



Reporting Period: 1 to 31 May 2020

Highlights

- **744 million people received UNICEF messages** on COVID-19 prevention and access to services. This includes 29.6 million people directly engaged through Risk Communication and Community Engagement (RCCE).
- **1,325,000 people received critical WASH supplies** and 1,472,000 healthcare facility staff and community health workers were trained in Infection Prevention and Control (IPC).
- **1.35 million healthcare providers were trained** in detecting, referral and management of COVID-19 cases
- **29.4 million children received distance/home-based learning** and 152,000 children and primary caregivers received community based mental health and psychosocial support
- **38,000 UNICEF personnel and partners were trained** on gender-based violence risk mitigation and referrals
- **56,800 Gram Panchayats, 286,000 field functionaries, and 250,000 Self Help Groups** were supported by coordinating access to the delivery of critical, life-saving relief services and access to social protection benefits for community members and returned migrants

UNICEF India

COVID-19 Pandemic

Monthly Situation

Report No. 2

unicef 
for every child

Situation in numbers



286 million

Children and adolescents affected by COVID-19 school closures



15,1767

Total laboratory-confirmed 2019-nCoV cases



4,337

Total COVID-19 deaths

Cyclone Amphan in numbers



54 million

people affected



18 million

children affected



91 deaths



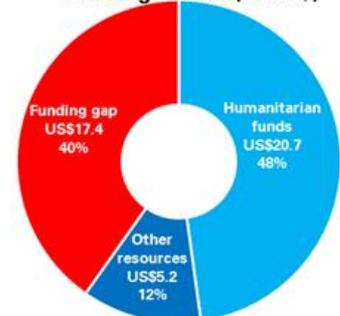
1.74 million

houses damaged

UNICEF COVID Appeal 2020

US\$ 43.2 million

Funding Status (in US\$)



Situation Overview and Humanitarian Needs

On 1 June 2020 India entered the fifth and risk classified phase of the national lockdown initiated on 24 March 2020. As of 31 May 2020, India reported a total of 182,143 confirmed cases of COVID-19¹. Of those, 86,984 have recovered from the disease (recovery rate: 47.7 per cent). An estimated 5,164 fatalities have been attributed to COVID-19, projecting a 2.8 per cent fatality rate. As of the 31 May 2020, more than 3.7 million samples have been tested, through 612 laboratories (430 government and 182 private).



Sunderban, West Bengal families in relief centre. UNICEF is working together with government and partners as part of the West Bengal Inter Agency Group efforts pre and post Cyclone Amphan.

The largest national migration in 70 years has caused immense distress to millions of vulnerable people on the move and added significantly to the risk of COVID-19. Nearly 90 per cent of the reported cases in Bihar, Jharkhand and Odisha are among returning migrants². This historic reverse-migration from cities to rural India, as a result of estimated 118 million job losses³ due to the pandemic and the lockdown, has presented an enormous socio-economic emergency.

The dire impact of the pandemic and related occurrences on children and women are often easily overlooked. At least 29 children were rescued from being trafficked in a single incident in Bihar while travelling from Rajasthan. On 27 May, a long train journey without food and water in extreme heat claimed the lives of six migrants, including two children aged two and four years. On 29 May, three children died in an overcrowded quarantine centre in Chhattisgarh. In addition, complaints of gender-based violence recorded by the National Commission for Women have more than doubled. CHILDLINE 1098 responded to a total of 460,000 calls in 21 days, of which 20 per cent resulted in interventions for preventing child abuse, trafficking, child marriage and child labour.

Adding to these seasonal challenges from heat waves, cyclones, floods, drought and acute encephalitis syndrome have adversely affected children in May. Cyclone Amphan affected over 54 million people (50 million in West Bengal and 4.4 million in Odisha), including 18 million children (16.57 million in West Bengal and 1.5 million in Odisha). In Assam flash floods triggered by the cyclone have further affected 381,320 people, including 152,258 children from seven districts. The worst locust attack in the last 27 years hit west and north India and the crisis is expected to exacerbate. With the onset of monsoons (especially in Assam and Kerala), state governments need to be prepared to ensure continuity of services in multi-hazard contexts. The urgent need for additional resources, capacity and innovation in such a situation cannot be overstated. These are added responsibilities to the State Disaster Management Agencies (SDMAs) and Disaster Management Departments (DMDs) that are expected to coordinate the civil society response to COVID-19.

The Government of India is reviewing containment measures, and the Ministry of Home Affairs order directed states and union territories to be responsible for establishing zones or clusters, according to the risk classification of the Ministry of Health and Family Welfare (MoHFW). All states and union territories are to oversee implementation of activities within the clusters. Some key activities remained prohibited nationally, including international travel, resuming educational activities and public gatherings. The need for information management, planning and capacity building support to state governments is critical given the enormity and complexity of the outbreak and response efforts.

¹ <https://pib.gov.in/PressReleasePage.aspx?PRID=1628163> accessed on 1 of June 2020

² According to state health authorities (health authorities spokespersons reporting updates in state media)

³ <https://nidm.gov.in/covid19/PDF/covid19/research/41.pdf> accessed on 25 May 2020

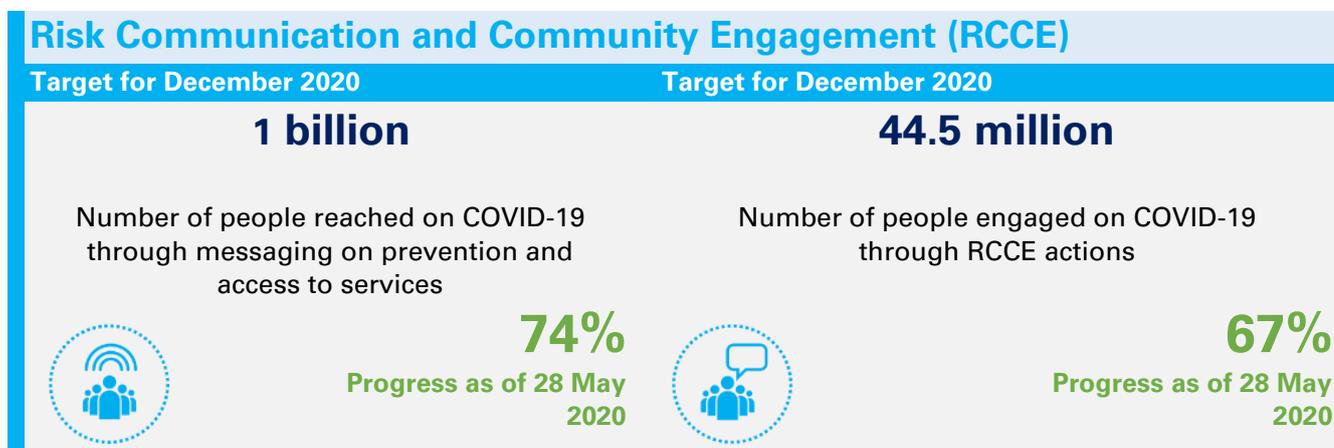
Summary Analysis of Programme Response

UNICEF contributes to the national efforts through the Joint Response Plan to COVID-19 focusing on health coordinated by WHO, and the UN immediate socio-economic response 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 by NITI Aayog. The following additional efforts were undertaken in May:

- WHO and UNICEF developed a joint framework of action, in support of recent MoHFW guidelines towards containment of COVID-19 in urban slums.
- UNICEF started implementation of a multi-dimensional COVID-19 response plan to address the migrant crisis across states in coordination with CSOs, private sector and other key stakeholders.
- The response plan to support the government / line-departments in addressing the impact of cyclone Amphan is being finalized and resource mobilization efforts are ongoing.

As part of UNICEF India's COVID-19 Response Plan to support the MoHFW, other relevant ministries and state government in 17 states, UNICEF and partners have enabled results across six response pillars, reported as follows:

1. Risk Communication and Community Engagement (RCCE)



As a critical part of the response efforts, RCCE aims to mitigate misinformation, raise awareness and involve communities in the response to control the outbreak. UNICEF and Government of India built the capacities of over one million frontline workers to respond to the pandemic. In May, efforts were taken to address prevailing stigma and discrimination associated with frontline and essential workers, and COVID-19 survivors.

Some 744 million people received accurate information on protecting themselves from COVID-19, through a combination of innovative and traditional mechanisms. UNICEF prioritized addressing misinformation and communal tension so that discrimination does not become further entrenched, while observing physical and social distancing norms.

Approximately 30 million people were engaged meaningfully in COVID-19 response activities, through digital and non-digital platforms. Feedback mechanisms for two-way communication have been enabled and to date some 790,000 people regularly shared concerns and sought clarifications on COVID-19.

“The positive attitude and compassionate care of health staff helped me fight the battle with this disease. I urge people to follow social distancing norms and protocols. The government is serious about containing the spread of disease and if all citizens take it seriously too, we will overcome this Pandemic.”

– Juzar Abbas Kapadia, Coronavirus survivor, Rajasthan

A national campaign against stigma and discrimination, led by the MoHFW, is being coordinated by UNICEF and involves several UN agencies and development partners. In the campaign’s first two weeks, advocacy, partnership and capacity building initiatives reached 850 high level state government representatives, and over 200 religious leaders. Members of Parliament participated in public discussions and engaged with children and adolescents on actions addressing stigma and service delivery. The overall reach was five million people in nine states.

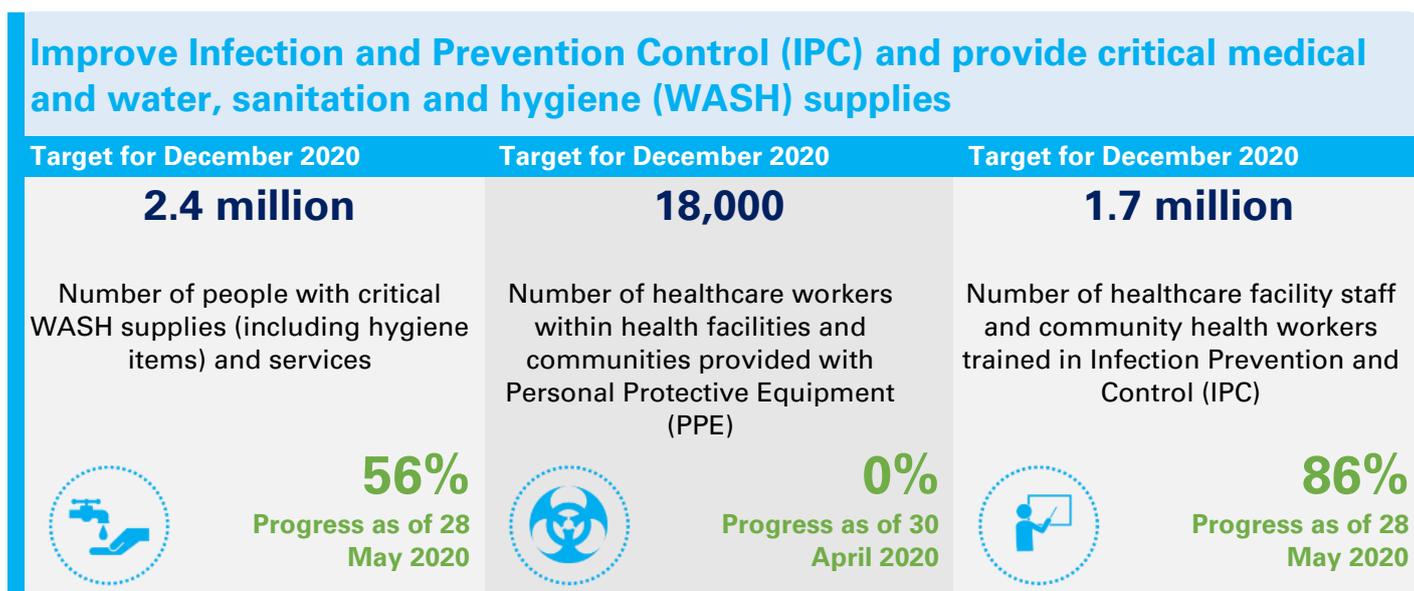
A weeklong ‘Periods don’t stop for pandemic’ campaign promoting engagement with a #RedDotChallenge was conducted around Menstrual Hygiene Day. The aim was to address the impact of harmful taboos, myths and practices, which have been augmented in the face of the Pandemic. The challenge saw participation of several celebrity influencers, including UNICEF National Youth Ambassador Hima Das.

National Civil Society Organizations (CSOs) came together to improve the uptake of routine immunization and RMNCHA services with UNICEF support. The Alliance on Immunization for Health (AIH), Voluntary Health Association of India (VHAI) and the Self-Employed Women’s Association (SEWA) were engaged in demand generation, besides COVID-19 response, in 59 districts across 14 states. AIH trained 1,432 self-help and women’s groups, VHAI trained state, district and NGO functionaries across six states (17 districts) and SEWA trained of 68 master trainers and held a refresher training of 40 master trainers from five states.

As part of capacity building efforts, 300 partners benefitted from a national webinar on RCCE. The interagency capacity development platform, COVID-19 Academy, conducted 39 sessions with 44,293 volunteers across 30 states and union territories. To date 60 organizations/institutions have collaborated on Academy initiatives. Trained volunteers are supporting CSO programmes to address COVID-19 risk at local level. UNICEF extended its partnership with several universities (Amity University, KT University and NIIT) to advance capacities in RCCE.

UNICEF India also supported the UNICEF Myanmar office with RCCE materials in the tribal dialect of Nagaland for use in cross-border interventions.

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



The last week of May was marked by a growing number of cases reported in urban slums. The return of migrant workers to their villages heightened the risk of COVID-19 spreading in rural areas. In response, UNICEF partnered with ministries, state governments and CSO partners towards providing critical WASH supplies and services.

Multiple state offices (Gujarat, Jharkhand, Madhya Pradesh, Maharashtra, Uttar Pradesh) provided WASH supplies such as soap, masks, and hygiene kits in partnership with government, NGO and businesses as part of their CSR, reaching over one million people. WASH services were enabled in quarantine centers, shelter homes and villages where migrants are returning in Chhattisgarh, Jharkhand, Maharashtra, Odisha and Uttar Pradesh, in addition to continuity of services in the rural areas.

UNICEF also supported the government in procurement of medical equipment and supplies:

- Gloves and masks were procured and delivered to MoHFW and to Uttar Pradesh and Madhya Pradesh.
- Ten thermal scanners for various domestic airports are being procured with support from ADB and will be installed at airports in June.
- Medical equipment/supplies including testing kits, PPE kits for health care providers and oxygen concentrators amounting to US\$ 12 million are under procurement with BMZ/KfW support.
- Over 130,118 migrants in and around Mumbai were supported through *Jeevan Rath* (Relief on Wheels), a collaborative platform of 40 partners and 200 volunteers. The response helped deliver food, hand hygiene materials, sanitary napkins, footwear, water and medical support.
- PPE items and hygiene kits are being donated by partners such as Americares, Johnson and Johnson and ICRC to state health authorities in Chhattisgarh, Jammu and Kashmir, Madhya Pradesh, Maharashtra and Telangana. IKEA also supported these and CHILDLINEs's efforts in several states.

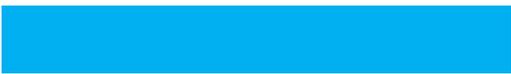


As thousands trudge across the State, seeking the small comfort of home, a UNICEF-led group is taking survival toolkits to them on Jeevan Raths across Mumbai and Pune.
 – [The Hindu, 27 May 2020](#)

To ensure IPC in health and quarantine facilities and continued WASH services, 100,000 people were trained from local women’s groups, NGO partners, sanitation workforce, NCC and NYKS volunteers, Jal Sahiyas, Swachhagrahis and PRI representatives. Over 6,500 women self-help group members trained through online sessions are making masks and are involved in COVID-19 prevention awareness reaching 2.3 million urban households in Andhra Pradesh. Jharkhand and Odisha supported grievance redressal for tracking operation and maintenance needs to ensure continuity of WASH services. In May, 303,000 health care providers from 21 states were trained in IPC with UNICEF support.

Multiple states (Andhra Pradesh, Bihar, Jharkhand, Madhya Pradesh and Tamil Nadu) organized online training for teachers, hostel supervisors and other staff around safe school protocols. Advocacy by UNICEF in Chhattisgarh, Karnataka, Madhya Pradesh and Odisha led to inclusion in the education department budgets for hand washing with soap, retrofitting of hand washing stations, and toilet facilities. In Odisha, online communication material was shared with children on IPC in schools and *anganwadi* centers. In Jharkhand, advocacy led to the health department providing sanitary pads to all girl students for the next three months.

UNICEF provided technical assistance to national and state governments in developing advisories, guidelines and critical IEC messages for training WASH stakeholders (Swachhagrahis, public health engineering department officials and sanitation workers, and local government officials). Continued WASH services were enabled through technical support to the central government, 15 state governments and select districts.



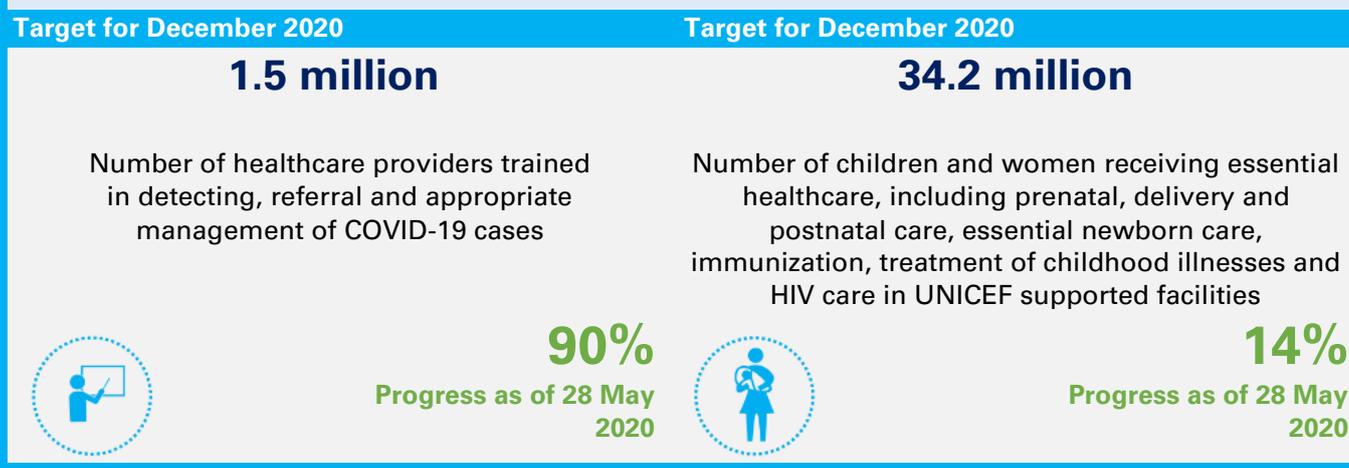
“COVID-19 does not care who you are, where you're from or how old you are. It can infect anyone. It’s time to stand against the universal enemy” – Prodyut Bordoloi, Member of Parliament, Lok Sabha (upper house)



Jayanti teaching her grandchild how to wash hands using the six steps which she learnt from UNICEF and partners

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

Provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management



The health response plan is designed to support central and state governments along two major pillars:

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

- Supportive supervisory visits were conducted to COVID-19 Level-2 designated facilities across India. Concurrently, mentorship and supervision to Level-1 COVID-19 hospitals continued in select states, in coordination with authorities.
- Some 1.35 million health care providers were trained on the detection, referral and management of COVID-19.
- Anti-stigma and discrimination training sessions were conducted for operators working in the 104 / 1075 toll free number call centers in partnership with WHO, Piramal Swasthya and Emergency Management and Research Institute.
- Social Mobilization Network (SMNET) in Bihar and UP was repurposed for contact tracing and verification of high-risk cases. SMNET helped conduct active case search through House to House screening of 104 million people in 18.7 million households in Bihar. In Uttar Pradesh, SMNet monitored ASHA visits to migrants' households as part of community surveillance. To date, about two million migrants have been tracked through a UNICEF supported online tracking and community surveillance system.
- Together with National Institute of Mental Health and Neurosciences (NIMHANS) and WHO, UNICEF supported the development of psychosocial care resource materials for the Indian Council of Medical Research and in support of health care workers facing overload, stress, fatigue, stigma and discrimination.

Pillar Two: Support to continuity of maternal, newborn, child and adolescent health services:

- National technical guidelines on immunization and Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH+N) were drafted to support MoHFW, leading to partial resumption of services. These were also adapted as per varied state contexts for services including for Nutrition Rehabilitation Centers.
- Frontline workers (nurses, midwives, administrators, and field office staff) were oriented on Kangaroo Mother Care and Special Newborn Care during COVID-19. Additional capacity building sessions were also facilitated on immunization, antenatal care, perinatal care for state health functionaries for service continuity.
- UNICEF contributed to research protocols on continuity of RMNCAH+N services as part of the NITI Aayog task force for operational research during COVID-19.
- Data collection has been key to monitor continuity of services. In Bihar, for instance, findings from a survey on RMNCAH+N services in 340 health facilities were used to inform response plans.



“Soldiers in khaki are fighting on the borders but health fighting against COVID 19 in hospitals and I am proud to be a soldier in white!”

Sultana Nafees, staff nurse, Saharanpur District Hospital

Sultana confesses that when she was told that she was expected to stay in the hospital to care for COVID-19 patients, she felt scared. Taking it as an opportunity to excel, she took her training seriously and learnt how to protect herself while taking care of others. Coming from a Muslim community, she says, she has overcome many obstacles to reach where she is today. She also faced resistance from her family when she broke the news that she had to join duty in the isolation ward, but today she and her family are proud of her valuable work.

Essential nutrition services

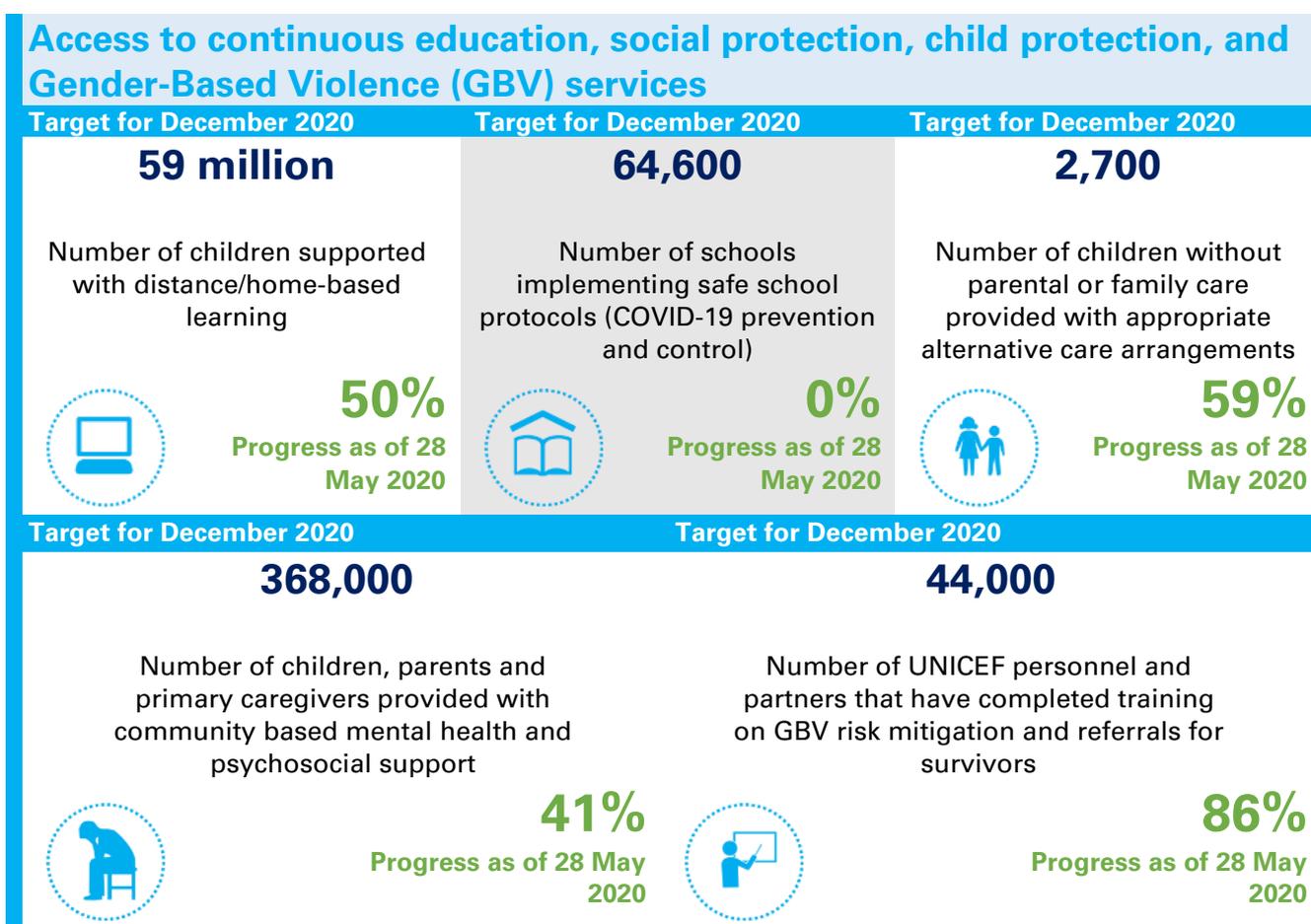
With UNICEF support, state governments issued specific guidance on management of Severe Acute Malnutrition (SAM) of children who develop COVID-19 in Karnataka, resumption of IFA and Vitamin A supplementation in West Bengal and state-wide remote orientation and review of nutrition programmes in Jharkhand. In Gujarat, Maharashtra and Odisha, UNICEF supported listing and tracking of children, pregnant and lactating women among migrant groups to link them to the provision of Integrated Child Development Services (ICDS). In Chhattisgarh, telephone follow-up of children discharged from nutrition rehabilitation centres continued. To make up for loss of contact through home-visits, all auxiliary nurse midwives in Maharashtra established WhatsApp groups for households with children under age three, pregnant women and lactating mothers to share messages on COVID-19 prevention, early childhood education and nutrition.

In Uttar Pradesh, over 400 nutrition rehabilitation center staff participated in a webinar on SAM management protocols during COVID-19 to ensure continuity of facility-based care. In Odisha, 25,000 Panchayati Raj Institution members were trained on management of temporary medical camps. An orientation on monitoring continuity of community-led systems actions through remote surveys during and after COVID-19 was conducted. State experiences on implementing COVID-19 sensitive nutrition have been compiled. This includes 11 varied experiences from the field on how frontline workers, government officials, development partners and UNICEF have been supporting delivery of essential services, while limiting risk of transmission.

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

UNICEF India is engaged in over twenty assessments of the socio-economic impact of COVID-19 across all its programming states looking specifically at the situation of vulnerable children and their households. These rapid assessments are collecting data on access to services (health, nutrition, WASH, education and social protection); knowledge, attitudes and practices around COVID-19; the economic impact (livelihoods, employment); and social impact (gender, discrimination and violence). In order to assess the impact of the COVID-19 related lockdown on marginalized populations, mainly women, children and migrant populations, a community-based monitoring mechanism has been instituted in 12 districts (six urban and six rural) in the seven most highly affected states (Andhra Pradesh, Gujarat, Maharashtra, Rajasthan, Telangana, Tamil Nadu and Uttar Pradesh). The objectives are to understand the impact on livelihood, food security, continuing learning, access to health-related social services from government and community attitudes towards home returnees.

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



Education

The closure of schools affected 286 million⁴ learners across India. UNICEF is supporting the government to plan reopening of schools and maintain continuity of learning at home. Online classrooms and television and radio programmes have benefited nearly 30 million children in 17 states.

UNICEF provided inputs to the Ministry of Human Resource Development on reopening schools. The official guidelines will soon be released by the government. UNICEF supported Sphere India, a national coalition of humanitarian agencies, to deliver a series of capacity building webinars for volunteers from across civil society on the continuity of student learning.

Continued support on career guidance was provided to students through career portals in nine states. Assam and Maharashtra officially launched (virtually) the career portal with respective ministers of education. The event was on Facebook live and widely covered by media. UNICEF continues to provide support to governments in reaching parents, teachers and school management committee members on risk reduction communication messages including messages related to psychosocial support, responsive parenting, and online safety. Collaboration with the government enabled a televised session ('[Safe Saturday](#)') addressing the COVID-19 risk in Bihar, and an initiative titled 'Take it Eazy' to support students in coping with the stress of class 10 board exams and with other life skills in Tamil Nadu.

Social Protection

The Government of India has made a series of social protection policy announcements since March 2020. Some of the immediate measures adopted by Government of India are: insurance coverage for health workers fighting COVID-19; 800 million poor people benefitted through additional food grain allocation under the public distribution system; 200 million women's accounts credited with advance financial assistance; wages under MGNREGS (Mahatma Gandhi National Rural Employment Guarantee Scheme) enhanced to Rs.202 from Rs.180 benefitting 134.2 million families; ex gratia payment of Rs.1000 to 30 million poor senior and differently abled citizens and Rs.2000 paid to 87 million farmers.

UNICEF is working specifically on various bottlenecks and challenges to improve utilization of these social protection schemes. Policy feedback loops were created from the rapid assessments being conducted to influence implementation of social protection schemes. For example, in Uttar Pradesh assessment findings led to instruction that free essential food items be delivered at home for workers who did not receive from relief centres. An assessment in Chhattisgarh identified COVID-19 related needs of migrant workers at transit points, and informed UNICEF's response plan. A vulnerability analysis in Jharkhand is being used to advocate for a universal child grant that also covers children from 0-3 years. Potential social assistance benefits for migrant workers is being advocated for by UNICEF in Bihar.

Local administration and gram panchayats are serving as crucial platforms in delivery and monitoring of social protection programmes. For example, in Madhya Pradesh, a large-scale capacity development programme has adopted a cascading approach to reach out to 22,000 gram panchayats, 286,000 field functionaries, and 250,000 self-help groups involved in the delivery of time-critical and life-saving relief services including social protection benefits.

Essential services to support people on the move are being facilitated across states. In Uttar Pradesh, 12,044 migrant worker families were identified and supported to access relevant social protection schemes. In Odisha, 33,900 panchayat level functionaries were trained with support of UNICEF on the COVID-19 response.

⁴ <https://en.unesco.org/covid19/educationresponse> accessed 30 April 2020.

In Madhya Pradesh, UNICEF and partners reached a total of about 60,000 migrant population (20 per cent women and 5 per cent children) with relief support. Food, water, medical support, psycho-social support, handwashing assistance was provided at the sites. In Telangana, UNICEF is coordinating movement of migrants by bus to Chhattisgarh and establishing rest centers for people on the move on the highway.

Child Protection

Efforts to mitigate risks for children of migrants continue. In Odisha, 33,900 functionaries supporting 7,000 temporary medical camps for migrants were trained by UNICEF on child protection issues including violence against children. UNICEF, partners and the District Legal Services Authority are collaborating across 18 districts in Odisha to create linkages with referral services and legal aid for children in need of care and protection, including those of migrants. In Jammu and Kashmir psychological first aid was provided to 590 stranded migrant labourers, while in Madhya Pradesh 125 children have been prevented from getting into labour and rehabilitated.

Over 152,000 children, parents and primary caregivers were provided with community based mental health and psychosocial support. UNICEF supported the training of 882 CHILDLINE functionaries (309 women and 573 men) on Mental Health and Psychosocial Support (MHPSS) and psychosocial first aid using MHPSS manual and tools. UNICEF supported training for child protection functionaries and police was participated by 794 people online through the National Institute of Public Cooperation and Development.

A partnership with the National Police Academy led to an announcement for a dedicated Centre for the Protection of Children's Rights during the 'Child protection during COVID-19' webinar coordinated by UNICEF. And 180 Police officers and training wings of Police from across the country (including senior officers nodal for women and children issues) have been trained. The draft guidelines for the Police on COVID-19 and children were also disseminated in this webinar.

"The police are one of the most critical partners for UNICEF's child protection work. They are usually the first to respond in any situation where children are in distress. Hence, their sensitivity towards children and the way in which they handle cases are critical for the experience - and the trust - a child will have on the justice system,"
– Dr Yasmin Ali Haque,
UNICEF India Country Representative

All states provided guidance for the follow up and monitoring of children who have been sent home from institutions. So far, close to 360,000 children and caregivers in institutions, foster care have received information on COVID-19 prevention and response. Over 70,000 children from institutions have been sent home to their families, and efforts to monitor their situation continue.

Advocacy efforts and technical support in Uttar Pradesh resulted in 350 children (247 boys and 3 girls) in overcrowded detention centres getting interim bail. In Assam, 89 children were under review for being released. The total number of children in conflict with the law who were released on bail increased to 1,348.

Technical support was provided in Kerala for district wise preliminary assessments on COVID-19's impact on the social welfare workforce. Based on this, a state plan of action to support districts to plug gaps in services for children in need of care and protection was developed, and actions have been initiated. In West Bengal, an assessment of street children has been carried out remotely. The assessment highlighted the critical needs of street connected children in access to food, health and WASH services and enabled multi-sectoral action to address those needs in 17 states.

Adolescent Development and Participation

Across 17 states, over 990,000 adolescents and young people were reached with targeted messages on prevention of COVID-19. In Assam, 716 adolescent girls and boys and Child Protection Committees from 205 tea gardens in 8 Districts were sensitised on COVID-19 response and impacts on adolescents. In Andhra Pradesh, Chhattisgarh, Karnataka, Maharashtra, Madhya Pradesh, Telangana and West Bengal adolescents, youth volunteers have been engaged through youth clubs, adolescent groups, youth organizations, National Social Service (NSS), Scouts and Guides, Nehru Yuva Kendra (NYK), National Cadet Corps (NCC) and gender champions. These initiatives support adolescents and young people in the use of digital and social media platforms for civic engagement and to fight myths and misconceptions.

Odisha developed and launched a portal for registration of volunteers to support COVID-19 response. In Madhya Pradesh, support from NSS volunteers, government agencies and local CSO partners provided 60,000 labourers with food, water, medical services, hygiene facilities as well as psycho-social support and police assistance as required. Over 150 NSS youth volunteers have been trained through an online six-day course with skills on psycho-social support and counselling.

Over 10,000 girls and boys from a Panchayat based Youth group in Odisha have been mobilized, with support from Action Aid, to enable assessment by Anganwadi workers on children's well-being and needs of adolescents and young people. They are also supporting community sensitization outreach activities. A social media campaign called 'Ami Corona Superhero' (I am Corona Superhero) reached over 80,000 adolescents in partnership with the State Commission for Protection of Child Rights. It aims to encourage adolescents to seek support from friends if they feel anxious and stressed during the pandemic.

UNICEF and YuWaah launched a YouTube channel "Career Class" for providing career guidance to young people digitally. Two sessions were broadcasted which reached 51,825 young people. The first *YuvaSansad* in partnership with Youth Ki Awaaz (YKA) during which young people interacted with their parliamentarians from five states on ideas around creating a positive social impact.

Humanitarian Leadership, Coordination and Strategy

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

1. **The COVID-19 Immediate Socio-Economic Response by the UN System in India**

Formally submitted by the UN Resident Coordinator to the Vice Chairman, NITI Aayog, this provides an overview of the immediate response by the UN agencies in India to the socio-economic challenges resulting from the Pandemic. These include interventions to strengthen the health system, economy, social sector and the environment by addressing challenges posed by the pandemic. Support to national and state governments will be informed by cross-sectoral situation analysis and impact assessment, addressing stigmatization, engaging with adolescents and youth, and strategic communication. Discussions will focus on how to transform the immediate response into a full recovery plan.

2. The COVID-19 Joint Response Plan (JRP)

The JRP outlines the joint support being provided to the Government of India in its effort to contain the spread, mitigate risks and strengthen management for COVID-19. The JRP is based on the MoHFW's COVID-19 Containment Strategy, the National Disaster Management Plan 2019, the India Council for Medical Research (ICMR) and MoHFW preliminary Stakeholder Engagement Plan. The goal of the JRP is to help slow down transmission and reduce mortality associated with COVID-19. It is an endeavor of UN agencies and partners to organize effective coordination and collaboration among health partners to support strategic planning at country level.

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\$ 25.8 million available against the appeal, including US\$ 5.16 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, Hindustan Unilever (HUL), Netafin and the Bill & Melinda Gates Foundation (BMGF) and others.

The Response Plan is still in urgent need of \$17.39 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: Culture of silence around menstruation has become even more evident in COVID pandemic: UNICEF [link](#)

Media: India set to lead post-pandemic baby boom: UN [link](#)

Web: From caregiver to COVID-19 Warrior in Assam's tea estates [link](#)

Web: COVID-19 warriors protect urban slums [link](#)

Web: Re-imagining the role of the police in COVID-19 times [link](#)

Press release: Hindustan Unilever extends partnership with UNICEF to support tea plantation workers in Assam in the fight against COVID-19 [link](#)

Next SitRep: July 2020

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

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

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: Funding Status

Response Pillar	Total ICO BUDGET (US\$)	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	1,684,383	100,000	1,784,383	1,115,617	38%
2. Improve Infection and Prevention Control (IPC) and provide critical medical and water, sanitation and hygiene (WASH) supplies	25,075,000	16,373,394	500,000	16,873,394	8,201,606	33%
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	300,000	1,875,000	2,175,000	2,925,000	57%
4. Data collection and social science research for public health decision making	650,000	175,435	-	175,435	474,565	73%
5. Support access to continuous education, social protection, child protection and gender-based violence (GBV) services	5,175,000	240,000	2,685,000	2,925,000	2,250,000	43%
6. Coordination, technical support and operational costs	1,100,000	375,964	-	375,964	724,036	66%
Programable Amount	40,000,000	19,149,176	5,160,000	24,309,176	15,690,824	39%
Total Global Recovery cost	3,200,000	1,511,483	-	1,511,483	1,688,517	53%
Total Funding Requirement	43,200,000	20,660,659	5,160,000	25,820,659	17,379,341	40%