Rights and Triratana Prerana Mandal for "Flush the Virus: Mumbai Diary" to sustain urban slum sanitation.

Some 400,000 field functionaries, including urban and rural sanitation workers, local government representatives, teachers and other government officials, have been trained in infection prevention and control and to support provision of WASH services. As a result, for example, in Assam, over 26,000 people in temporary COVID-19 hospitals benefited from 68 water facilities and 998 sanitation facilities provided through UNICEF's support. In Odisha, UNICEF supported the assessment of 20,000 temporary medical camps to track preparedness and response.

At the request of the Ministry of Human Resource Development (now renamed Ministry of Education), UNICEF is developing education materials, guidelines and checklists around sanitation/WASH in schools to aid effective planning for schools to reopen.



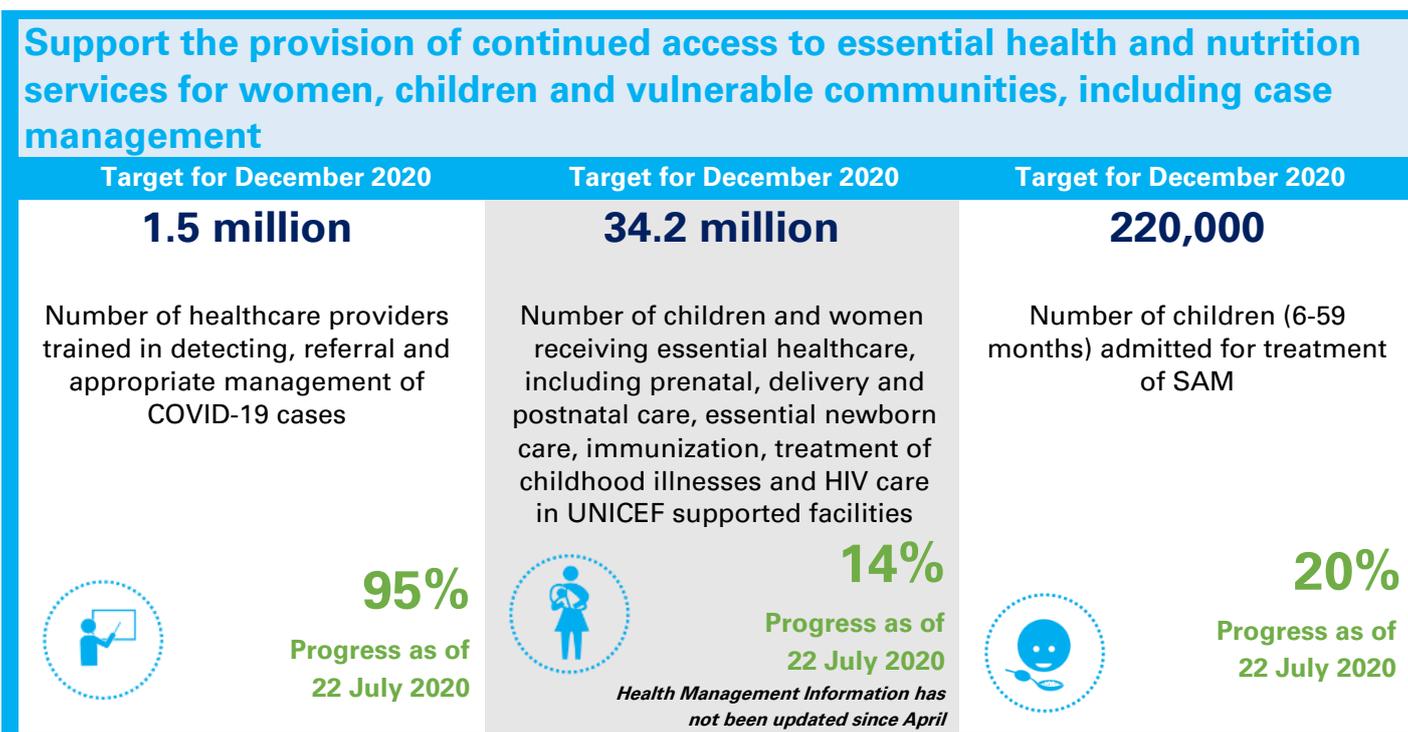
UNICEF provided significant support to the government by procuring essentials to prevent the spread of COVID-19. Key initiatives include the provision of mass thermal scanners in seven international airports and 100,000 PPE kits and 552,000 N95 masks to MoHFW.

UNICEF also provided 328 RT-PCR and RNA Extraction Thermo Fisher test kits (328,000 reactions) to the Indian Council of Medical Research. UNICEF assessed 10 hospitals for IPC in private nursing homes in Pune city, one of the hot spots.



Contributions from private sector have enabled UNICEF to support states with critical COVID-19 prevention supplies. One million triple layered masks were provided for health workers, in Maharashtra and Karnataka through IKEA support. Some 20,000 hygiene kits were presented to healthcare workers in Madhya Pradesh through support from Johnson and Johnson.

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 is supporting partners providing psycho-social care for health care providers in Maharashtra, Karnataka and West Bengal. Development of screening and quarantine areas has been supported in the north-eastern states of Manipur, Meghalaya, Mizoram and Nagaland. In Gujarat a situational analysis of 670 private paediatric and obstetric facilities was undertaken in preparation for them to provide COVID-19 related services. Evidence-based advocacy using findings from the analysis led to strengthening the private sector response and continuity of routine maternal, newborn, child and adolescent health (RMNCH+A) services, especially in urban centres with a large number of COVID-19 cases. Corporate social responsibility was leveraged to provide essential supplies including ambulances, radiant warmers and blood pressure measuring apparatus in Narmada district in Gujarat.

UNICEF provided technical support for a public health survey in # focus districts in Jharkhand to screen persons above 40 years with symptoms of Severe Acute Respiratory Infections/Influenza-like Illness (SARI/ILI) with comorbid conditions, and to identify and collate the details of pregnant women and children between 0-5 years for immunization. A total of 2,400 ASHA (community health) workers and 280 Auxiliary Nurse Midwives (ANMs) were trained in survey methods and awareness generation. As a result, 3,283 adults and 194,030 under five children with SARI/ILI were identified through 375,918 home visits across Jharkhand. Some 2,980 children under the age of five were from migrant families on the move. A total 7000 children were found in need for immunization services. UNICEF in Jharkhand supported the Centre of Excellence in the Ranchi Institute of Medical Sciences and Department of Health in capacity building of 148 doctors across all 24 districts based on the revised national guidelines for clinical management of COVID-19 cases. UNICEF technical support also led to the creation of a new functional Level-1 facility to ensure institutional deliveries at the district level and servicing people in the nearby, hard to reach and conflict-affected areas.

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

UNICEF provided technical support to the MoHFW in drafting guidelines on continuity of Reproductive, Maternal, Newborn, Child plus Adolescent (RMNCH+A), nutrition and immunization services as well as developing a heat wave and a diarrhoea advisory. These guidelines and advisories were released by the Ministry for implementation by all states. UNICEF also supported some states in drafting state specific guidelines on paediatric care and continuity of immunization. The states have started implementing the guidelines from the national level in varying degrees.

UNICEF is also supporting implementation of RMNCH+A programmes in the states. In Bihar, UNICEF provided technical support for the operationalization of three additional blood storage units. Equipment mapping was undertaken in 770 Newborn Care Corners and 43 Special Newborn Care Units. Support was provided for drafting and approval of seven CSR proposals for mobilizing the NITI Aayog Innovations Fund to improve the maternal and newborn health scenario in Purnea, Bihar.

In Chhattisgarh a rapid assessment of Integrated Counselling and Testing Centres (ICTCs) and Facility Integrated ICTCs revealed a decline in antenatal care by 60 per cent in ICTC facilities and 78 per cent in F-ICTCs. A decline in HIV testing of pregnant women was also reported by 24 per cent of ICTC facilities and 60 per cent F-ICTCs. A comprehensive report has been submitted to Chhattisgarh State Aids Control Society (CGACS) for corrective action.

In Assam and Uttar Pradesh consistent advocacy led to a virtual review of the reproductive and child health and Immunization programme. In Uttar Pradesh, the Social Mobilization Network, SMNet, monitored 2,451 immunization sessions and reported that 99 per cent of sessions were held as planned. Further, 25 critical checkpoints (out of 300) were identified under the LaQshya quality labour room initiative across 24 districts for corrective action. Some 29 Staff nurses and five doctors were provided with mentoring support in nine Special Newborn Care Units (SNCUs). All these units had 100 per cent designated warmers for suspected/positive newborns and all were observed to be following IPC protocols.



Mothers and newborns travel home via a free Van service called "Khilkhilahat" provided at Community Health Centres in Gujarat.

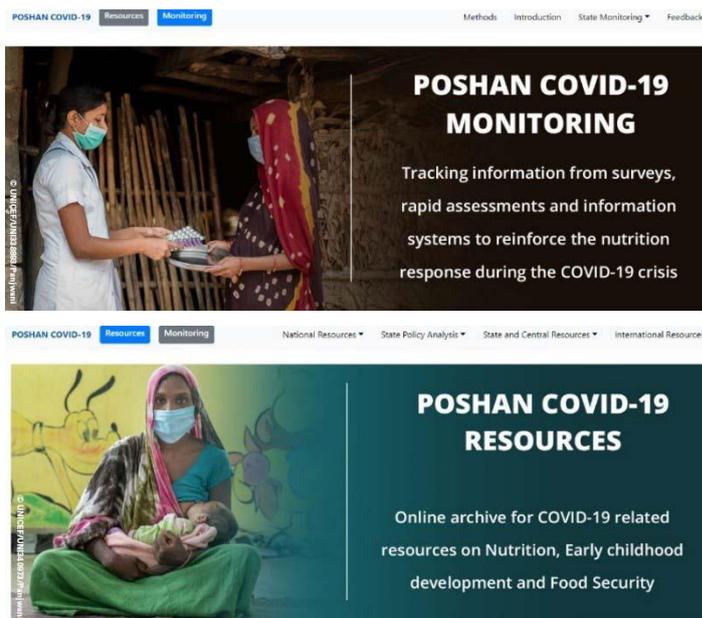
Essential nutrition services

UNICEF continues to advocate for continuity of essential nutrition services across India. At the state level UNICEF and development partners contributed to the re-initiation and implementation of village health, sanitation and nutrition days in 11 states, continued operation of Nutrition Rehabilitation Centers (NRCs) in 11 States, home-based young childcare services in six states, nutrition services in antenatal care in 12 states and growth monitoring and promotion services in six states.

Facility-based admission of children with severe acute malnutrition (SAM) has dropped or was discontinued due to facilities being converted to COVID-19 wards, staff deputed for COVID-19 duties or a reduction in people attending facilities as well as reduced community-based screening for SAM. In addition, community-based management of acute malnutrition (CMAM) operational programmes are also on hold. To address this, in partnership with MoHFW and National Centre of Excellence for SAM management at Kalawati Saran Children's Hospital, UNICEF facilitated an orientation session for all state government NRC nodal officers on the facility-based management of SAM in COVID-19 times. Many states also conducted further orientations for NRC officials. Guidance on re-initiation of CMAM programmes and the necessary adjustments have also been drafted together with partners.

Admission records in NRCs by month indicate that while admissions had dipped from 15,656 children in January to 1,175 children in April across 13 states, they are now picking up again. As per the information available for June across 11 states the total admissions to NRCs stands at 5057 children. While the functioning of NRCs is improving, many community-based programmes are still on hold. UNICEF will continue to promote and support the re-initiation of growth monitoring activities in more states and urge national and state governments to initiate POSHAN Abhiyaan (India's National Nutrition Mission) related programmes adapted to the COVID-19 situation, including safe provision of care for children with SAM at the community level.

The [POSHAN COVID-19 Monitoring Report](#) was released to monitor the effects of COVID-19 on nutrition and food security across the most populous states affected by the pandemic and with the largest burden of malnutrition. The Report is informed by various development partners working in the area of food and nutrition security, and is compiled by UNICEF, IIT-B, International Food Policy Research Institute (IFPRI), World Food Programme and the World Bank. In addition, the POSHAN COVID-19 Resources, an online repository of government circulars, national and international guidelines and technical documents on programming during the COVID-19 pandemic, was also released. This compilation focuses on nutrition, food security, early childhood development and related issues.



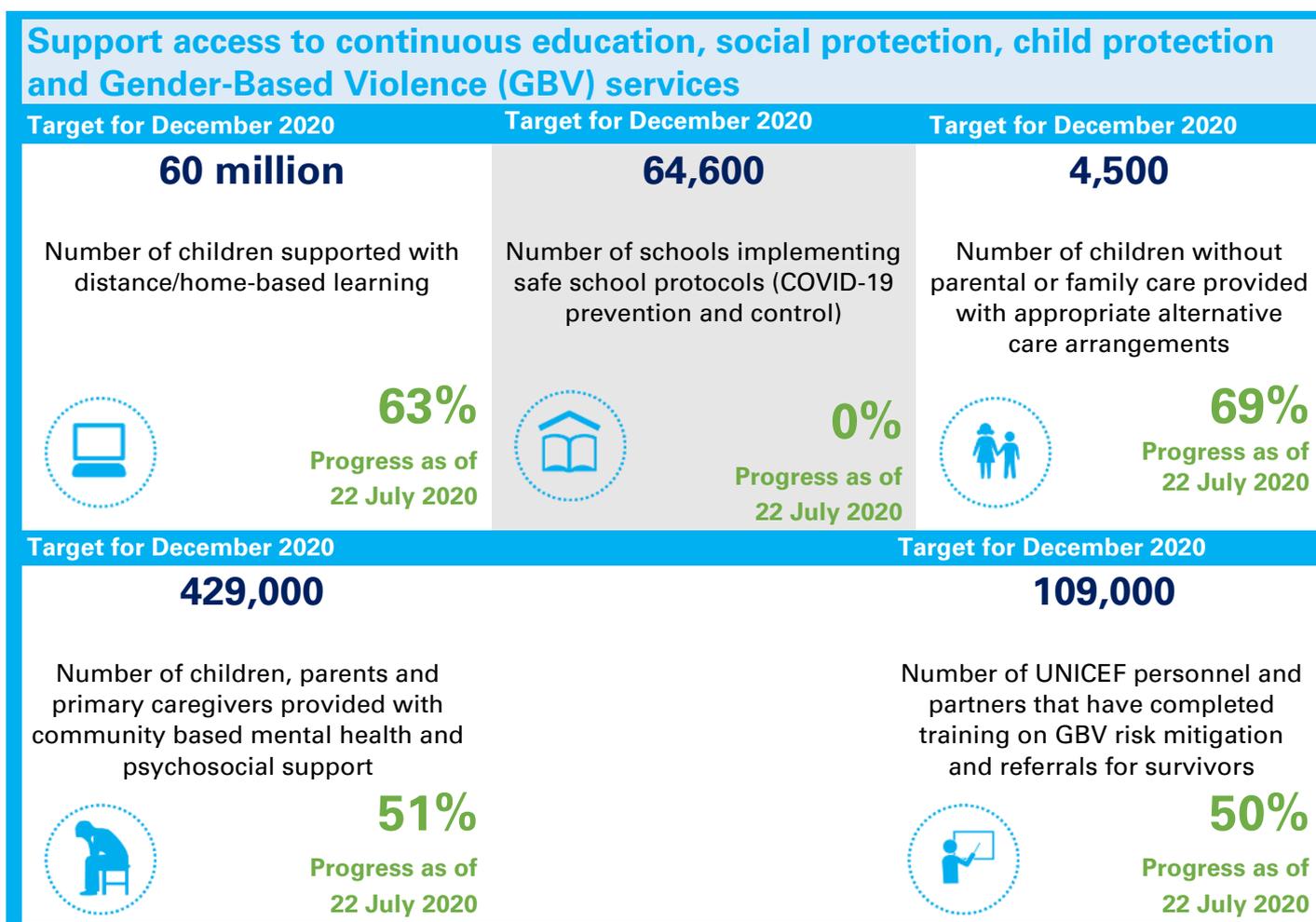
4. Data collection and social science research for public health decision making

UNICEF's community-based monitoring has been established in 12 districts in seven states to capture the impact of COVID-19 on access to health and nutrition services among the most marginalized children, pregnant women and lactating mothers. This comprehensive exercise entails four rounds of

data collection. In each round data from 6,000 marginalized families is collected by community volunteers. This includes 27,000 interviews with pregnant and lactating women, women with children below one year, and, between 2 to 5 years and 6 to 19 years in each round. The exercise will also assess the continuation of early childhood education and learning, frequency of handwashing practiced, access to government social benefits including job guarantee schemes and access to fair priced shops. The macro level assessment and the first round of family level survey have been completed. Analysis of the family level data is currently underway.

So far, the results of the macro level assessment reveal that the effect of the lockdown is not uniform across the 12 districts and states. Findings show that overall, access to medical services at local health facilities had reduced in 25 per cent of habitations. Access to social protection benefits for employment guarantee and the public food distribution system remained consistent. At least 36 per cent of community volunteers reported that migrants returning home did not receive entitled job-cards under the employment scheme. There is also significant prevalence of discrimination and stigma against returning migrants, with three quarters of rural communities reporting fear and or discrimination against migrants as perceived carriers of coronavirus. Over 50 per cent of rural habitations reported that children between 3-6 years did not receive pre-school education during the lockdown period. Close to half of rural and 40 per cent of the urban habitations also reported that handwashing practices have not improved during lockdown.

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



Education

UNICEF India continues to provide technical support to state governments and partners in the continuity of learning at home reaching around 37 million children (52 per cent girls) out of the targeted 60 million children in 17 states. Continued support is being provided in development of digital content for broadcasting educational lessons through TV, radio and other digital mediums. Multiple pathways and outreach strategies are being developed to improve access and use of learning materials especially by the most marginalized children, with the support of parents, academic coordinators, volunteers and partners.

In Gujarat, 87,621 children with disabilities (42 per cent girls) are being reached through the 'Study at Home' initiative together with the Department of Education. Around 180 mini-educational videos were created to help parents of children with disabilities, along with training 120 special educators to follow up regularly to bridge the gap and support learning. In Assam children living in the tea gardens have limited access to digital resources to continue their learning. UNICEF in collaboration with partners have reached 10,000 children (53 per cent girls) through 1,657 community volunteers (76 per cent female) and 110 field coordinators (40 per cent female) to support primary grade children's learning in the tea gardens. In Uttar Pradesh, building on the existing community volunteer support programme for tracking out of school children, some 52,339 children (49 per cent girls) are being reached to support their learning through the support of volunteers from the vulnerable communities.

Currently there is no systematic monitoring to obtain a clear picture of children's access to remote learning, though rapid assessments have been initiated or conducted. UNICEF at the national level is collaborating with the National Council of Educational Research and Training (NCERT) to develop a monitoring system to understand the access and use of digital and non-digital opportunities by children. In Maharashtra a rapid assessment was conducted in collaboration with Maharashtra State Council of Educational Research and Training to assess the reach and use of the home learning package developed for children from Grade I to Grade VIII being delivered through digital and non-digital platforms. The findings show that only 50 per cent of students access the home learning package.



Bhagwati, five-years-old, studies at home during the lock down in Gujarat.

Although schools and *anganwadi* centres remained closed in July due to the pandemic, UNICEF continued to support virtual training on safe school protocols reaching 350,000 teachers and government officials in multiple states - Chhattisgarh, Gujarat, Jharkhand, Maharashtra and Uttar Pradesh. In Assam, Andhra Pradesh, Karnataka, Rajasthan and Telangana, UNICEF supported the preparation of online training content on safe school protocols. In Bihar 261 schools used as quarantine centres have been disinfected for re-opening. In Uttar Pradesh 46,185 schools have started augmentation of WASH in schools' measures.

Social Protection

In association with the Madhya Pradesh Department of Panchayat and Rural Development, UNICEF finalized the capacity development plan for the COVID-19 response and child friendly Gram Panchayats (local councils). UNICEF together with DPRD and the National Rural Livelihood Mission (NRLM) in the State also facilitated training for elected representatives of Gram Panchayats on their role in addressing COVID-19 related challenges. In Uttar Pradesh, UNICEF worked with the Department of Panchayati Raj to use feedback from migrant labourers via the RapidPro platform to improve service delivery for migrant workers.

In Chhattisgarh, a COVID-19 cell at the State Planning Commission was established to support a governmental coordinated response mechanism to address COVID-19 related socio-economic issues with UNICEF support on strategy development and technical coordination. In Odisha, a dedicated state-level Planning and Monitoring Unit (PMU) under the Labour and Employees' State Insurance Department was set up with UNICEF support to arrest distress migration in the state.

In Assam, UNICEF support includes critical child budgeting-related indicators given the shrinking fiscal space of the government in the post COVID-19 scenario. In West Bengal, policy recommendations on public finance have been developed for reducing the impact of on-going COVID-19 pandemic, segmented into immediate fiscal measures and long-term fiscal policy actions

Efforts have continued to strengthen local governance response to prevent spread of COVID-19 in Madhya Pradesh and Tamil Nadu. In Tamil Nadu, an indicator framework for child friendly local governance in the State has been agreed by the government to be monitored at the Panchayat level with a performance grant linked for each Panchayat based on these indicators. In Lucknow, Uttar Pradesh, a demonstration project has been initiated in urban, low income habitations with the intent to increase awareness and coverage of social protection among urban poor. UNICEF is also supporting a pilot of the Aadhar (government registration card system) linked birth registration in the district with the lowest level of birth registration in Jharkhand State.

Child Protection

Approximately 90,000 children from childcare institutions in nine states have been reintegrated with their families. Some 375,712 children and caregivers in institutions or foster care have received information on prevention and response to COVID 19, and 3135 children that are without parental or family care have been provided with alternative care arrangements. UNICEF provided technical guidance to strengthen the Maharashtra Care Leavers Association and link over 350 care leavers with relief and other resources.

Despite all precautions taken to control the spread of COVID-19 in Child Care Institutions, 66 girls in a girl's home in Uttar Pradesh tested positive. Along with medical support provided by the government, UNICEF supported the provision of mental health and psycho-social support to the girls and their caregivers.

Bihar has reported six new cases of adoption, four girls and two boys. Additionally, in Maharashtra, seven girls and 13 boys in kinship care were forced to look after themselves, as the kin were unable to provide care due to economic hardships in the aftermath of the pandemic. Through UNICEF support, these children were linked with CHILDLINE and essential supplies were provided.

Some 54,301 child protection functionaries, UNICEF personnel and partners have been reached through training with key messages on prevention and protection of children from COVID 19, Gender-based Violence, risk mitigation and referrals for survivors.

UNICEF has set up a strategic partnership with the Railway Protection Force (RPF). A set of guidelines for the RPF was formulated and disseminated through training. In Bihar, UNICEF in partnership with the RPF completed three training sessions on post COVID-19, benefiting 200 RPF members.

" Exceptional times require exceptional efforts, hence instructions to all our officials have been given to be alert and sensitive towards the needs of all children, to protect their rights"

- Mr Mayank, Inspector General, RPF, Bihar (responsible for parts of Jharkhand and UP division).

UNICEF in partnership with state government departments, CHILDLINE and NIMHANS have reached 218,835 children and their parents or caregivers with mental health and psychosocial support services in 17 states. IKEA in India donated one million PPE kits for CHILDLINE workers, COVID-19 hospitals and quarantine centres in several cities.

Some 52 people including 17 children were rescued from a brick kiln in Andhra Pradesh and returned to their villages in Odisha through a coordinated rescue with support from UNICEF and partners. UNICEF has actively been supporting initiatives in response to child labour, for example some 77 children were rescued in Madhya Pradesh, of whom 39 were below 14 years, by Childline from contractual agricultural labour.

UNICEF has reached over 1.6 million adolescents and youth with targeted information and messaging around prevention of COVID-19. A consultation was held between officials and young people regarding the proposal to reform the legal age of marriage. The impact of COVID-19 and the required support was also discussed.

UNICEF India has finalized the [Ending Violence Against Children \(EVAC\) Programme Strategy](#) which takes into account the pandemic and its expected long-term impact. UNICEF also worked with alliances to develop a policy brief on 'Child Rights & Covid-19' policy which was released online with an address from the National Human Rights Commission (NHRC) and the UNICEF Country Representative.

Adolescent Participation and Engagement

UNICEF and YuWaah [A Generation Unlimited (GenU) partnership for young people in India] signed a Statement of Intent with the Ministry of Youth Affairs and Sports on 20 July 2020 to deliver meaningful engagement for and with young people. The partnership was announced by Mr. Kiren Rijju, Honourable Minister of State for Youth Affairs and Sports, signed by Ms. Usha Sharma, Secretary, Ministry of Youth Affairs and Sports and Dr. Yasmin Ali Haque, UNICEF Representative in India. A [live session](#) launching the partnership was hosted on the UNICEF India page and reached over 30,000 young people.

UNICEF and YuWaah, in collaboration with Atal Innovation Mission and a partner-agency, has been successfully running the two-month long [YuWaah Youth Challenge](#) to create solutions for some of the challenges faced by the society in the wake of COVID-19. The #ImaginationUnlimited - YuWaah Youth Challenge - has reached more than 200,000 young people (10-24 years) across the Country.

Humanitarian Leadership, Coordination and Strategy

The United Nations Resident Coordinator continues to lead the United Nations inter-agency coordination efforts in India through the UN Crisis Management Team (UNCMT). During the reporting period, the UN System in India contributed towards:

- **Advancing the implementation COVID-19 Joint Response Plan and Results Framework submitted to the Government of India.** The Joint Response Plan aims at supporting the ongoing efforts of the Government of India to minimize social impact of COVID-19.
- **Accelerating immediate socio-economic response to COVID-19 in India** through its ongoing support to national and state governments, inter alia, on cross-sectoral situation analysis and impact assessment, addressing stigmatization, engaging with adolescents and youth, and strategic communication. On 9 July 2020, UNESCAP also held a virtual High-Level Policy Dialogue on COVID-19 and South Asia, as a part of its Socio-economic Framework with the participation of senior policy makers of the 8 South Asian countries as well as the heads of SAARC and BIMSTEC.
- **Securing and facilitating the India's participation [State Minister for Health, Social Justice and Development, Government of Kerala] at the Women Rise for All Event on 14 July 2020 on the initiation of the UN Deputy-Secretary-General.** Women Rise for All is a global effort to save lives and protect livelihoods, urging leaders in all countries, across all sectors, to address the human crisis of the pandemic to support the United Nations Secretary-General's call for solidarity and action in response to the socio-economic impacts of COVID-19.

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), 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 and others.

The Response Plan is still in urgent need of \$17.3 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

Multimedia: The Corona Super Villain animated series [Link](#)

Media: 22 million South Asian children missed out on childhood education due to COVID-19: UNICEF [Link](#)

Media: Additional 6.7 million children under 5 could suffer from wasting due to COVID-19: UNICEF [Link](#)

Media: Pandemic will increase India's malnutrition burden, says Unicef [Link](#)

Media: UNICEF: 2.4 million children affected by recent floods in India [Link](#)

Media: WHO, UNICEF warn against decline in number of children receiving life-saving vaccines [Link](#)

Media: Ministry of Youth Affairs and Sports partners with UNICEF to strengthen resolve to mobilize 10 million youth volunteers [Link](#)

Media: Launch of 'Muskurayega India' (Smile India) campaign in Uttar Pradesh to address mental health issues of youth during COVID-19 [Link](#)

Media: UNICEF Celebrity Advocate Kareena Kapoor featuring in the Marley family's rendition of 'One Love One Heart' song as part of UNICEF's 'Reimagine' for COVID-19 [Link](#)

Media: UNICEF India partners with FICCI for #Reimagine campaign [Link](#)

[Web: New thermal scanners installed in Indian airports to prevent COVID-19 Link](#)

Next SitRep: August 2020

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

UNICEF India COVID-19 webpage: <https://www.unicef.org/india/coronavirus/covid-19>

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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	15,487,667	500,000	15,987,667	9,087,333	36%
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 Gender Based Violence (GBV) services	5,175,000	362,886	2,685,000	3,047,886	2,127,114	41%
6. Coordination, technical support and operational costs	1,100,000	1,149,997	-	1,149,997	49,997	-5%
Programable Amount	40,000,000	19,169,719	5,160,000	24,329,719	15,670,281	39%
Total Global Recovery cost	3,200,000	1,522,755	-	1,522,755	1,677,245	52%
Total Funding Requirement	43,200,000	20,692,474	5,160,000	25,852,474	17,347,526	40%