UNICEF India COVID-19 Pandemic Monthly External Situation Report No. 6

Reporting Period: 1 - 30 September 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.
- 2.29 million people have been regularly sharing concerns and seeking clarifications on COVID-19 through established feedback mechanisms.
- 60.2 million people using two-way communication through digital and non-digital platforms leading to meaningful participation for local action on COVID-19.
- 3.1 million people across India have been reached with critical WASH supplies (including hygiene items) and services.
- 2.3 million healthcare facility staff and community health workers trained in Infection Prevention and Control.
- 34,700 healthcare workers within health facilities and communities provided with Personal Protective Equipment (PPE).
- 41 million children continue to learn through education initiatives launched by UNICEF and partners across 16 states.
- Over 284,000 children and their caregivers provided with psychosocial support.
- 4,600 children without parental or family care have been provided with appropriate alternative care arrangements.
- 120,500 UNICEF personnel and partners have completed training on Gender-Based Violence (GBV) risk mitigation and referrals for survivors.
- 19.7 million 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.
- 1.46 million healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases.
- 77,800 children (6-59 months) admitted for treatment of severe acute malnutrition (SAM).

1 https://en.unesco.org/covid19/educationresponse accessed 1 October 2020 9 a.m.
Situation Overview and Humanitarian Needs

After registering a huge caseload in August, India hit a global record of more than 97,000 new confirmed COVID-19 cases in a single day on 9 September 2020. The country continued to lose more than 1,000 lives to COVID-19 every day. A slight downward trend, and a high recovery rate recently, presents an opportunity for cautious optimism.

As of 1 October 2020, India continues to report a trend of steadily declining active cases as a percentage of the total positive cases. Active cases were only 15.11 per cent of the total positive cases, standing at 940,441 and over 76 per cent of the reported active cases are concentrated in 10 states. Active cases have less than halved in the past two months and the upward trajectory of India’s recovery rate from COVID-19 reached 83.33.

The monsoon season (July and August) has been a trying time for women and children due to increase in communicable diseases, and impeded access to WASH, health and nutrition facilities. The pandemic and subsequent ongoing response has led to a reduction in both demand and access to protective health and nutrition services that contribute to preventing acute malnutrition and low birth weight. Vigilant, intensive and coordinated response to the pandemic must continue with a focus on enhancing knowledge and practices to prevent and reduce transmission, especially in view of upcoming festivals and the winter.

Data from the national health information system (HMIS), released in September 2020, a comparison between January-June 2019 and January-June 2020 shows that access to a broad spectrum of reproductive, maternal, newborn, child and adolescent health and nutrition services has declined due to COVID-19 and related response measures. The data also presented a drop in institutional deliveries and a 20-percentage point reduction in early initiation of breastfeeding for children born in public facilities. The count of first dose of vitamin A administered after six months of life dropped by one third nationally. Several states leveraged scheduled bi-annual events, in August and September, to ensure greater coverage of vitamin A supplementation. However, supply issues affected implementation in a few states. While there are signs of recovery in the uptake of these essential services, continued efforts are required to sustain improvements seen especially in the last months.

Educational institutions in most states remain closed. The Ministry of Home Affairs on 30 September 2020 directed states to reopen schools from 15 October in a phased approach outside of containment zones. The guidelines stated that online or distance learning will remain the preferred mode of teaching and learning. States are directed to develop their own standard operating procedures (SOPs) for reopening schools, which many have done with UNICEF support. Teachers especially for grades 9-12 have returned to prepare for the reopening and to support remote learning. Most states plan to reopen schools in a phased approach, starting with the higher grades and only a few have set start dates so far.

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.
As part of UNICEF India’s COVID-19 Response Plan to support the Government of India central and state governments in 17 states, UNICEF and partners have enabled results across six response pillars.

1. Risk Communication and Community Engagement (RCCE)

COVID-19 continues to challenge government systems, structures and mechanisms to enable communities to adapt to the “new normal”. Over 40 million people were reached with messages on COVID-19 prevention and access to services, while over 18 million people were engaged through digital and non-digital platforms. Feedback mechanisms for two-way communication have enabled 2.3 million people to share their concerns and sought clarifications on COVID-19 via a plethora of platforms.

UNICEF has worked as a close partner of the government in COVID-19 related RCCE activities. In this role, UNICEF has provided technical assistance in planning, capacity development and implementation of RCCE activities in the states where UNICEF is present, and at the national level.

UNICEF continues implementing an innovative RCCE “community engagement” partnership with CSOs, currently reaching nearly 750,000 people through its 600 Communication Information Digital Resource Centres in 16 states, while National NGOs continue to engage over 600 CBOs to improve routine immunization and essential health services across 14 states. The puppet-based initiative TARA Hai Tayyar – the story of a spunky girl who, with her father propagates healthy COVID specific behaviours, such as handwashing and wearing a mask – was launched in Uttar Pradesh and has been very popular among children of all age groups.

Urban slum interventions are being rolled out across the country by Municipal Corporations in collaboration with State Department of Health, IDSP and other key stakeholders. UNICEF state offices of Gujarat, Maharashtra, Andhra Pradesh, Jharkhand and Delhi supported innovative RCCE interventions to reach over a million community members in urban slums in Ahmedabad, Mumbai, Hyderabad and Ranchi.

The RCCE contributed to strengthening and scaling up partnership, structures and platforms for community engagement to respond to COVID-19. For instance, in Rajasthan, norms have been established for the celebration of festivals, collective worship and congregation of public. Meanwhile

---

3 Progress Reports
4 State reports
in Telangana, systemic response was built in the urban slums with engagement of NGOs, religious leaders, youth networks such as National Service Scheme (NSS) and self-help groups (SHGs) under urban livelihood mission through Mission for Elimination of Poverty in Municipal Areas (MEMPA).

In two states – Maharashtra and Uttar Pradesh – statewide real time monitoring systems (using Rapid Pro) were rolled out for feedback collection from the affected communities and migrants.

As part of these efforts, over 38 million people were reached with messages on WASH and infection prevention and control, through risk communication and community engagement activities. Partnerships with development agencies and CSO have been expanded to promote and reinforce correct hygiene practices that significantly reduce the risk of infection at the individual and community level, with special focus on urban slums. In Chhattisgarh, a WASH Partnership Alliance was created with 100 CSOs to implement social media campaigns amplifying the dissemination of messages, sharing of events, success stories and IEC materials.

A well-established network of UNICEF’s Communication for Development (C4D) professionals with its government, CSO and media partners is already implementing the social and behavior change communication (SBCC) initiatives in these states, and their presence gave the much-needed impetus to RCCE programming to sustain gains with COVID-19 Appropriate Behaviors beyond the pandemic period.

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

Over 400,000 field level workers were trained in COVID-19 prevention and control, and continuity of WASH services. This includes members of CSOs in Bihar, Chhattisgarh and West Bengal; urban sanitation workers in Maharashtra and Bihar; swachhagrahis in Assam, Chhattisgarh, and Rajasthan, PRI representatives of multiple states and other frontline workers in Bihar, Jharkhand, Karnataka, and Rajasthan. Government officials from the Public Health Engineering Department (PHED) and health department staff, village quarantine centre caretakers, Panchayat secretaries and teachers have been trained in other states. West Bengal supported a virtual training for 153 functionaries of nutrition rehabilitation centers (NRCs) on Infection Prevention and Control (IPC), and 13,500 healthcare facility staff and community health workers in Bihar and 250 in MP were trained on IPC.

UNICEF has supported state governments, development partners, and civil society organizations to reach over 3,100,000 vulnerable people in rural and urban areas across 15 states with access to WASH services and supplies. The supplies included soaps, disinfectants, PPEs, and sanitary pads. The supported services included the installation of handwashing units, construction and repair of water and sanitation facilities, and setting up of chlorinators in villages, quarantine centers, urban slums etc.
To complement efforts of the Ministry of Health and Family Welfare about critical COVID-19 equipment and supplies, UNICEF has supported the procurement and delivery of critical medical supplies and equipment, thanks to the contribution of the German Government and of other generous corporate partners. This effort allowed for testing of 328,000 suspected COVID-19 cases. Furthermore, by making 538,000 N-95 masks, more than 3 million surgical masks, this support ensured that healthcare workers were adequately equipped to respond safely to the COVID-19 outbreak.

The rise in the number of COVID-19 positive cases in India gave rise to the need of Oxygen Concentrators. UNICEF India with support from German Development Bank (KfW) procured 3,014 Oxygen Concentrators, the first shipment arrived in India on September 05, 2020.

15-year-old Bhavani, a volunteer from Karimnagar, Telangana, is on a mission to spread awareness about hand washing and cleanliness.

“I will talk about hand hygiene wherever I go,” says Bhavani, who demonstrates the six steps of handwashing to her community.
UNICEF has also completed the procurement of 3,015 oxygen concentrators and delivered these devices to the Ministry of Health and Family Welfare in mid-September. Oxygen concentrators are suitable for administering point of care oxygen to COVID-19 patients in need of supportive care at any stage of the infection. UNICEF will continue to support their distribution to states and health care facilities, and to training hospital staff in their use and maintenance, as well as mentoring and supportive supervision of COVID-19 facilities, as required.

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

Essential Health Services

UNICEF continued to support the health sector response to the COVID-19 pandemic, focusing on: supportive supervision of dedicated COVID-19 facilities; mentoring and training of health care providers in COVID-19 facilities; deployment of field teams (SMNet) for social mobilization and contact tracing; direct support to health services delivery in urban areas; psychosocial support for health care providers.

Some critical interventions during September include, advocating and ensuring focus on vulnerable population groups, e.g. a tracking system in the state of Uttar Pradesh for tracking the health and nutritional services needs and service delivery to 1.3 million migrants. Social Mobilization Network (SMNet) monitored 34,398 positive patients in “home isolation” from 75 districts in Uttar Pradesh. Institutional partnerships with national and regional institutes of mental health and neurosciences for mental health and psychosocial support (MHPSS) strengthened health care workforce for system resilience, and orientation of 3500 frontline health care workers across the state of Bihar. Campaigns for COVID-19 appropriate behaviors (CAB) were strengthened across the states of Bihar, Maharashtra, Uttar Pradesh, Andhra Pradesh and West Bengal.

UNICEF also supports continuity of essential services for adolescents, women, newborns, and children during the pandemic. During this period, teams provided sustained support to improve quality, safety, and effectiveness of care in select newborn care units (SNCUs) across the country. UNICEF leveraged its association with the Indian Academy of Pediatrics (IAP) to support the National AIDS Control Organization (NACO), building the capacity of 10,507 pediatricians across the country on the elimination of mother to child transmission. The focus during these trainings was on early initiation of breastfeeding, essential newborn care, and early infant diagnosis of HIV/AIDS. In Rajasthan, UNICEF supported the state teams to leverage ICT tools for online mentoring and monitoring of 7000 MNCH sessions and 2,100 sector MNCH meetings. The West Bengal state started a new initiative to support the identification and tracking of all pregnant and postpartum women over the phone. Teams supported the government in capacity building of 562 district and block-level
Supervisors, using the telephonic calls log data. UNICEF teams supported the training of 1500 master trainers from 36 States/Union Territories as part of the national school health programme under the universal health coverage scheme.

**Essential Nutrition Services**

POSHAN Mah (National Nutrition Month) was launched in September 2020 by the Ministry of Woman and Child Development together with Ministry/Department of Health and Family Welfare with the objective to identify and treat children with acute malnutrition. Eight of the most populous states issued improved guidelines for identifying and treating children with acute malnutrition. Many states also led online trainings, intensified screening and referral of children with severe acute malnutrition (SAM), activated digital and wherever possible provided interpersonal communication/counselling activities with appropriate COVID-19 prevention practices.

UNICEF is committed to reaching 220,000 children with SAM across 12 States through treatment services in 2020. The cumulative coverage until August 2020 was 77,878 children (35 per cent of the target) and initial September data suggests a tremendous increased coverage.

UNICEF in coordination with the National Centre of Excellence for SAM management supported the Ministry of Health and Family Welfare in:

- Issuing guidance to States regarding continuity of RMNCAH plus N (Reproductive Maternal Newborn Child and Adolescent Health and Nutrition) services. Clear directions have been provided to State governments to prioritize continuity of essential health and nutrition services and consider the urgent needs of children with SAM given their vulnerability and immunocompromised status.
- Orientation for Nutrition Rehabilitation Centre (NRC) management services in COVID-19 times across UNICEF-supported states, reaching over 3200+ participants including District Officials, Medical Officers, Staff Nurses and Nutritional Counsellors/Feeding Demonstrators from NRCs.

Several states including Maharashtra, Madhya Pradesh, Telangana, Rajasthan, Assam and Uttar Pradesh developed guidelines for initiating/reinitiating/adjusting services for children with Acute Malnutrition.

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

The Wave 1 results were shared and discussed in September with the Parliamentarian Group for Children (PGC) and National Policy Commission to advocate continuity and resumption of full social services and social protection for children and women. Wave-2 of the Community-Based monitoring of the effects of the COVID-19 pandemic was completed in August 2020 covering the situation in 12 districts in 7 States during July-August. Some of the major findings of the Wave 2 are:

- Overall access to local health facilities have improved and is almost at the level (>80%) of pre-lockdown period, in both rural and urban districts. Community volunteers reported that around 30% of Anganwadi centres are open and around 55 per cent reported that women and children are receiving Take Home rations in July/August 2020. However, cooked hot meals and pre-school education services at Anganwadi centres remain disrupted.
- Six per cent of the family heads reported that their children (<18yr) are contributing to the household income by doing paid works.
• Of those who were aware of Government’s cash assistance scheme, about a third received cash assistance (R/U, 39/28%) – more families in rural areas received cash. Majority assistance has gone to those whose monthly income was less than that in pre-lockdown period (61%). About two-thirds (65%) who received cash assistance, also pointed out that assistance is not adequate for meeting cost of food and other household requirements.
• Just about 28% of the earning members under the study sought jobs through the MGNREGA (employment guarantee) scheme, which is universal.
• Earning members self-assessed that their economic condition further worsened vis-à-vis June/July 2020. Slightly more than half (54 per cent) of the main earning members stated that their economic condition is ‘bad’ and another 43 per cent stated that their condition is ‘average’ vis-à-vis the pre-lockdown period.
• Comparing with pre-lockdown income, around three-quarters (74 per cent) of the main earners reported that their monthly income is lower than the level in pre-lockdown period and just 15 per cent stated that it is the same as the pre-lockdown period.

Muhammad Yunus, 32, coordinator for COVID-19 awareness programme speaks to community members in the slum lanes in Mumbai.
5. Support access to continuous education, social protection, child protection and Gender-Based Violence (GBV) services

Education

UNICEF continues to provide technical support to state governments and partners in continuity of learning at home, reaching around 41.3 million children (51 per cent girls) out of the targeted 60 million children in 17 states. Besides providing technical support in developing digital content for broadcasting educational lessons through TV, radio and other digital mediums, multiple pathways and outreach strategies are being developed towards access and use of e-learning materials to support continuity of learning of students with the support of parents, academic coordinators, volunteers and partners.

In Bihar, with continued technical support from UNICEF, Bihar Madrassa Education Board is reaching around 1.5 million children (55 per cent girls) from minority communities and around 10,000 teachers (eight per cent female) have been trained in the revamped modern and mainstream syllabus.

In Uttar Pradesh, UNICEF in collaboration with the Department of School Education and Department of Women and Child Development launched an online course for strengthening quality of Early Childhood Education (ECE) programmes in the Anganwadi centres co-located within school premises.

Around 750 state and district resource group members (65 per cent female) are reaching more than 100,000 Anganwadi workers through 3,588 block level trainers (75 per cent female) by a blended approach including online sessions, home assignment and extensive mentoring. Though the Ministry of Education has released guidelines and SOPs for the reopening of schools, most states are not setting dates yet as often parents and teachers are resistant to reopening due to rising numbers of COVID-19 cases. In states that have set dates, they are prioritizing the opening of grades 9-12.
UNICEF is supporting the Ministry of Education to develop information, education and communication (IEC) materials, online training modules on COVID-19 specific WASH behaviors in schools and additional questions on COVID-19 prevention for the Swachh Vidyalaya Puraskar (SVP) 2020. Safe school protocols (SSPs) are being developed by all states for school re-opening, which is critical now that schools slowly start to reopen. During the past month in UP, UNICEF supported the preparation of 145 block and 8,475 school level improvement plans, WASH facilities in 8,185 schools in seven districts were upgraded as per SSPs and 18,939 government officials and teachers received online training on SSP. In Rajasthan, UNICEF helped develop and launch a checklist for reopening of schools in COVID-19 context. In Odisha, the education department and UNICEF launched online training portals for WASH: ChalkLit and Diksha and trained 1,500 officials of education dept on SSP. In Gujarat,
86 per cent of teachers completed an online COVID-19 response course and 77 per cent of teachers completed an online school WASH course.

**Social protection**

Initiatives are being piloted to support the delivery of social protection programmes to vulnerable populations. For example, a national partnership has been initiated to build collaboration between women’s self-help groups, gram panchayats and Government line departments to enable access to social protection for marginalized rural communities in Jharkhand and Odisha. In Assam, UNICEF has worked with 205 tea estates leading to an enrollment of 5000 adolescents in scholarship programmes.

Children’s needs in the post COVID-19 world are being prioritized and integrated into the village level planning followed by real time monitoring of progress for effective implementation. COVID responsive Child Friendly Gram Panchayats Development Plans (GPDP) is part of the state guidelines in Madhya Pradesh with support from UNICEF and will be rolled out as part of “People’s plan campaign” from October 2020. In Madhya Pradesh, collaboration with Department of Panchayat Raj and Rural Development, led to rolling out a technology enabled ‘Real-Time Monitoring’ Tool (mobile app). This tool tracks the COVID-19 outbreak ‘Readiness and Response’ status of 22,824 Gram Panchayats, especially on the most marginalized – women, children, old-aged and migrants. In Uttar Pradesh, Urban Poor Settlement Committees were formed for effective community engagement as part of the Urban Governance demonstration project.

**Child Protection and Gender Based Violence (GBV)**

Several States have reported concerns about a spike in cases of trafficking and child labour. In Jharkhand, seven cases of trafficking were reported and prevented; out of 35 cases of child labour were reported and 27 rescued. In Bihar, a State Task Force joined by 18 line Departments has been activated to prevent trafficking and child labour, rescuing and rehabilitating 360 children. In Uttar Pradesh, through a month-long anti child labour drive launched by the government and CSOs, more than 100 children have been removed from labour and provided support. The Bihar model of Child Protection Information Management System (CPIMS) has been disseminated to seven states with UNICEF support for replication through an online webinar.

*Manjushree, an operator at the CHILDLINE Contact Centre in Bengaluru taking precautions at workplace...*

*In India the situation with COVID-19 continues to evolve daily.*
The Bihar Government is working closely with several states to transfer technology to them while UNICEF is putting together a documentation of this initiative as a ready reckoner that can be used widely. Some 200 CHILDLINE partners were provided capacity development on disaster risk reduction and Child Protection in Emergencies (CPIE). CHILDLINE received over 3.9 million calls during March to June 2020, out of which over 250,000 led to interventions to rescue children from situations of violence, abuse or exploitation. Of the child labour related interventions, 40 per cent involved children under 10, raising concerns about children starting labour at an even younger age. CHILDLINE also reported over 34,000 calls related to child marriages.

Adolescent and youth

UNICEF reached 2.1 million adolescents and youths with targeted messages and information on prevention of COVID-19 over the last six months, through online (WhatsApp, Facebook etc.) and offline platforms through the National Cadet Corps (NCC), National Service Scheme (NSS) and National Yuva Kendra Sangathan (NYKS). In Chhattisgarh, Youth for Change partnership with NYKS strengthened capacities of adolescents/young people on life skills, gender and Menstrual Hygiene Management (MHM) across 12 districts to reach approximately 150,000 youth volunteers. In Gujarat, in partnership with Gender Resource Center, adolescent empowerment policy was revised to strengthen last mile scheme and service linkages. Finally, in Odisha, US $30 million is being allocated by the Department of Women and Child Development on ending child marriage, ending violence and adolescent empowerment to focus more on issues such as child marriage, child labour, child trafficking, alternative care and de-institutionalization post COVID-19. UNICEF and Tamil Nadu State Resource Centre launched the Ending Child Marriage SBCC package ‘Ilanthenral’ for state-wide dissemination and use.

YuWaah! continues to engage young people across the country during the COVID-19 pandemic through several workshops and online sessions. UNICEF, through its YuWaah! initiative continued to support young people’s transition to work, especially given the impact of the pandemic on the job market. To ensure continued access to quality career guidance, YuWaah and UNICEF, in collaboration with partners including Alohomora and iDreamsCareer, organised online sessions on career guidance and psychosocial support, which have reached over 997,000 young people across the country as of September 2020.

Humanitarian Leadership, Coordination and Strategy

The UN Resident Coordinator continues to lead the inter-agency coordination efforts in India through the active support of UN Crisis Management Team (UNCMT). During the reporting period focus has been primarily:

1) Advancing the work on COVID-19 Immediate Socio-Economic Response Framework (SERF) that reflects the UN’s Joint Work Plan for COVID-19 response in India from August 2020 to December 2021. The SERF work plan was further developed with relevant global indicators for monitoring progress. Efforts are now underway to prepare reports according to the SERF Standard Indicator Framework for Quarters 2 and 3. At the global level, the UN framework for the immediate response to the socio-economic impacts of COVID-19 has been agreed to provide an account of the UN’s contribution. Also, UNCT, as part of its work on SERF, reviewed ongoing South-South Cooperation activities in India as well as relevant regional and global efforts to ensure that UNCT India SERF Matrix fully reflects and appreciates all the active work underway on South-South Cooperation and global exchange.
2) **Engaging in the interim second call for proposals under the UN COVID19 Response and Recovery Multi-Partner Trust Fund** – established by the UN Secretary General in April 2020 to support unfunded needs in COVID-19 Socio-Economic Plans across countries. In response to this urgent concern, under the 2nd call of MPTF, UNICEF has led the process of developing the joint proposal in collaboration with four agencies UNWOMEN, WHO and UNHCR with the overall objective to enhance the protection of women and girls from SGBV in the times of COVID19. The joint proposal is in line with the National COVID-19 socio-economic response plan and takes stock from the on-going commitment of agencies in addressing SGBV in the country. With the total approved budget of $USD 1.7M, over a period of 13 months, the interventions under the joint proposal will be implemented in 16 States, focusing on the most vulnerable groups, and with the following specific objectives: (i) Ensure availability of and accessibility to gender responsive and age sensitive protection and SGBV; (ii) Improved access to gender-sensitive justice systems for women and girls at risk of or survivors SGBV; (iii) Increased in women and girls’ awareness of risks of SGBV and harmful practices, and empowerment and engagement in decision making; (iv) Reduction of women and girls’ economic vulnerability and increased access to livelihood and income generation programs, which can increase women autonomy and capacity to negotiate violence free relationships.

3) **Initiating the important work on UNCT Accountability Scorecard on Disability Inclusion.** The UNCT Accountability Scorecard on Disability Inclusion serves as a critical tool at country level for implementing and reporting on the Strategy. The UNCT Scorecard was developed through a consultative process led by the Disability Team in the Executive Office of the Secretary-General, in close collaboration with the UN Development Coordination Office, and endorsed by the UNSDG in June 2020. All UNCTs are now invited to complete the Scorecard (in early 2021) to report on their progress in implementing the Strategy for the 2020 programme year. In India, UNESCO serves as the lead for the UNCT for the implementation of the UNDIS and the work on this is already underway.

**Funding Overview and Partnerships**

The UNICEF India Response Plan to the 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 63 per cent funded with US$ 27.3 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, UNICEF National Committee partners, and others.

The Response Plan is still in urgent need of US$ 15.9 million that remains unfunded. Bridging the funding gap will ensure a 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

Photo Essay: COVID-19 and Reimagining learning [Link]
Web: Innovative learning programme brings back joy to students in Odisha [Link]

Media Articles:

- COVID induced school closures curtailing children’s access to online learning: Dr. Yasmin Haque, UNICEF Representative spoke with Wion TV - [Link]
- COVID induced school closures limiting children's access to online learning: interview with Dr. Yasmin Haque, UNICEF Representative with Jagaran Josh print - [Link]
- “Nutrition Is More Than food, More Than Hunger,” UNICEF India’s Arjan De Wagt Talks About The Impact Of COVID-19 On Poshan Abhiyan NDTV SwachhIndia website.- [Link]
- UNICEF India ropes in Ayushmann Khurrana as celebrity advocate Exchange4Media website - [Link]
- Religious scholars and Urdu media work with UNICEF to promote behaviours that prevent spread of COVID-19 Outlook magazine - [Link]
- Media: Yasmin speaks to WION TV about COVID induced school closures in India curtailing children's access to online learning - [Link] on Wion TV
- Voices of sanity in the wilderness (Article facilitated by UNICEF) Pioneer print - [Link]

Next SitRep: October 2020

UNICEF India:  [https://www.unicef.org/india/](https://www.unicef.org/india/)

For more information, please contact:

Dr Yasmin Ali Haque  
Country Representative  
UNICEF India  
Tel: +91 11 2469 0401  
Email: yhaque@unicef.org

Tom White  
Chief, Emergency (DRR)  
UNICEF India  
Email: twhite@unicef.org

Richard Beighton  
Chief, Resource Mobilization and Partnerships  
UNICEF India  
Tel: +91 11 2469 0401  
Email: rbeighton@unicef.org

Zafrin Chowdhury  
Chief, Communication, Advocacy and Partnerships  
UNICEF India  
Tel: +91 98181 05922  
Email: zchowdhury@unicef.org
## ANNEX A

<table>
<thead>
<tr>
<th>Response Pillar</th>
<th>Total ICO BUDGET (US$) as at 6 May</th>
<th>Funds Available</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>1,540,836</td>
<td>1,640,836</td>
<td>1,259,164</td>
<td>43%</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>16,245,388</td>
<td>16,745,388</td>
<td>8,329,612</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>529,027</td>
<td>2,404,027</td>
<td>2,695,973</td>
<td>53%</td>
</tr>
<tr>
<td>4. Data collection and social science research for public health decision making</td>
<td>650,000</td>
<td>186,720</td>
<td>-</td>
<td>463,280</td>
<td>71%</td>
</tr>
<tr>
<td>5. Support access to continuous education, social protection, child protection and genderbased violence (GBV) services</td>
<td>5,175,000</td>
<td>735,787</td>
<td>3,420,787</td>
<td>1,754,213</td>
<td>34%</td>
</tr>
<tr>
<td>6. Coordination, technical support and operational costs</td>
<td>1,100,000</td>
<td>1,312,993</td>
<td>-</td>
<td>-212,993</td>
<td>-19%</td>
</tr>
<tr>
<td>Programable Amount</td>
<td>40,000,000</td>
<td>20,550,751</td>
<td>5,160,000</td>
<td>14,289,249</td>
<td>36%</td>
</tr>
<tr>
<td>Total Global Recovery cost</td>
<td>3,200,000</td>
<td>1,624,079</td>
<td>-</td>
<td>1,575,921</td>
<td>49%</td>
</tr>
<tr>
<td>Total Funding Requirement</td>
<td>43,200,000</td>
<td>22,174,830</td>
<td>5,160,000</td>
<td>15,865,170</td>
<td>37%</td>
</tr>
</tbody>
</table>