UNICEF India
COVID-19 Pandemic Humanitarian Update

Reporting Period: January to December 2021

Highlights

- **664 million** people in need of humanitarian assistance, including **286 million children** requiring access to education and continuity of learning
- **41.4 million children and women** accessed primary health care services in UNICEF supported facilities
- **3 million healthcare** facility staff and community health workers trained in infection, prevention and control
- **144 million people reached** with handwashing behaviour change programmes
- **1,138,551 women, girls and boys** accessed gender-based violence risk mitigation, prevention or response interventions
- **21.53 million children** and women from most vulnerable groups accessed formal or non-formal education, including early learning.
- **44,086 children** without parental care received cash transfers as part of UNICEF supported programmes
- **12 states** and sectors have a system of community engagement and feedback mechanisms to stimulate demand for child-centred disaster risk reduction actions
- The cumulative social impact of past two years of COVID crisis on children and women is yet to be understood fully and will take many years to recover.
- In 2022, UNICEF India urgently requires US$76.6 m to address the cumulative, indirect impacts of the pandemic on children, along with the response to the ongoing health emergency.

UNICEF’s Response and Funding Status

<table>
<thead>
<tr>
<th>Sector</th>
<th># Health Care Facility Staff and...</th>
<th>Funding Status</th>
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**UNICEF Appeal 2021**
US$ 126.7 million

Funding Status (In US$)

- **Funding Gap:** US$ 29,782,312, 23%
- **Carry Forward:** US$ 77,931,615, 62%
- **Funds Received:** US$ 118,950,975, 15%
Funding Overview and Partnerships

In May 2021, given the sudden and unprecedented surge of COVID-19 cases and the need for a larger response, UNICEF India revised its Humanitarian Action for Children (HAC) appeal upwards from US$53.9 million to US$126.7 million. This included 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 took into consideration any adaptations needed to mitigate risks in the context of COVID-19. The appeal was close to 75 per cent funded as of 31st December 2021.

During the year, contributions in-kind from the private sector provided important support to UNICEF programmes to help address identified needs for specific goods and services for children. The outpouring of support for in-kind contributions received from the private sector went on to demonstrate that businesses can contribute in several ways, by providing resources, by disseminating important messages through their networks, or adapting their production and innovation processes to secure supply of essential goods.

UNICEF India expresses its sincere gratitude to the many governments, international financial institutions and private and public sector donors who generously donated and pledged funding to the appeals. All of them have enabled us to participate in this extraordinary period of global recovery, standing with children with hope and optimism, undaunted by the challenges before us. (See Annex D for details on donors).

Omicron may be followed by other variants and the future waves of COVID-19 are feared to affect millions, including the most vulnerable socio-economically deprived, women, tribal communities and hundreds of millions of children facing disruptions in education and learning. As UNICEF India structures its next Country Programme of Cooperation (2023-2027), there is an incredible opportunity for the public and private sector to join forces with UNICEF to close the gap of inequity exacerbated by COVID-19 and reverse the alarming rollback in children’s health, nutrition, education and protection.

Situation Overview & Humanitarian Needs

- The COVID-19 second wave crisis, compounded by multiple natural hazards, had a critical impact on the health and humanitarian situation in India across states underpinning urgent needs for stretching response capacities of the government and humanitarian organizations. The pandemic particularly impacted children, with health, nutrition, education and protection services disrupted. UNICEF prioritized strengthening systemic preparedness and response capabilities of the key government departments, front-line workers and partner networks to ensure that the social sector continued to deliver inclusive, gender- and child-sensitive humanitarian action. In 2021, UNICEF India and its partners across the country assisted the government and its key departments to deliver results for a targeted 841 million vulnerable people including 392 million children.

- UNICEF played a vital role in the procurement and installation of essential equipment for containing the pandemic and treating those affected. A large number of essential supplies including 64 mass thermal scanners installed in 24 airports and 11 seaports; 11.5 million Personal Protective Equipment (PPE) which benefited 461,000 health care workers; supplied and installed 385 RT-PCR machines and 100 RNA extraction machines in government laboratories which led to an estimated 15.5 million tests by December 2021.

- UNICEF provided the Government of India 512 high-flow nasal cannulas and 550 pulse oximeters and to boost oxygen availability, procured and installed 4,650 oxygen concentrators in 15 states and 40 oxygen generation plants in eight states.

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1 This was calculated using 45 million adults to be reached through COVID-19 risk communication and community engagement actions; and 39 million children to be reached with education interventions and continued access to health and nutrition services. Forty-eight per cent of the population to be reached are women and girls, based on the 2001 census.

2 This was calculated using 24 million children to be reached with education interventions; and 15 million children under 5 years to be reached with continued access to health and nutrition services. Forty-eight per cent of children to be reached are girls, based on the 2001 census.
UNICEF, as the technical and logistical support to the Government of India has been instrumental in the rollout of the COVID-19 vaccine in a phased manner contributing to a coverage of 89 per cent of the eligible population with the 1st dose and 64 per cent for 2nd dose of COVID-19 vaccine in adults as of 31st December 2021.  

Work on safeguarding budgets for children led to institutionalization of child budgets in nine programming states. Budgetary allocations increased by US$162 million in one state despite prevailing fiscal contraction.  

The year 2021 ended with a significant increase in the reported tally of new COVID-19 cases. Active cases and deaths have increased significantly, breaching the mark of 100,000, and the reported daily cases have exceeded 20,000, with 1431 Omicron cases. The number of COVID-19 cases rose exponentially in urban centres by the end of December 2021. Cases increased significantly in Delhi, Ahmedabad and Mumbai, as well as in Chennai, Bengaluru and Kolkata during the last week of December 2021, a phenomenon also observed before the first and second waves, signalling the onset of a third wave.  

The Government of India has rolled out a precautionary booster dose of COVID-19 vaccine to those aged 60 and above. From 3rd January 2022, India’s vaccination drive against the coronavirus includes children aged 15 to 18 years old as it expands its inoculation effort to protect the world’s largest adolescent population.

Summary Analysis of Programme Response

Health

As the situation in India descended from the unprecedented acute surge of the second wave of COVID-19 to a less intense phase towards the end of 2021, in addition to direct focus on COVID-19 response and continuity of essential services UNICEF India also resume programme attention and investments in new-born, paediatric and maternal care. UNICEF extended technical support to the Ministry of Health and Family Welfare (MoHFW) in its preparedness for COVID-19 management in children, through communication and community engagement and support to site readiness at facility level, across its programming states. UNICEF played a vital role in the procurement and installation of essential equipment for pandemic control, such as 64 mass thermal scanners in 24 airports and 11 seaports; 11.5

1 Source: https://dashboard.cowin.gov.in/

COVID-19 Pandemic Humanitarian Update January to December 2021
461,000 health care workers; supplied and installed 385 RT-PCR machines and 100 RNA extraction machines in government laboratories which led to an estimated 15.5 million tests by December 2021.

UNICEF provided the Government of India 512 high-flow nasal cannulas and 550 pulse oximeters and to boost oxygen availability, procured and installed 4,650 oxygen concentrators in 15 states and 40 oxygen generation plants in eight states. UNICEF in partnership with the Federation of Obstetric and Gynaecological Societies of India (FOGSI) oriented 4,000 health care workers on imparting quality new-born care services amidst COVID 19 pandemic.

UNICEF in collaboration with Centres for Disease Control (CDC) and Prevention and in partnership with Administrative Staff College of India, trained 585,228 health care providers and managers on infection prevention, control and WASH. UNICEF supported the Indian Academy of Paediatrics in the development of early childhood development nurturing care modules for paediatricians. More than 30,000 paediatricians were trained to implement these modules in their routine clinical practices.

UNICEF, through government systems and partner organizations have supported capacity development of 50,000 healthcare workers including counsellors, psychiatrists, Accredited Social Health Activists (ASHAs), and frontline workers across the country for supporting Mental Health and Psychosocial Support (MHPSS) during the pandemic.

UNICEF prioritized advocacy with the MOHFW and Ministry of Women and Child Development at state and national levels to ensure continued access to essential nutrition services for children, adolescents, and women during the COVID-19 pandemic.

In the 12 UNICEF focus states, protection, promotion, and support of breastfeeding and complementary feeding was delivered through home visits, adjusted small group meetings, telephone, social media and other digital platforms. In eight states, 300 largest maternity and Infant and Young Child Feeding (IYCF) counselling centres in public health facilities were strengthened to ensure continuity of breastfeeding during the COVID-19 pandemic.

UNICEF, with its development partners advocated for immediate restoration of comprehensive services for children with Severe Acute Malnutrition (SAM) in facilities in 13 states and in community-based programmes in 12 states. As a
result, 307,028 children with SAM have been treated through facility and community-based programmes during 2021, more than double the number of cases compared to 2020 (116,630). UNICEF supported aggressive targets for screening and treating children with severe acute malnutrition but the COVID waves interrupted implementation of these annual plans across all states.

Iron and Folic Acid (IFA) supplementation more than doubled for adolescent girls from (from 10 per cent in April 2020 to 26 per cent in November 2021) and returned to pre-COVID-19 levels in pregnant women (82 per cent in November 2021) as reported in the health management information system data. In Odisha, in response to school closures, UNICEF supported doorstep distribution of IFA tablets to 3.5 million adolescents to prevent and treat anaemia.

UNICEF’s support to state governments ensured two rounds of Vitamin A supplementation in 10/12 focus states targeting over 60 per cent of the 9 to 59-month-old population of these states. The government of Madhya Pradesh achieved 86 per cent coverage of Vitamin A supplementation in 2021 as per data available in the State Management Information System.

The government led a social movement for nutrition using UNICEF plans, materials and supported a dashboard to track over 200 million community-based events in 2021. UNICEF and partners advocated for the restoration of nutrition services following the launch of the ‘Commitment to Action for Nutrition.’

The response to the pandemic shifted the government and ministerial focus away from nutrition. The momentum for the National Nutrition Mission was replaced with emergency response to COVID-19 and vaccination efforts. Coordinated advocacy efforts by UNICEF and partners helped bring nutrition back to the centre of the development agenda.

The government’s nutrition response continues to prioritize older children. UNICEF identified the under-six-month age group as having the highest wasting and mortality risk. This evidence led to efforts to improve operational guidance for Management of Acute Malnutrition in Infants (MAMI) with a focus on inpatient care for infants and the national roll out of inpatient training.

Child Protection GBViE and PSEA

A total of 887,188 children and parents/caregivers were reached with mental health and psychosocial support services through the expansion of helplines, online platforms and community-based interventions. Approximately

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4http://poshanabhiyaan.gov.in

Savita Devi, an Accredited Social Health Activist (ASHA) provides Iron Folic Acid syrup to Chohat during her home-based newborn care visit in Chitrakoot, Madhya Pradesh.
44,086 children received family-based care services; 91,369 children on the move received protection services; 7,078,472 million adolescents were mobilized and engaged in COVID-19 prevention and response; 215,753 child protection functionaries and 1,138,551 women, girls and boys have increased awareness and skills on COVID-19 prevention and associated Child Protection/Gender Based Violence risks through UNICEF supported interventions.

UNICEF led the Multi-Partner Trust Fund inter-agency programme in India on addressing gender-based violence in times of COVID-19, implemented in collaboration with UNWOMEN, WHO and UNHCR across 17 states that benefitted 896,451 children and women across the selected states of Chhattisgarh, Bihar, Uttar Pradesh, Madhya Pradesh and Rajasthan.

UNICEF supported 10 state governments in designing and developing special schemes for children orphaned during and due to COVID-19. In Rajasthan, Maharashtra and Odisha with regular coordination, facilitation and technical support from UNICEF, over 29,500 children were linked to these schemes. In Maharashtra, UNICEF prepared a blueprint for decentralized case management and capacity-building of District Child Protection Unit (DCPU) staff which resulted in completion of Social Investigation Reports for 81 per cent of 21,858 children who lost their parents during the pandemic. Of the 668 orphans, 96 per cent were placed in kinship care and only four per cent in Child Care Institutions (CCIs). At least 12 states announced monthly stipends and/or scholarships to the affected children.

UNICEF expanded the participation of National Service Scheme (NSS), Nehru Yuva Kendra Sangathan (NYKS) and CSO network in the COVID-19 prevention and support programmes. In Andhra Pradesh, UNICEF supported NSS, NYKS teams and adolescents in the prevention of COVID-19 by garnering their participation in the vaccination drives.

Education

Through the second wave of the pandemic, schools and early childhood development centres continued to remain closed affecting the learning outcomes of 286 million children. UNICEF responded to this unprecedented learning crisis by offering remote learning opportunities through digital and non-digital content. Around 22 million children (49 per cent girls) in 17 states were reached through various digital and non-digital learning platforms with UNICEF’s technical support to state government and partners to ensure continuity of children’s learning. Additionally, over 10 million parents were supported to create a learning environment at home with the support of community volunteers, self-
help groups and other community-based organizations and groups. In Bihar, 47,907 children (60 per cent girls) from the critically marginalized ‘Musahar’ community were able to continue learning by accessing learning resources through mobile learning centres in seven districts. In Chhattisgarh, 1,054,500 children (51 per cent girls) from tribal districts benefitted from community-led learning facilitated by 14,790 trained volunteers (49 per cent of them are girls). In Jammu and Kashmir, 123,000 children (52 per cent girls) continued their learning through remote learning and community learning centres supported by volunteers. In Jharkhand, a network of NGOs ensured that 200,000 children (49 per cent girls) from the vulnerable communities had access to learning through mobile learning vans. In Uttar Pradesh, 87,501 children with disabilities (58 per cent girls) including children with severe and multiple disabilities continued their education.

UNICEF extended technical support to state departments of education in the development of modules and guidance on safe school reopening and Early Childhood Development centres along with continued advocacy for ensuring COVID-19 responsive behaviours. Seventeen state governments utilized these protocols and guidelines in reopening schools and early childhood development centres safely in a phased manner.

With UNICEF’s support, eight states developed and implemented catch up and learning recovery programme to address and mitigate learning loss for 15.83 million children (48 per cent girls). Rajasthan’s accelerated learning programme led to addressing the learning loss of 4,500 children (55 per cent girls) in 140 remote locations through 140 Shiksha Sahayat (60 per cent women). In Maharashtra and Assam around 3.5 million children (48 per cent girls) benefitted from reading and literacy skills through respective state reading programmes. In Odisha, 78,000 children (46 per cent girls) in geographically remote areas were reached through 9,800 pre-service student teachers through an innovative, state led internship programme.

Water, Sanitation and Hygiene (WASH)

UNICEF engaged with government, partners and civil society at national and state levels to enhance institutional capacity to support social and behaviour change and COVID-19 sensitive communication to enable the most deprived
to access and use WASH services in selected states. UNICEF led initiatives through media outreach helped 144 million people adopt safe hand hygiene practices.

In addition, UNICEF ensured that government and partners have increased capacity to provide critical WASH supplies and services and strengthen Infection Prevention and Control (IPC) in communities and institutions.

UNICEF has provided technical assistance across WASH, education, and health sectors for responding to COVID-19. Over 9.8 million people were provided with critical WASH supplies and services including direct support, e.g., critical sanitation equipment (V-trap and sato pans through partnerships with Lixil, UNILEVER). Over 144 million people were reached with handwashing messaging in both rural and urban areas along with capacity development and engagement of 906,030 (437,973 males and 468,057 females) community service providers such as Swachagrahis,5 Jalrakshaks,6 teachers, and other stakeholders on IPC. UNICEF supported the Ministry of Education in the revision of SOPs for WASH in schools reaching 218,537 schools with safe school protocol.

UNICEF supported trainings on safe school and COVID-19 responsive WASH for 200,000 teachers besides development of six district action plans on Safe School Protocols (SSPs) which are being implemented by over 11,000 schools in Jharkhand. One hundred and fourteen schools under tea garden management in Assam were provided with COVID-19 appropriate foot operated handwashing stations and WASH supplies under the SSP. In Chhattisgarh, costed WASH in School (WinS) plans under SSP were implemented in 13 districts with UNICEF support. All teachers and anganwadi staff were trained on safe school/anganwadi protocols in Andhra Pradesh.

Social Protection and Cash Transfers

Working with the NITI Aayog, UNICEF evaluated 13 national social protection programmes to develop costed, prioritized social protection packages and advocated with the NITI Aayog on expanding maternity benefits, rural wage guarantee programmes and integrated social protection policy framework to aid resilient and inclusive COVID-19 recovery. Work on safeguarding budgets for children led to institutionalization of child budgets in nine programming states. Budgetary allocations increased by US$162 million in one state despite prevailing fiscal contraction. In four other states, per child expenditure on children grew at a higher rate since the onset of the pandemic. UNICEF’s

5 The foot soldiers who motivate communities to bring about behaviour change concerning key sanitation practices.
6 Waterwise individuals sharing their personal work and thoughts on water conservation
advocacy and technical assistance led to the launch of tailored national cash transfers, that will extend social protection in seven states for children orphaned during the pandemic - reaching over 30,000 children.

Approximately 449,912 vulnerable households in rural areas and urban poor settlements were assisted to access emergency social assistance services on wage support programmes, food rations, and old age and disability pensions. This was done through social protection delivery scaleups, expansion of social services workforce, and capacity building of 63,696 local governments, 5000 Community Based Organizations (CBOs) and 1.8 million women Self Help Groups (SHGs) to deliver gender and child sensitive and shock responsive social protections services across eight programming states. Working with six state governments and NITI Aayog, UNICEF developed evidence on migrant women and children during COVID-19 and advocated for portable social protection and supported migrant registration systems development. UNICEF worked with state and local governments in implementing expanded social protection programmes on food security, maternity benefits, rural works programmes and humanitarian cash transfers, reaching 449,912 households including vulnerable children. UNICEF built evidence and advocated for effective policy response for vulnerable internal migrants through portable social protection for women and children and supported registries to deliver emergency cash transfers for migrant families.

With UNICEF support, nine states introduced flexibility in social protection schemes, expanding programmes horizontally and vertically to tackle COVID-19 related vulnerabilities.

**Gender**

Following a Gender Programmatic Review in 2021, a capacity building plan has been initiated for staff, consultants and implementing partners in Jharkhand and Gujarat states. UNICEF advocated for creation of safe spaces/shelters for women during disasters (with separate toilets, breastfeeding rooms) and volunteer action with sectoral support teams during the COVID-19 pandemic. UNICEF developed guidelines for integrating a gender lens into the school safety programmes. This was piloted in three districts in Bihar for the safe reopening of schools, resulting in the school preparedness to tackle emergency situations as and when they arise. However, since the schools reopening has been uneven, it remains to be seen how the schools with integrate this into their respective school action plans.

Assam completed the gender assessment, especially in the context of disaster risk reduction. The key recommendations from the assessment were shared with the Department of Women and Child Development, Government of Assam. Basis the recommendations, the department initiated training of women helpline and shelter home officials on ensuring safety and security of women and strengthening referral services, especially during emergencies. UNICEF in consultation with the state has also piloted gender sensitive rapid assessment tools and relief measures for collecting gender segregated data at district level. UNICEF also advocated for inclusion of sanitary pads in relief kits during emergency.

As part of other key support, UNICEF supported the Women and Child Development Corporation, Government of Bihar to draft the gender transformative approach paper on adolescent empowerment with specific emphasis on how adolescents can catalyze actions through participation and engagement with other critical stakeholders.

**Communications for Development (C4D), Accountability to Affected Populations, Community Engagement**

During 2021, Risk Communication and Community Engagement (RCCE) strategies were developed and rolled out to inform and engage communities to adopt COVID-19 Appropriate Behaviours (CAB). The interventions addressed vaccine hesitancy and misinformation especially among vulnerable communities and hard to reach areas, contributing to building trust in vaccines and limiting vaccine hesitancy. India had administered 1.46 billion COVID-19 vaccinations
with 89 per cent of the eligible population with the 1st dose and 64 per cent for 2nd dose of COVID-19 vaccine in adults as on 31st December 7.

Targeted campaigns by 1,300 temporary social mobilisers, 297 consultants and over 500,000 frontline workers, CSOs and youth have helped more than 76-million people adopt CAB and access vaccination. As part of the response, non-traditional and new community partnerships (65 nos. - combining national and state level) have supported vaccine promotion efforts in 460 districts.

UNICEF engaged with faith leaders, traditional healers, academia, cooperative societies, associations, women and youth groups, community radio stations through numerous platforms in urban and rural areas through partnerships; cross sector coordination efforts helped amplify the messages to hard-to-reach areas, helping over 75 million people, including 5 million tribal minorities, to adopt safe practices and access vaccines.

Engaging face-to-face with communities was limited due to movement restrictions and other pandemic containment measures. This limited the number of sessions planned by partners with communities. Multimedia campaigns supported as part of the COVID-19 response were able reach communities with information instead of also engaging them. Quickly evolving situations required quick changes in response mechanisms. Addressing rumours, vaccine eagerness amongst some groups and hesitancy in others required distinct communication approaches. Youth were engaged to contain rumours floating through social media, whereas in many states, house visits by frontline functionaries were used to motivate people to come for vaccination camps for maximizing coverage.

Communication Advocacy and Partnerships

The COVID-19 response intensified through India’s devastating second wave, and saw exponential growth in UNICEF India’s advocacy, media, and digital outreach. UNICEF supported the Government of India in the #LargestVaccineDrive, in addressing risk perceptions, promoting healthy practices, vaccines uptake, while countering misinformation and vaccine hesitancy. Strong advocacy on critical issues affecting children continued.

7 Source: [https://dashboard.cowin.gov.in/](https://dashboard.cowin.gov.in/)
UNICEF India supports the National Media Rapid Response Cell at MoHFW to provide real-time media monitoring, strategic media analysis and response, to support vaccination, CAB, and counter misinformation and vaccine hesitancy, ensuring constant flow of critical content in the media across the year.

Of the total stories tracked, 80 percent (4,091 stories) were on COVID-19, of which 70 percent (2,863 stories) had coverage with a favourable tonality. Extensive COVID-19 social media engagement through multiple messaging packs and support from Facebook led to over five billion (5,414,513,286) impressions and reach of almost four billion (3,890,748,429), with 112 million (112,170,056) engagements and over 182 million (182,180,989) video views. Strong legislative advocacy led to engagement of over 70 Members of Parliament around children’s issues exacerbated by the COVID-19 pandemic. Over 25 supply photo missions, 30 vaccination drive photo missions, 15 supply documentation videos documented UNICEF’s emergency response during COVID-19 in India.

The support extended by UNICEF Goodwill Ambassadors, Amitabh Bachchan and Priyanka Chopra, celebrity advocates Ayushmann Khurrana, Kareena Kapoor Khan contributed to building awareness around critical issues affecting children.

Child Rights week in November was leveraged with strategically positioned high-profile campaigns, paired with evidence, strong key messages delivered by eminent experts and influencers bringing attention to the impact of the pandemic on children. UNICEF’s installation of a symbolic ‘Pandemic Classroom’ sent powerful messages for millions of children in India who missed learning, while some may never have a second chance to return to schools. Legislative advocacy brought together 35 parliamentarians in a World Children’s Day parliamentary session. Restrictive advocacy spaces and politically complex operating environment have limited the discourse on critical issues and violations of child rights.

Adolescent Development and Youth Engagement

The YuWaah Skills Platform (YSP) was initiated in the wake of the pandemic, as an e-learning solution to empower youth with skills and abilities to thrive and connect them to opportunities in apprenticeship, entrepreneurship, employment, and social impact. It is initiated under the global partnership of UNICEF, Generation Unlimited, and Microsoft and Accenture on the Passport to Learning initiative, supported by a learning management system hosted on the Microsoft Community Training (MCT) Platform. A tri-partite led Young Warrior NXT initiative was launched, that
will deploy large-scale life skills delivery solutions to support 14-24-year-old youth with foundational life skills. It targets 5 million youth in 2022, through 10-12 projects in partnership with life skills practitioners. Currently, seven pilots have been shortlisted with an approximate reach of 90,000.

Additionally, a chatbot-based solution reached 0.2 million in 2021, with 11 life-skills learning activities in 12 languages. This was done in response to adolescents missing socio-emotional learning due to online classes.

The Youth Innovation Platform (UNIsolve) enabled young people to access age-appropriate content and tools on how to employ design thinking and social innovation to identify, investigate and solve for hyperlocal problems to drive social impact.

The #YoungWarrior campaign, a youth-led movement to combat COVID-19, triggered 6.6 million actions from 4.3 million young people. Young people have taken up actions such as capacity building, creating safe spaces and performing various tasks on U-Report such as learning how to counter misinformation or registering for vaccinations. New partners such as the Central Board for Secondary Education, University Grants Commission, and All India Council for Technical Education were brought onboard. The campaign brought together more than 1300 partners including various other Government partners.

To engage the more marginalized constituencies of young people who do not have access to internet-enabled devices, YuWaah is also piloting low-tech and no-tech channels for engagement.

Emergency Preparedness, Response and Disaster Risk Reduction

The year 2021 witnessed an upsurge in hydrometeorological hazards with two cyclones in May and the seasonal monsoon triggered flooding and landslides unabating through the month of November, overwhelming several states back-to-back along with the ongoing COVID-19 pandemic.

UNICEF and its partners offered technical support to state governments and disaster risk management functions in system strengthening for coordinated, informed preparedness and response thereby improving the protective environment for children. UNICEF supported approximately 1.2 million people in Bihar to improve community preparedness for response to floods, with minimum loss of life and property.
UNICEF, in collaboration with RedR India, deployed surge support in the form of public health and risk governance experts to support Maharashtra at the state and three divisional levels (covering 50 per cent of the state and districts severely impacted by COVID-19 pandemic as well as floods and cyclone). The deployment exemplified need-based technical advisory assistance to local government to support decentralized decision making. The surge support to governance in Maharashtra highlights the improved efficacy in response when community outreach for prevention (which includes the vaccine drive and reinforcing CAB) is coupled with effective risk governance.

UNICEF promoted the MAHAPECO-Net platform⁸ in Maharashtra, comprising 75 organizations to reach 13 cities including 2,666 urban localities and 382 villages in 36 districts, reaching 2.5 million people with COVID-19 vaccine awareness.

Humanitarian response to the COVID-19 pandemic enabled learning that helped shape the response and address systemic gaps related to flood preparedness. In Assam, UNICEF focused on enhancing the quality and efficacy of both preparedness and response to disasters. In Gujarat, CSO coordination and facilitation helped reach pandemic-affected communities with key messages.

As a result of UNICEF’s technical support 12 states have adequate capabilities to apply/integrate risk informed planning to their programmes. Twelve UNICEF supported sectors have capacities to prepare, assess, respond to, and monitor the needs and vulnerabilities of children during humanitarian situations, in line with the CCCs. Eleven states have child and gender responsive DRR plans developed and supported for implementation with monitoring protocol. Twelve UNICEF supported states and sectors have a system of community engagement and feedback mechanisms to stimulate or shape demand for child-centered disaster risk reduction actions in priority settings.

**Humanitarian Leadership, Coordination and Strategy**

UNICEF in coordination with the Ministry of Health and Family Welfare, the UN Resident Coordinator’s Office and under the WHO-led Joint Response Plan to the Novel Coronavirus Pandemic, continues to work 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. UNICEF works in close coordination with divisions of the MoHFW at federal/union and state level, and with various other line ministries including the Ministry of Women and Child Development, National Disaster Management Authority, Ministry of Water and Sanitation, Ministry of Education, Ministry of Rural Development, to coordinate the responses to the indirect impacts of the pandemic on children and their families’ wellbeing, safety, learning and development. UNICEF also works with suppliers, vendors, communication professionals and transporters during the emergency response. This coordination was for procurement, supporting risk communication and community engagement at population level, response to the COVID-19 pandemic, preparation for the possible next surge in cases, establishing mechanisms and programmes to provide psychosocial care to health care providers, and policies, protocols and programmes geared to ensure continuity of essential maternal, new-born, child and adolescent health and nutrition services.

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⁸ MahaPECONet is a network of volunteers, corporates, government bodies and organisations that have come together to support COVID-19 prevention and mitigation efforts.
Next SitRep: July 2022

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

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## Annex A
### Summary of Programme Results

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<td># children and women accessing primary health care in UNICEF-supported facilities</td>
<td>Total</td>
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<td>44.6 million</td>
<td>41.4 million</td>
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<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>
<td>3061442</td>
<td>▲ 1.01 million</td>
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</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td># children aged 6 to 59 months with severe acute malnutrition admitted for treatment</td>
<td>Total</td>
<td>640000</td>
<td>307000</td>
<td>▲ 229,022</td>
<td></td>
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<tr>
<td></td>
<td># pregnant women receiving iron and folic acid supplementation</td>
<td>Total</td>
<td>29.5 million</td>
<td>26.5 million</td>
<td>▲ 433,000</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td># children and caregivers accessing mental health and psychosocial support</td>
<td>Total</td>
<td>506,000</td>
<td>887188</td>
<td>▲ 475,989</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Girls</td>
<td>12.5 million children</td>
<td>464570</td>
<td>▲ 67,129</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Boys</td>
<td></td>
<td>243055</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Women</td>
<td></td>
<td>375224</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Men</td>
<td></td>
<td>74075</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Un-disaggregated</td>
<td></td>
<td>80013</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>74742</td>
<td></td>
<td></td>
<td></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>
<td>1138551</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Girls</td>
<td>12.5 million children</td>
<td>464570</td>
<td>▲ 67,129</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Boys</td>
<td></td>
<td>243055</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Women</td>
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<td>375224</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Un-disaggregated</td>
<td></td>
<td>55458</td>
<td></td>
<td></td>
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</tr>
<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>
<td>44086</td>
<td>▲ 14,918</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Girls</td>
<td></td>
<td>16452</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Boys</td>
<td></td>
<td>21451</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Un-disaggregated</td>
<td></td>
<td>6183</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td># children accessing formal or nonformal education, including early learning</td>
<td>Total</td>
<td>24 million</td>
<td>21.5 million</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Girls</td>
<td>11.92 million</td>
<td>10679475</td>
<td>▲ 4.5 million</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Boys</td>
<td>11.94 million</td>
<td>10,853,481</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td># schools implementing safe school protocols (infection prevention and control)</td>
<td>Total</td>
<td>65,000</td>
<td>218537</td>
<td>▲ 155782</td>
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### WASH

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th># people reached with handwashing behaviour change programmes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>50.7 million</td>
<td>35 million</td>
</tr>
<tr>
<td>Male</td>
<td>16 million</td>
<td>9.8 million</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td>4965213</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4843313</td>
</tr>
<tr>
<td>▲ 120.4 million</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th># people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td>144 million</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td>4.6 million</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td>19.4 million</td>
</tr>
<tr>
<td>▲ 3.6 million</td>
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</table>

### Communication for Development (C4D)

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th># people participating in engagement actions for social and behavioural change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>45 million</td>
<td>102 million</td>
</tr>
<tr>
<td>▲ 25.8 million</td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th># people who shared their concerns and asked questions/clarifications to address their needs through established feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>2.5 million</td>
<td>1.9 million</td>
</tr>
<tr>
<td>▼ 386,935</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>No of adolescents and youth engaged to access services through sectors like health/education/protection and take action for COVID-19 response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>5 million</td>
<td>12.8 million</td>
</tr>
<tr>
<td>▲ 5.2 million</td>
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</table>

* Change from the last report
**
### Annex B

#### Funding status*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirement</th>
<th>Funds Received</th>
<th>Funding GAP</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Humanitarian resources received in 2021</td>
<td>Resources available from 2020 (Carry-over)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>62764581</td>
<td>46126692</td>
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<tr>
<td>Health</td>
<td>56603185</td>
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<tr>
<td>Nutrition</td>
<td>12496680</td>
<td>5748010</td>
<td>-</td>
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<tr>
<td>Water &amp; Sanitation</td>
<td>31847997</td>
<td>6971051</td>
<td>198480</td>
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<td>Child Protection</td>
<td>8085420</td>
<td>3415692</td>
<td>1070038</td>
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<td>Education</td>
<td>7903980</td>
<td>6173066</td>
<td>571</td>
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<td>Social Protection</td>
<td>4388580</td>
<td>2167614</td>
<td>109412</td>
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<td>Preparedness and Risk Reduction</td>
<td>3362310</td>
<td>1782108</td>
<td>357996</td>
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<tr>
<td>Communication for Development</td>
<td>2976750</td>
<td>5547382</td>
<td>576588</td>
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<td>Unallocated</td>
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<tr>
<td>Total Funding Requirement</td>
<td>126664902</td>
<td>77931614</td>
<td>18950976</td>
</tr>
</tbody>
</table>

*The carry-over fund is exclusive of in-kind funds (US$ 2.70 million).”
Annex C

Human Interest Stories and External Media

Oxygen generation plants in Gujarat

In India, the second wave of the COVID-19 pandemic had hit hard, with shortages of oxygen beds, Intensive Care Units, and other essential healthcare services. An uninterrupted supply of oxygen was essential to bring COVID-19 linked mortality rates under control. It was against this background that UNICEF initiated procurement of Oxygen Generation plants (OGPs) to support government hospitals, including one in Jamnagar, Gujarat. The installation of these OGPs has not only enabled the hospitals to meet the increased emergency need for COVID-19 care, but in the long term it will also help them allocate their resources to upgrade other hospital facilities, thereby strengthening their health care system.

Helping students in India make up for lost time
https://www.unicef.org/coronavirus/helping-students-india-make-lost-time

Various states in India started alternative educational programs to address the huge learning loss faced by children due to school closures during the pandemic. Unequal access to internet-based learning has required different approaches to reaching students who risk being left behind. The story of Jagadish and Gourimani, trainee teachers enrolled in the Alternative Internship Programme – a three-month internship launched by the state of Odisha in partnership with UNICEF – shows how small yet positive steps can help bridge digital and learning gaps in the state, particularly for the most vulnerable. The programme safely took lessons to the poorest and most vulnerable students, bringing back the joy of learning to both students and trainee teachers.

Education initiatives by children, for children

For Falak and Diwakar, youths in their early 20s, nothing is better than seeing the excitement with which young children run to greet them when they come to visit their community. Several National Service Scheme volunteers like Falak and Diwakar are tirelessly working for the HANSI initiative by UNICEF, which provides learning support to underprivileged children in slums in Jharkhand. The initiative recruits 15 volunteers for each of the seven slums identified in the state. The volunteers conduct classes for children in the slums, while also counselling their parents on the importance of continuing education.

The road back to home and hope

The National CHILDLINE helpline rescued a 14-year-old boy who was found lying on a footpath, intoxicated. The boy had made his way to Barabanki (almost 90 kilometers away from his home) by selling water on a train and was then stranded due to the COVID-19 lockdown. A stranger approached him and offered him food and help. Unfortunately, that person was a drug addict. Once under the care of CHILDLINE and with UNICEF’s support, the child was provided medical examination and then sent home, reuniting him with his mother. He was also provided counselling to ensure this experience does not affect his life going forward.

Youth and COVID-19: Stories of creativity and resilience
India’s young people are leading the way in the battle against COVID-19 through heroic acts of goodwill and support in their families and communities.

Through some of the harshest times, these young champions have stepped up as researchers, advocates, innovators, and communicators on the frontline, promoting health and safety. Initiatives like ‘The Blue Brigade’ in Chhattisgarh, “Library on Wheels’ in Madhya Pradesh, innovative apps, and several others showed how our young leaders came forward to help people during the pandemic.

Media Links

CAP with DRR to provide a best-selling story of the reporting period
India collaborates with UNICEF to tackle youth employment – Free Press Journal Link
Dr Yasmine Ali Haque Article: The potential of Young India in driving growth and effecting social change – Hindustan Times Link
Capgemini, YuWaah, GCNI and UNICEF collaborating for India’s youth Link
CBSE, UNICEF and YuWaah partner to promote 21st century life skills in young people, make then job-ready Link
Covid 19: The Indian children who have forgotten to read and write – Link
80% kids between 14-18 years in India reported low levels of learning during pandemic: UNICEF report – Deccan Herald Link
Manushi Chhillar roped in for UNICEF’s nationwide youth campaign – Statesman Link
UNICEF India calls for urgent action for safe reopening of schools – Business Standard Link
Omicron: School closures must be ‘avoided whenever possible’, says UNICEF – UNI India Link
“Let’s Pledge To Give Back To All Children Their Childhood And Their Future,” Says Ayushmann Khurrana On World Children’s Day – Movie Talkies Link
On Children’s Day, Kareena Kapoor Urges Followers To ‘reimagine’ Education That Is Safe – Republic World Link
UNICEF concerned about learning loss among Indian Children during Pandemic, says UNICEF India Representative Yasumasa Kimura – Statesman Link
Hemant Soren Article: Weathering the storm – Millennium Post Link
11 MPs Get Awards for Child Rights- Link
Children Present Charter Of Demands To MPs For Safe Reopening Of Schools – NDTV Link
Rashtrapatibhavan, Qutub Minar Turn Blue On Eve Of World Children's Day – NDTV Link
Covid rolling back progress made for kids in last 75 years: UNICEF – Business Standard, Odisha TV, Tribune, Republic World; UN News
Priyanka Chopra commemorates 75 years of UNICEF – Telangana Today Link
NYT Story: In India’s Water-Stressed Villages, Modi Seeks a Tap for Every Home – New York Times Link
Important role of media in creating awareness and community engagement for providing tap water supply: Bharat Lal, AS & Mission Director, National Jal Jeevan Mission – Orissa Diary Link
Union Health Ministry releases UNICEF report on Mental Health Link
ICC and UNICEF partner to help break stigma around mental health - Link
14% young Indians depressed in Covid times, most unwilling to talk about it: UNICEF report Link
UNICEF and Facebook partner for online safety for adolescents and children – Mint Link
Ayushmann Khurrana joins initiative to protect children from cyber bullying – ANI News Link
Music video to spread awareness about cyber bullying Link
UN provides technical assistance to India in mammoth Covid vaccine rollout Link
MoHFW and UNICEF hold capacity building workshop for Health Correspondents across country on current COVID situation Link
UN Launches Global Campaign to Support Call for Equitable Access to COVID-19 Vaccines Link
UNICEF to provide India with 160 million syringes for COVID vaccinations - Link
Bankatwa becomes Bihar’s first block to complete double vaccination in eligible population - HT - Link
Annex D

Funding Overview and Partnerships (continued from page 2)