1. **21.8 million children and women** accessed primary health care services in UNICEF supported facilities.
2. **More than 67,000 children** aged 6 to 59 months with Severe Acute Malnutrition (SAM) admitted for treatment.
3. **13.01 million people reached** with handwashing behaviour change programmes.
4. **2.4 million people reached** with critical water, sanitation and hygiene supplies and services.
5. **More than 980,000 women, girls and boys** accessing gender-based violence risk mitigation, prevention or response interventions.
6. **15.5 million children** accessing formal or nonformal education, including early learning.
7. **25 million** participated in engagement actions for social and behavioural change.

### UNICEF’s Response and Funding Status

<table>
<thead>
<tr>
<th>Category</th>
<th>Services Provided</th>
<th>Funding Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Children &amp; women accessing services</td>
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<tr>
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<td>SAM admissions</td>
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<tr>
<td>Child Protection</td>
<td>Children &amp; caregivers accessing MHPSS</td>
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<tr>
<td>Education</td>
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<tr>
<td></td>
<td>Funding status</td>
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<tr>
<td>WASH</td>
<td>People reached with handwashing programmes</td>
<td>37%</td>
</tr>
<tr>
<td></td>
<td>Funding status</td>
<td>15%</td>
</tr>
</tbody>
</table>

#### UNICEF funding status as of 30 June 2021

- **Humanitarian funds**: US$62.4 million (49%)
- **Humanitarian funding gap**: US$64.3 million (51%)
Situation Overview and Humanitarian Needs

The sudden onset of the second wave of the COVID-19 pandemic in India has had a tremendous impact on the health and humanitarian situation and needs across states. The rising number of cases overwhelmed health systems in April and May 2021. The peak of the second wave impacted three times more than that of the first wave in 2020. Again, a significant number of people moved from urban to rural areas, with many losing their livelihoods as urban centres and municipalities imposed movement restrictions (lockdowns) to reduce the risk of infection/transmission. Compared to 2020, transport networks in 2021 across states remained functional throughout the lockdown period so the movement of people was less visible on the roads. Hundreds of children lost their primary caregivers. Vulnerabilities to violence, including abuse and exploitation of women and children remained, along with the realities of limited access to essential services, such as health, nutrition, education, clean water, safe sanitation and social protection schemes.

Two cyclones impacted several states during the reporting period. Cyclone Tauk-Tae caused flooding across multiple coastal districts in Karnataka, Lakshadweep and Maharashtra, and the severe wind damage devastated much of the infrastructure in the coastal areas of Gujarat. Cyclone Yaas made its landfall just in the week following Cyclone Tauk-Tae, this time on the eastern coast of Odisha, also causing significant flooding in the coastal districts of southern West Bengal and aggravating the chronic vulnerabilities of coastal communities.

Summary Analysis of Programme Response

The strategic focus continues primarily on supporting health systems and strengthening risk communication and community engagement initiatives to improve COVID-Appropriate Behaviour (CAB) and to address vaccine hesitancy and vaccine eagerness (people wanting access before their turn when the government had initially introduced a phased approach, with health and frontline workers vaccinated first. The priority is to ensure continuity of access to essential services, particularly for the most vulnerable. UNICEF India continues to work with the government, NGOs, private sector and other partners to adapt its programmes and response to the evolving situation and critical needs of the most vulnerable children and communities across India.

UNICEF supports efforts to respond to COVID-19 through the Joint Response Plan to COVID-19 focusing on the health response, coordinated by the World Health Organization, and the UN Immediate Socio-Economic Response Framework (UN-SERF), with multisectoral interventions to mitigate the various impacts on the most vulnerable. UNICEF also coordinates with the Government of India as part of the empowered groups created under the National Disaster Management Act (2005) to facilitate government-civil society collaboration. UNICEF continues to be among the lead agencies partnering with the government on the COVID-19 vaccine campaign implementation. UNICEF India’s COVID-19 Response Plan supports the Government of India (central and state governments) in 17 states, working with a multitude of partners to enable results across six response pillars, as follows:

Health

During the reporting period, UNICEF stepped up its response to the devastating second wave of the COVID-19 pandemic along two major pillars: direct COVID-19 response and continuity of essential health services. The direct response to COVID-19 comprises a set of public health and clinical actions aimed at preventing, containing and managing the disease, including testing, screening, immunization, case management and containment measures. Support also includes actions to sustain continuity of RMNCH services with a focus on adapting or redesigning services to minimize the impact of the pandemic on essential services for women and children. To boost oxygen supplies, UNICEF procured and installed four oxygen generation plants, procured and distributed 6,728 oxygen concentrators and 512 High flow nasal cannulas to treatment facilities. Training videos on the use of oxygen concentrators, pulse oximeters and proning were produced.
We also procured and installed 53 mass thermal scanners in critical points of entry to India, while 173 RT-PCR machines and 19 RNA extraction machines were installed in laboratories. To protect health care workers, some 10.5 million Personal Protective Equipment (PPE) were procured and distributed.

UNICEF contributed to the training of over 500,000 healthcare providers on detection, referral, and management of COVID-19 and 350,000 providers on infection prevention and control. We designed and organized a series of webinars aimed at cascading essential messages on psycho-social health and wellbeing and supported the National Institute of Mental Health and Neurosciences (NIMHANS) through the launch of the ‘Share Care’ app providing online mental health support.

UNICEF also supported the concept, design and roll out of “Paediatric COVID-19 preparedness training” developed by the Ministry of Health and Family Welfare (MoHFW), Government of India and Kalawati Saran Hospital. Checklists and information material for specific roles and groups were developed and disseminated by MoHFW with our support.

Access to COVID-19 Tools Accelerator (ACT-A) India

Since the launch of the COVID-19 vaccination drive on 16 January 2021, under the leadership and guidance of the Government of India, UNICEF has been supporting the vaccine roll-out by developing and updating training material and operational guidelines, stakeholder capacity building and monitoring. Specifically for cold chain strengthening, UNICEF along with the National Cold Chain Resource Centre (NCCRC), Pune and National Cold Chain and Vaccine Management Resource Centre (NCCVMRC) conducted a mapping of existing infrastructure up to the sub-district level, including equipment, and availability of space to assess the needs. Based on that, a forecast plan was developed and implemented. More than 310 million people have benefited from cold chain strengthening for COVID-19 vaccine. In addition, it has benefitted 26 million children and 30 million pregnant women receiving routine immunization services.
as part of the Universal Immunization Programme (UIP), which now also has an upgraded and expanded cold chain network for safe and effective vaccine delivery.

Thanks to Global Act-A HAC and other donor support, 99 per cent of the 3,694 electrical cold chain equipment (cold-rooms, refrigerators, deep freezers) and 88 per cent of the 234,578 non-electrical cold chain equipment (cold box, vaccine carriers) have been delivered across India. Respective standard operating procedures have also been developed. Some 77,052 collaborative supportive supervision visits by state governments, UNICEF and other partners were conducted across 28 states during the first half of 2021. These visits have helped address bottlenecks during the implementation of the programme in real time. UNICEF collaborated with the private sector to organize orientation sessions on COVID-19 vaccination for large companies such as Oracle, SAP, DBS Bank and Kimberley Clark with the objective of sensitizing their employees.

Risk Communication and Community Engagement (RCCE)

UNICEF continued to support the MoHFW and government departments to ensure that information and messaging on the evolving nature of COVID-19 reaches all communities. The spread of the infection to rural and vulnerable tribal communities has led to strong apprehensions amongst many, resulting in a renewed effort on social and behaviour change communication activities. A new partnership with the Tribal Federation of India, under the Ministry of Tribal Affairs, aims to reach over 130,000 self-help groups (SHGs), covering over one million households, to promote vaccination and CAB among forest dependent tribal communities.

New user-friendly communication material and guidelines on vaccination for pregnant and lactating women, children with COVID-19, black fungus and a standardized training package have been developed to train frontline health
workers, Panchayat representatives, women self-help groups and NGOs on the new dimensions of COVID-19 (this includes behaviours such as self-isolation, use of oximeters, psychosocial care etc.) A training of trainers for resource persons from five state Institutes of Rural Development was also organized on COVID-19 and RCCE.

UNICEF supported the mapping and training of 1,000 NGOs that are actively engaged in community engagement on COVID Appropriate Behaviour (CAB) and vaccine demand generation. A cadre of over 265,000 village and ward volunteers of the Government of Andhra Pradesh involved at the household level were trained on social mobilization on COVID-19 specific and sensitive issues. In Gujarat, a youth led campaign was designed by UNICEF to support the fight against COVID-19 under the leadership of Health and Family Welfare Department to promote CAB Plus and vaccination.

In Odisha, UNICEF supported the Department of Health and Family Welfare to train members of the Indian Association of Pediatrics and the Indian Medical Association to dispel myths around vaccination and advocate on issues related to CAB Plus practices. Over 600,000 people across 14 districts were reached on CAB and vaccination through edutainment methods using mobile vans with trained drivers and facilitators. In Rajasthan around 200 facilitators were oriented to reach out to SHGs with 250,000 members across all 33 districts on CAB, CAB Plus and vaccine hesitancy.

For greater outreach on COVID-19 prevention, media partnerships were established with several major media houses. UNICEF media mentions were 2,215 with an overall reach of 900 million. While there was an increased focus in media on the disease itself, there was relatively less focus on its impact on the most vulnerable women and children.

With shrinking media space and lockdowns under the COVID-19 pandemic, strategic engagement with the media happened through online outreach, and connecting with media professionals from across the country, in addition to the regular print and TV media outreach on COVID-19. In addition, partnership with 195 Community Radio Stations in 26 states helped to reach over 1.9 million people through 36 languages and dialects on COVID-19 appropriate behaviours.

UNICEF helped MOHFW establish the National Media Rapid Response Room (or Media War Room) at MoHFW in December 2020 and since then continues to fully support real time media monitoring to guide an agile response to misinformation by providing accurate information, analysis and cases studies. To date the Media War Room has published over 500 op-eds and articles, supported 450 radio programmes, facilitated discussions on 100 TV programmes engaging top experts in creating awareness around the vaccine, CAB, dispelling rumours and misinformation, addressing vaccine hesitancy mental health and other COVID-19 related issues.

We also supported the COVID-19 vaccine campaign roll-out across digital platforms, initially in a phased approach balancing hesitancy, eagerness and CAB proactively across various audiences and then switched to a more reactive emergency response mode as the second wave hit. Partnership with social media channels, social media listening, creative, audience-centric content and content co-created with children and influencers drove extremely high levels of reach and engagement across all social media channels. Content co-created with children brought child rights issues (including violence against children and nutrition) to digital audiences, while our content around supplies and donor support to the second wave showed UNICEF in action on the ground as part of the pandemic response. Each message on COVID-19 from UNICEF India appeared 1.5 million times on average on Facebook in India between 1 January and 30 June 2021. On UNICEF India’s Facebook page, every unique COVID-19 related post drew about 33,450 engagements on average. Total impressions are almost three billion.
UNICEF continues to advocate for and support access to essential nutrition services for children, adolescents and pregnant women in the COVID-19 context. Following the COVID-19 second wave, Anganwadi Centres in 12 states have remained closed. However, village health, sanitation and nutrition days were conducted in 14 states and take-home ration is being provided to eligible women and children in 12 states.

UNICEF advocated for the re-establishment of essential nutrition services and delivering a package of services for children with Severe Acute Malnutrition (SAM) in facilities in 12 states and in community-based programmes in seven states. As a result, 122,641 children with SAM have been treated through facility and community-based programs from January to May 2021, some 50,000 more compared to the 73,430 children treated in January to May 2020.

In June 2021, 87 per cent of eligible pregnant women and 13 per cent of eligible adolescents 10-19 years received iron folic acid supplements, with wide variations in coverage by state. UNICEF supported the Anemia Mukt Bharat programme through undertaking financial tracking, capacity building, performance monitoring and review.

Recognizing the rising epidemic of obesity and its linkage with COVID-19, UNICEF, along with other UN partners and the NITI-Aayog convened a National Consultation on Prevention of Maternal, Adolescent and Childhood Obesity. Based on the deliberations, the NITI Aayog has identified eight priority thematic areas where detailed policy notes will be developed for aiding highest policy level discussion. UNICEF will support the NITI Aayog secretariat in convening a multi-sector platform to finalize these policy notes.
When the second wave spread rapidly UNICEF was able to accelerate and scale-up its on-going emergency response to meet the urgent needs in both rural areas and vulnerable urban pockets. The WASH response successfully expanded and intensified the direct delivery of essential life-saving supplies and services for the most affected communities with, while also strengthening coordination mechanisms to harmonize planning efforts. We also incorporated feedback from evidence generated, built capacity of various grassroots stakeholders, and advocated effectively for a hand hygiene roadmap going forward – at both national and state levels.

Some 2.4 million people were provided with critical WASH supplies and services including direct support, through soap and handwash stations and critical sanitation equipment using innovative technologies such as sato pans for toilets in partnership with Lixil. Over 13 million people were reached with handwashing messaging and we are advocating for the roll-out of a national hand hygiene roadmap together with WHO with the participation of key line ministries. In preparation for school reopening, the Ministry of Education expressed high satisfaction with the quality and popularity of the COVID-19 Responsive Behaviour modules prepared by UNICEF, with around 200,000 teachers trained to date, with 65 per cent obtaining participation certificates.

The WASH programme continued leveraging existing cadres of frontline workers to promote infection prevention and control (IPC) measures including awareness and messaging, from Swachhagrahis in tea gardens of Assam and Jalsahiyas in Jharkhand to health care providers and NGO staff in Madhya Pradesh and teachers and ASHA facilitators in West Bengal. Overall, 461,561 service providers (51 per cent women) have been trained and engaged on IPC.
In healthcare facilities, 27,238 staff in Karnataka, 2,664 (70 per cent women) in Madhya Pradesh and 5,000 health care facility staff across eight states were trained on WASH and IPC through partnerships with the Administrative Staff College of India (ASCI).

Field offices continued advocacy with the education department on safe school protocol development and some 20,300 schools have implemented safe school protocols (SSP), including construction of COVID-19 appropriate WASH facilities such as handwashing stations and disinfection of critical points, through UNICEF support using the brief window where schools were re-opened before the second wave started. The states of Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Rajasthan and Uttar Pradesh are implementing SSP.

Child Protection

The COVID-19 second wave put child protection services on severe strain, overwhelmed with large number of children temporarily or permanently without parental care, and an increase risk of children been exposed to violence, trafficking, early marriage, among others. UNICEF Child Protection response focused the most severe impacts of this wave, supporting family-based alternative care arrangements for children who lost their parents or primary caregivers, and linking them with social protection schemes set up by the Government; strengthening and scaling up mental health and psychosocial support (MHPSS) using community-based but also online platforms; and enhancing capacities of functionaries at the frontline of the response. During the first half of 2021, 981,428 children and women were reached through interventions aimed at addressing gender-based violence. UNICEF supported training of 94,478 child protection functionaries and partners to achieve this; 171,479 children and caregivers benefitted from community-based MHPSS through expanded helplines by NIMHANS and Tata Institute of Social Sciences and mobilization of youth and community-based volunteers.
Some 1,167,900 adolescents and young people were mobilized as child protection advocates including around promoting CAB and around issues of child marriage through various platforms, including the Young Warriors movement led by YuWaah (Generation Unlimited in India) in 17 COVID-19 impacted states.

Some 5,640 children without parental care across 16 states and 5,049 children who lost their parents due to COVID-19 in four states were supported through government schemes specifically designed to support and strengthen alternative care initiatives. Further, some 14,857 children on the move or in child labour received protection services across India. Some 300,000 frontline workers and community members in West Bengal were reached through a campaign on prevention and response to child labour, trafficking and unsafe migration through community outreach, social media and radio. In Bihar, Railway Childline was extended to 11 railway stations, and 283 children were rescued.

**Education**

With schools closed across India affecting the learning of 286 million children aged 3-18 years, UNICEF India focused on providing technical support to state government and partners in the continuity of learning, reaching around 15.5 million children (51 per cent girls) in 17 states with home or community-based learning. Apart from providing technical support in the development of digital and non-digital content for improved access and use of learning resource materials for students, we supported the roll-out of learning packages through alternative mechanisms (through volunteers, worksheets etc.) especially for children in hard to reach or remote areas. The Ministry of Education released guidelines for parental engagement in children’s learning at home with our technical support from and disseminated to all states.

UNICEF supported states supported preparation of guidelines and action plans for: i) back to school campaigns, ii) responsive parenting programmes and development, and iii) roll out of learning resource packages of remedial education programmes to mitigate learning loss of children due to extended closure of schools. At the national level, UNICEF provided technical support to Ministry of Education in the preparation of guidelines for parents to better support learning at home. During the second wave, schools and *Anganwadi* (ECD) centres were closed, however with the ongoing steady decline of confirmed COVID-19 cases, schools for higher grades might reopen in the coming months. The government and UNICEF are fully prepared to facilitate the various reopening and transitions, including implementation of Safe School Protocols.

**Social Protection**

UNICEF and the NITI Aayog have constituted an inter-ministerial advisory group to develop a national integrated social protection framework. As part of this work, UNICEF is providing technical assistance to NITI Aayog in conducting a microsimulation evaluation of the impact, effectiveness and efficiency of select national social protection programs. Phase one and two results of the microsimulation have been presented to the Technical Group at NITI Aayog and work continues on phase three. A five-state study on portability of social protection programmes has been completed. The recommendations are being synthesized into policy recommendations on addressing migration.

Through our advocacy, the Government of Odisha has put in place a cash plus programme, ‘Ashirvad’, covering children who have lost one or both parents. To ensure no exclusion error, with UNICEF’s advocacy, the need for a COVID-19 death certificate to avail the cash transfer has been removed and the scheme has been extended to all orphans in the state as of 2020. In Assam, Jharkhand and Odisha, self-help groups are being trained to strengthen the implementation of social protection. An assessment of the shock responsiveness of social protection schemes has been presented to the Government of Chhattisgarh and the State Planning Commission has agreed to use findings of the report to develop a shock responsive social protection policy for Chhattisgarh. In Uttar Pradesh, to increase awareness of social protection entitlements, a mobile-enabled pocket diary of social protection schemes has been prepared for dissemination among citizen groups, civil society organizations, newly elected Gram Panchayat (village
council) leaders and members of the Legislative Assembly. Bihar has completed an assessment of humanitarian cash transfers during natural disasters and has begun dissemination and advocacy efforts based on the findings.

**Emergency Preparedness, Response and Disaster Risk Reduction**

In response to multiple seasonal hazards that have been overlapping with the COVID-19 crisis in India, UNICEF and partners assisted both the Disaster Risk Management (DRM) functions of Government as well as the impacted women and children. The ongoing emergency responses to two cyclones in May in the states of Gujarat and West Bengal has significantly contributed to system strengthening for coordinated and informed preparedness and response to the COVID-19 pandemic and other seasonal hazards. UNICEF response in West Bengal is reaching directly 8,000 marginalized families in the three most affected cyclone districts with a multisector response that includes non-food item kits, water supply, health services, hygiene and dignity kits and CAB messages through respective district administrations and Inter Agency Group (IAG) partners. A similar response by UNICEF in Gujarat is reaching 48,600 families in 486 villages in the three most affected cyclone in partnership with IAG and local government.

UNICEF provided technical support to local governments in four COVID-19 hotspot cities (Mumbai, Pune, Nashik and Nagpur) in the most impacted state, Maharashtra, to improve coordination and agile response planning. This is contributing to strengthening the local public health system, anticipatory risk governance and preparation for shocks and stresses. To leverage civil society capacity, UNICEF promoted a platform called MAHAPECO-Net comprising of 75 organizations in Maharashtra. The MAHAPECO-Net collective has outreach to 13 cities, covering 2,666 urban localities including slum, low-income settlements and housing societies and 382 villages in 36 districts reaching 2.5 million people with COVID-vaccine awareness and has assisted 200,000 to get vaccinated. In Assam, UNICEF and the government partnered to improve strategic preparedness by jointly developing and roll out of an online flood reporting and information management system to address near-real-time data and reporting needs. The system has so far generated 50 state level daily reports, 1,650 district level daily reports and 7,650 Revenue Circle level daily reports that provide gender and age disaggregated information on the impacted population, significantly improving the efficiency of the state’s disaster information management system and the systemic response to the needs of women and children.

**Adolescent Development and Participation (ADAP)**

In just a little over two months, the #YoungWarrior Movement, a youth-led movement to combat COVID-19, has already triggered six million actions from young people, including with new partners such as the Central Board for Secondary Education, University Grants Commission and All India Council for Technical Education. For equal and barrier-free accessibility, tech and non-tech platforms (U-Report India, interactive voice response and 300 community radio stations) were used to empower the young warriors to learn, share knowledge and perform tasks. The movement contributed to U-Report India crossing the one million users mark and creating avenues for future meaningful engagement with these people. A knowledge and learning hub containing 400 resources on COVID-19 in 13 languages has been accessed by 41,000 users. Over 1.8 million young people and 120,000 teachers and stakeholders have participated in capacity building sessions and safe space sessions on relevant issues including COVID-19, mental health and violence against children. YuWaah also ran the #ReimagineTogether campaign and engaged over 1.7 million young people on issues that matter to them, focusing on the impact of the COVID-19 pandemic and allowing them to share their experiences dealing with the pandemic.
Humanitarian Leadership, Coordination and Strategy

UNICEF in coordination with MoHFW, with the UN Resident Coordinator’s Office, and under the WHO-led Joint Response Plan to the Novel Coronavirus Pandemic, has worked with multiple partners to deliver its response to the pandemic, including UN Agencies, Civil Society Organizations, academia, professional associations, private sector partners, and bilateral and multilateral agencies. In addition, UNICEF has worked in close coordination with divisions of the MoHFW at federal/union and state level, and with various suppliers, vendors, and transporters during the emergency response. This coordination was for procurement, supporting risk communication and community engagement at population level, response to COVID-19 pandemic, preparation for the possible third wave, establishing mechanisms and programs to provide psychosocial care to health care providers, and policies, protocols and programs geared to ensure continuity of essential maternal, new-born, child and adolescent health and nutrition services.

Funding Overview and Partnerships

UNICEF India has revised its HAC appeal upwards from US$53.9 million to US$126.7 million, given the sudden and unprecedented surge of COVID-19 cases in the first half of 2021 and the significant spike in the need for a larger response. This includes US$117.2 million to respond to the COVID-19 crisis and US$9.5 million to respond to other humanitarian crises, including natural disasters such as cyclones, floods, etc. The revised requirements take into consideration any adaptations needed to mitigate risks in the context of COVID-19. As of 30 June 2021, the Appeal is 49 per cent funded, which includes over US$ 18.95 million carry-over from 2020.

UNICEF India expresses its sincere gratitude to governments, international financial institutions and private and public sector donors who have generously donated and pledged funding to the appeals. This includes the Government of Japan, Government of Germany (BMZ/KFW), Asian Development Bank (ADB), USAID, Centres for Disease Control and Prevention (CDC), USA, Global Partnership for Education (GPE), Bill and Melinda Gates Foundation, Capgemini, Cognizant, Google, Nayara Energy, DBS Bank India, Hindustan Unilever Limited (HUL), IKEA, Johnson and Johnson,
Liechtenstein, the Global Alliance for Vaccines and Immunization (GAVI), Oracle India Pvt. Ltd., Kimberley Clark (India and USA), HSBC, Microsoft, Admiral Insurance (UK), Capgemini (France), Teck Resource (Canada), Sony (Japan), Nord Anglia Education (UK), Burberry (UK), Ericsson AB (Sweden), Danaher (US), European Investment Bank Institute (Luxembourg), UNICEF National Committee and Country Office partners.

Human Interest Stories and External Media

UNICEF supported oxygen plant saving lives in Gujarat - [web article]
The road back to home and hope – [web article]
An effort for every child – [web article]

UNICEF Responds to COVID-19 Pandemic Second Wave in India - [video]
Many like Dr. Farah need our help - [video]
Mental health of one in seven children at risk due to COVID-led lockdown; 247 million children enrolled in elementary and secondary schools impacted: UNICEF - [Link]
Jagrana Dialogues with Dr Yasmin Ali Haque: How COVID-19 pandemic has affected the mental health of children and their parents? Know from experts – Jagran [Link]
Covid crisis can further impact child nutrition in India: UNICEF – Economic Times [Link]
Made in UP, Covid animation series helping world fight against pandemic - [Link]
Ayushmann Khurrana collaborates with UNICEF to create awareness on importance of education for kids [Link]
‘Young people as vaccine buddies, fake news police can help India fight Covid-19’: UNICEF India Representative Dr Yasmin Haque – Indian Express [Link]
Highest rise in child mortality, maternal deaths likely in India: Unicef report on Covid-19 impact – [Link]
UNICEF India representative Yasmin Haque’s interview with ABC Australia, which triggered substantial donations by Australians. In it she says that children are heavily impacted by the COVID crisis in India [Link]
The South China Morning Post did a video interview with Yasmin Haque on the situation of children in India [Link]

Next SitRep: October 2021

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: Indicator summary (January - June 2021)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Indicators</th>
<th>UNICEF and IPs Response</th>
<th>Cluster/Sector Response</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Indicator</td>
<td>Total needs</td>
<td>2021 target</td>
</tr>
<tr>
<td>Health</td>
<td># children and women accessing primary health care in UNICEF-supported facilities</td>
<td>Total</td>
<td>1.6 million</td>
</tr>
<tr>
<td></td>
<td># health care facility staff and community health workers trained on infection prevention and control</td>
<td>Total</td>
<td>1.5 million</td>
</tr>
<tr>
<td>Nutrition</td>
<td># children aged 6 to 59 months with SAM admitted for treatment</td>
<td>Total</td>
<td>650,000</td>
</tr>
<tr>
<td></td>
<td># pregnant women receiving iron and folic acid supplementation</td>
<td>Total</td>
<td>29.5 million</td>
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<tr>
<td>Child Protection</td>
<td># children and caregivers accessing mental health and psychosocial support</td>
<td>Total</td>
<td>12.5 million children</td>
</tr>
<tr>
<td></td>
<td># women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions</td>
<td>Total</td>
<td>640,000</td>
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<tr>
<td></td>
<td># unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services</td>
<td>Total</td>
<td>11,950</td>
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<tr>
<td>Education</td>
<td></td>
<td>Total</td>
<td>24 million</td>
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<tr>
<td>Category</td>
<td>Girls</td>
<td>286 million</td>
<td>11.92 million</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>------------</td>
<td>-------------</td>
<td>---------------</td>
</tr>
<tr>
<td># children accessing formal or nonformal education, including early learning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># schools implementing safe school protocols (infection prevention and control)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WASH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># people reached with handwashing behaviour change programmes</td>
<td></td>
<td>35 million</td>
<td>13.01 million</td>
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<tr>
<td># people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services</td>
<td></td>
<td>16 million</td>
<td>2.46 million</td>
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<td>Communication for Development</td>
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<tr>
<td># people participating in engagement actions for social and behavioural change</td>
<td></td>
<td>45 million</td>
<td>25 million</td>
</tr>
<tr>
<td># people who shared their concerns and asked questions /clarifications to address their needs through established feedback</td>
<td></td>
<td>2.5 million</td>
<td>1.03 million</td>
</tr>
<tr>
<td>Adolescents and youth engaged to access services through sectors like health/education/protection and take action for COVID-19 response</td>
<td></td>
<td>5 million</td>
<td>3.9 million</td>
</tr>
</tbody>
</table>

* Change since Q1 report (Jan – Mar 2021) submitted to ROSA.
** Disaggregation NA refers to the breakup of the total results for which gender segregation is not available to report.
## Annex B Funding status*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirement</th>
<th>Funds Received</th>
<th>Funding GAP</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Humanitarian resources received in 2021</td>
<td>Resources available from 2020 (Carry-over)**</td>
<td>Amount</td>
</tr>
<tr>
<td>Health</td>
<td>55,603,185</td>
<td>25,268,351</td>
<td>16,637,890</td>
<td>41,906,240</td>
</tr>
<tr>
<td>Nutrition</td>
<td>12,496,680</td>
<td>3,370,458</td>
<td>-</td>
<td>3,370,458</td>
</tr>
<tr>
<td>Water &amp; Sanitation</td>
<td>31,847,997</td>
<td>4,455,712</td>
<td>198,480</td>
<td>4,654,192</td>
</tr>
<tr>
<td>Child Protection</td>
<td>8,085,420</td>
<td>2,398,096</td>
<td>1,070,038</td>
<td>3,468,134</td>
</tr>
<tr>
<td>Education</td>
<td>7,903,980</td>
<td>2,930,096</td>
<td>571</td>
<td>2,930,667</td>
</tr>
<tr>
<td>Social Protection</td>
<td>4,388,580</td>
<td>2,155,032</td>
<td>109,412</td>
<td>2,264,444</td>
</tr>
<tr>
<td>Preparedness and Risk Reduction</td>
<td>3,362,310</td>
<td>1,007,712</td>
<td>357,996</td>
<td>1,365,708</td>
</tr>
<tr>
<td>Communication for Development</td>
<td>2,976,750</td>
<td>1,875,358</td>
<td>576,588</td>
<td>2,451,946</td>
</tr>
<tr>
<td><strong>Total Funding Requirement</strong></td>
<td><strong>126,664,902</strong></td>
<td><strong>43,460,814</strong></td>
<td><strong>18,950,975</strong></td>
<td><strong>62,411,789</strong></td>
</tr>
</tbody>
</table>

*as of 30th June, 2021

** In addition to the USD 18.95m carry forward, USD 2.62 million of in-kind contributions (KM grants) have been carried over’