UNICEF India COVID-19 Pandemic Monthly External Situation Report No. 7

Reporting Period: 1 - 31 October 2020

Highlights

• 660 million children and their families across India have been reached with accurate information on how to stay safe from COVID-19.

• 2.29 million people have regularly shared concerns, asked questions and clarifications on COVID-19 through established feedback mechanisms.

• 61.8 million people have been engaged in activities that facilitate two-way communication, meaningful participation and local action on COVID-19.

• 3.6 million people across India have been reached with critical WASH supplies (including hygiene items) and services.

• 2.5 million healthcare facility staff and community health workers have been trained in Infection Prevention and Control.

• 34,700 healthcare workers within health facilities and communities provided with Personal Protective Equipment (PPE).

• 44.4 million children continue to learn through education initiatives launched by UNICEF and partners across 16 states.

• Over 333,000 children and their caregivers have been provided with psychosocial support through UNICEF’s assistance, including training of child protection functionaries and counsellors together with government.

• 8,200 children without parental or family care have been provided with appropriate alternative care arrangements.

• 146,000 UNICEF personnel and partners that have completed training on Gender-Based Violence (GBV) risk mitigation and referrals for survivors.

• 19.7 million children and women received essential healthcare, including prenatal, delivery and postnatal care, essential newborn care, immunization, treatment of childhood illnesses and HIV care in UNICEF supported facilities.

• 1.48 million healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases.

• 102,400 children (6-59 months) admitted for treatment of severe acute malnutrition (SAM).

UNICEF COVID-19 Appeal 2020
US$ 43.2 million

Funding Status (in US$)

Humanitarian funds US$21.92 51%

Other resources US$35.16 12%

Funding gap US$15.12 37%

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1 https://en.unesco.org/covid19/educationresponse accessed 1 November 2020 8 a.m.

Situation Overview and Humanitarian Needs

India continues to be among the countries worst affected by the COVID-19 pandemic. While government records indicate there has been a steady decline in the overall number of daily confirmed cases of COVID-19 throughout October nationally, the number of new cases continues to rise in many areas, suggesting the pandemic is still far from over in India.

As of 1 November 2020, 8.2 million confirmed cases so far reported ranked India as the second highest COVID-19 affected country in the world after the United States.

In October, India saw some encouraging downward trends as the total new reported cases decreased by 16 per cent in the last week of October, compared to the previous week, and number of deaths reduced by 21 per cent. The overall case fatality rate in India is estimated at 1.5 per cent.

The states of Maharashtra, Kerala, Karnataka, West Bengal and Delhi (in that order) have reported the highest number of new cases, as of 1 November 2020. The maximum reported deaths overall since the beginning of the outbreak are in the states of Maharashtra, Karnataka and Tamil Nadu which together contributed to nearly half of the total deaths in the country.

As reported by the Indian Council of Medical Research (ICMR) on 1 November 2020, a cumulative total of 110,742,103 tests have been conducted in 1,126 government and 883 private laboratories. Majority of the laboratories are in the 36 state and union territories’ capital cities. Many districts have only one laboratory.

Community based monitoring (CBM) in 12 districts in seven states covering around 5,700 families indicates that livelihoods and employment among marginalized populations could take a long time to return to the pre-COVID-19 situation. While some services at health facilities and in Anganwadi centres have improved in comparison to the lockdown period in April 2020, they are yet to return to the much-needed full scale operations. Schools and early childhood education centres have continued to remain closed while not many children could join online classes that keep children out of learning and cause concerns for parents. There digital divide is hugely limiting access to digital infrastructure across rural and urban areas, and socio-economic groups. For many children, being out of school for the past several months can mean never having a second chance to return to learning even when schools reopen. The community-based monitoring points to many children being compelled to join child labour and be subjected to child marriage, never to return to school. The adverse effects of the pandemic continue to impair the functionality of Child Protection services that are operating at suboptimal level. The Community Based Monitoring (CBM) IVR exercise by UNICEF has found many Child Protection Committees are yet to be operational in seven states. The results from the CBM are being translated into a policy brief to be shared with governments at national and state level.

The number of calls to CHILDLINE have progressively increased since the beginning of the pandemic. It is concerning that of these calls, the ones in need of intervention have significantly increased as compared to the previous year. This increase is indicative of a rise in number and severity of protection issues for which children are seeking help from CHILDLINE. With schools remaining closed and increased economic distress, the concerns are spike in child labour, trafficking and child marriage. According the organization Bachpan Bachao Andolan, between April and September 2020 some 1127 children were rescued from suspected trafficking attempts, and 86 alleged traffickers were arrested. Also following the Minister of Women and Child Development’s report on the 898 cases of child marriage in April, new reports in States like Maharashtra indicate that cases of child marriage could be twice as high compared to last year.
Summary Analysis of Programme Response

UNICEF continues to work with government, NGOs, private sector and other partners to adapt its programmes and responses to the evolving situation and critical needs of the most vulnerable children and communities across India.

UNICEF supports prevention and response efforts 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).

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:

1. Risk Communication and Community Engagement (RCCE)

UNICEF with Government of India and its partners adjusted the RCCE strategy and accelerated the interventions with a special focus on promotion and adoption of COVID-19 Appropriate Behaviours (CAB) to tackle the consequences of the wider unlock strategy of GoI and the process of normalization of economic and social activities. UNICEF led RCCE strategies and interventions and enabled a coherent and coordinated response by state and national government and its partners, including UN agencies, foundations, influential leaders, faith-based leaders, CSOs, youth networks, universities to promote key practices. These include wearing a mask, maintaining hygiene practices and maintaining physical distance, with particular focus on festivals and the winter season. CAB is being promoted through a number of state campaigns and the national COVID-19 Jan Andolan (people’s movement) launched by Prime Minister Modi on 8 October and the Global Hand Washing Day on 15 October. For instance, UNICEF Gujarat partnered with the Press Information Bureau (PIB) to promote the Jan Andolan through edutainment with the VIJAY RATH road trip of 9,500 km covering 800 villages in 24 districts). Andhra Pradesh, Bihar, Jharkhand, Maharashtra, Odisha and West Bengal also supported the Jan Andolan to scale up RCCE interventions with a focus on high priority districts.

Since March 2020, UNICEF has consistently reached over 35 million people every month with messages around COVID-19 on prevention and access to services, while over 18 million people were engaged through digital and non-digital platforms. To enable two-way communication with the most vulnerable communities, a system has been initiated to gather feedback from communities in the high-density urban areas of Delhi through strategic partnerships with Doctors for You Foundation.
UNICEF continued providing technical inputs and support to the government in COVID-19 RCCE activities reaching over 39 million to date through its integrated Risk Communication and Community Engagement strategies and diversified partnerships. The special focus during October was intensive state-wide Global Handwashing Day engagements, focusing on the importance of hand hygiene for all in prevention of diseases such as COVID-19. Global Handwashing Day was celebrated on 15 October, with PM Modi issuing a statement on the importance of handwashing as a priority behaviour. UNICEF marked the day through media engagement, including national and local TV coverage and a digital media campaign. We also hosted a series of webinars that reached over 13,500 people. State level activities reached millions of students, Swachhagrahis and other handwashing champions, as well as local government counterparts.

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

UNICEF is collaborating with the Ministry of Health and Family Welfare, with States authorities and with UNDP, to install oxygen generating plants in four north eastern states. A tender was launched and its evaluation is currently ongoing. Investment in oxygen equipment and supplies will strengthen systems for the response to COVID-19, and in the long term also for management of children with pneumonia, and children who need intensive care, or special care with oxygen support during the neonatal period.

Around 600,000 community service providers have been reached with IPC messages and orientation related to COVID-19 to date. This includes Swachhagrahis (frontline sanitation workers), sanitation workers, government stakeholders, local government (Pachayati Raj) members, teachers and education department staff.

On 2 October Prime Minister Modi launched a 100-day campaign, the Jal Jeevan Mission, to provide drinking water to all schools and Anganwadi centres across India as part of efforts to ensure schools can reopen safely. UNICEF is the lead development partner engaged in designing, planning and rolling out this campaign. Guidelines have been finalized, training and community engagement activities are ongoing, and further support is being provided in coordination and leveraging of funds. UNICEF aims to make this campaign a Jan Andolan (people’s movement) that promotes children as Jal Jeevan Mission champions.

Some 3.6 million people have been reached with critical WASH supplies and services to date, above the target set. UNICEF supported state governments, other development partners and civil society organizations to reach vulnerable populations in rural and urban areas across 15 states. The supplies included hygiene items such as soaps, PPEs, disinfectants and sanitary pads. The supported services included the installation and construction of handwashing units.
3. **Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management**

**Containment and mitigation of the pandemic in coordination with MoHFW, WHO and partners**

The UNICEF team continues to support the MoHFW and states through the high-level task forces for the Introduction of COVID-19 vaccine(s), planning and preparing support systems readiness for COVID-19 vaccine(s) rollout was finalized with MoHFW, and initial orders for the procurement of offshore cold chain equipment worth US$ 2.3 million were initiated with the UNICEF Supply Division in Copenhagen.

Psychosocial support for health care workers and those affected by COVID-19 has emerged as a key priority for response resilience. Efforts to strengthen systems for the provision of psychosocial support to health care providers have continued across various states. These include the orientation of more than 200 medical officers in Bihar; and State level consultation for the development of a training module on Psychological First Aid during disasters for health care providers in Ahmedabad. To date, in Mumbai, the PSS Cell at KEM Mumbai has reached 7,705 (5,110 male, 2,595 female) persons affected by COVID-19 and 4,965 (2,894 male, 2,071 female) caregivers. UNICEF partnered with the Neonatology chapter of the Indian Academy of Pediatrics (IAP) for a session on Resilience, Safety, and Wellness of health care workers.
Continuity of timely identification of cases, contact tracing and isolation remain critical in COVID-19 response. In Uttar Pradesh, UNICEF leveraged the Social Mobilization Network (SMNet) to monitor 8,740 COVID-19 cases in home isolation in 61 districts during this period.

UNICEF support to the response to COVID-19 in urban settings continues implementation in selected locations. In collaboration with its partners and cooperation from Kolkata Municipal Corporation, a multi-sectoral response has been rolled out in the slums of three wards of the city of Kolkata. The initiative’s Health activities are now in full swing and are being implemented in partnership with West Bengal Doctors Forum and Anahat. In Mumbai, women from 17 Self Help Groups (SHGs) have supported the production of cloth masks as per WHO guidelines. Some 15,433 masks have been distributed in the community by UNICEF partner Doctors for You Foundation with the help of self-help groups.

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

UNICEF continues to provide technical support to the Government for a range of essential Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH) interventions across 24 states. For example,

- UNICEF organized the first State-level Committee meeting on the School Health Programme in Guwahati, as well as an Expert Group Consultation on Ending Preventive Maternal Mortality for the Government of Telangana.
- UNICEF is also helping to sustain the community follow up of Special New Born Care Unit (SNCU) discharged newborns in Uttar Pradesh and the scale-up of Telephonic Outreach to Pregnant and Postpartum Women in West Bengal.
- In Bihar, UNICEF is supporting the extension of Intensified Diarrhea Control Fortnight campaign by an additional seven days to cover children who have dropped out and supportive supervision of health care services in flood relief camps in 16 districts through SMNet along with the Japanese Encephalitis Campaign in 11 districts.
- In Madhya Pradesh UNICEF continues to support mentoring to improve the quality-of-service provision in health facilities.
- UNICEF, in collaboration with WHO, continued to support capacity building webinars across states in areas such as:
  - Management of pneumonia and diarrhea, World Antibiotic Awareness Day, pre-term management for mother and newborn and essential newborn care using a bundles approach in Madhya Pradesh
  - Post-natal care and feeding of low birthweight newborns and active management of the third stage of labor in Odisha
  - Health system strengthening for aspirant Public Health Officers, state-level Training of Trainers for Dakshata, and management of HIV exposed children in Karnataka.
  - Continuity of essential RMNCAH&N services with Indian Institute of Public Health – Gandhinagar, reaching more than 1500 participants.

Systematic programme reviews are critical to the success of existing programmes. UNICEF supported mid-year reviews and programme reviews, including LaQshya and SUMAN in Bihar, state-level gap analysis/reviews on elimination of mother to child transmission in Gujarat and Uttar Pradesh, review of basic and emergency obstetric services in the First Referral Units in Jharkhand.

To improve continuity of immunization services and coverage, UNICEF is consistently supporting capacity building in various domains ranging from data management to preventive maintenance and hazard control measures, to the National Cold Chain Management Information System.
Concurrent efforts for system strengthening include a gap assessment of the cold chain system and improvement planning, reviews based on effective vaccine management assessment findings and microplanning and supportive supervision in select urban and tribal areas.

**Essential nutrition services**

The National Nutrition Month (POSHAN Maah) intensified actions on nutrition organized nation-wide during the month of September 2020 have continued in October. Community workers across several ministries and departments worked together to deliver critical messaging on nutrition including breastfeeding (reaching over 400,000 individuals) and complementary feeding (reaching almost 700,000 individuals). UNICEF provided support through the development of the messaging and training materials for the ministries along with the development and maintenance of the online monitoring tool.

UNICEF India is committed to support reaching 220,000 children with severe acute malnutrition across 12 states through treatment services in 2020. The cumulative coverage from January-September 2020 as reported was 142,087 children.

With UNICEF support and facilitation, several states, led online trainings, intensified screening and referral of children with severe acute malnutrition, activated digital and wherever possible provided interpersonal communication/counselling activities with appropriate COVID-19 prevention practices. This resulted in states developing guidelines for initiating/reinitiating/adjusting services for children with acute malnutrition.

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

Wave-2 of the Community Based Monitoring (CBM) of the socio-economic impacts of the COVID-19 pandemic on marginalized populations in India was completed between August – September 2020. The results indicate that while the economic situation of families under study remain challenging, select government services have improved in comparison to situations in June-July period.

The results of the study from 12 districts in seven states reveal that the effect of the lockdown is not uniform across all districts. Over 5,700 families responded in Wave-2 of the CBM from six urban and six rural selected districts.

The study is a cohort based longitudinal study, with purposively selected respondents from high prevalence COVID-19 areas based on MOHFW’s report in April 2020. CBM Wave-2 covered 298 habitations in areas with a concentration of marginalized populations, home returnees and considered quality of community volunteers in terms of gender, age and proximity. The urban habitations are all from slums and shanties.

Key findings and trends are:

- Approximately three-quarters (74 per cent) of the main wage earners in families reported that their monthly income is now lower than pre-lockdown, and just 15 per cent stated that it is the same as before lockdown.
- Some 72 per cent of wage earners stated that their family had enough food for the next week. In rural areas it rises to 79 per cent while in urban areas it is 64 per cent.
- Out of those who were aware of the government’s cash assistance scheme, about a third received cash assistance and more families in rural areas received cash (rural 39 per cent and...
urban 28 per cent). Most of the assistance has gone to those whose monthly income is less than that of the pre-lockdown period (61 per cent) and about a fifth (20 per cent) whose monthly income was the same as in the pre-lockdown also received cash assistance.

- About two-thirds (65 per cent) who received cash assistance pointed out that the assistance is not adequate for meeting costs of food and other household requirements.
- About 75 per cent of respondents mentioned that the family has a debt burden due to pandemic, and of this, close to half stated that they had to sell their personal belongings, significantly more in rural areas than in urban areas.

- Where local health facilities like sub-centre, PHC or Govt. Dispensary are open, 78 % of pregnant women reported, pregnancy related services available.
- 63 per cent pregnant women who reported, Anganwadi Centres are providing services to women and children, 74 per cent said they received take home rations last month (87 per cent in rural areas and 55 per cent in urban), but hot cooked meals and pre-school education services in ICDS remain disrupted.
- Around 77 per cent of mothers stated that a child who was due for immunization received their vaccination/s last month, with more in rural 81 per cent than urban, 72 per cent.
- About 77 per cent of mothers (81 per cent rural and 72 per cent urban) reported children received vaccination last month in due time in their immunization schedule.
- Two out of five volunteers reported that children in their habitation are engaged as a paid worker or pushed into child labour. The situation is similar in both rural and urban areas.

Six UNICEF State Offices are sharing the findings with state and district governments to consider adjustments in programme delivery strategy and addressing bottlenecks identified in service provision for vulnerable groups.

Anganwadi worker Bhuri Dabhi visits seven-year-old Kasmir as she distributes education kits and explains the benefits of wearing a mask to his mother Pushpa.
5. **Support access to continuous education, social protection, child protection and Gender-Based Violence (GBV) services**

**Education**

Educational institutions in most states remained closed in October. Only in some states, schools have been partially opened for grades 9-12 students and teachers have returned to schools for preparation of reopening and to support remote learning. Most states are planning to reopen schools in a phased approach, starting with higher grades. Further to the Ministry of Home Affairs directive, the Ministry of Education issued guidance for reopening schools, which was prepared in consultation with Ministry of Health and Family Welfare. UNICEF provided feedback on the draft guidelines and a UNICEF-developed checklist for reopening schools is included. These guidelines are advisory in nature and states and union territories may use or adapt them in preparing their own guidelines/standard operating procedures. UNICEF is supporting state governments to finalize their guidelines.

In Bihar, Odisha, Madhya Pradesh, Telangana and Uttar Pradesh UNICEF continues to orient school staff and students on Safe School Protocols (SSPs), including over 130,000 in October. WASH interventions as per the SSP are being carried out in over 100,000 schools in Gujarat and Uttar Pradesh. Training of the Women and Child Development department functionaries took place both in Andhra Pradesh and West Bengal on WASH and IPC in Anganwadi Centres. Gujarat’s Chief Minister launched a handwashing with water and soap campaign in 53,000 Anganwadi Centres across the State.

UNICEF India continued its technical support to state governments and partners to enable continuity of learning from home, reaching 44 million children (49.8 per cent girls) out of the targeted 60 million children in 17 states. Multiple pathways and outreach strategies were developed towards access including e-learning materials to support in accelerating the efforts towards reaching children from marginalized and disadvantaged communities and hard to reach geographical areas.

UNICEF continues to support nine states to roll out the responsive parenting programme for young children. In West Bengal, UNICEF in collaboration with Department of Women and Child Development and Social Welfare is supporting the roll out of Home-Based Early Childhood Care and Education and Parenting Programme reaching around 2.7 million children in Anganwadi Centres across all 23 districts.
UNICEF in collaboration with Dalberg Consulting Firm completed a rapid assessment on learning to understand the access to and strategies being used to promote student learning during the school closures in the context of COVID-19 across six states (Assam, Bihar, Gujarat, Kerala, Madhya Pradesh and Uttar Pradesh). Some key findings are that around 60 per cent of students have access to some form of remote learning, with access in urban areas slightly higher than in rural areas. There is no difference in access to remote education for girls and boys, while children from other vulnerable groups such as Scheduled Tribe (ST) and Scheduled Caste (SC) have less access to remote education. Mental health has been a challenge for over a third of primary students (as perceived by their parents) and nearly half of secondary students. The findings from this report will further help in developing differential strategies and pathways to reach the unreached and children from disadvantaged communities.

**Social protection**

In Assam, evidence generation through process monitoring of the Pradhan Mantri Mattriva Vandana Yojana scheme and advocacy has led to the government’s agreement to set up a state and district level monitoring mechanism for enhanced tracking of the reach of the scheme in Sonitpur and Morigaon. UNICEF technical support to Tea Tribes and Welfare Department led to more than seventeen thousand applications being submitted for three state schemes targeting adolescents till date across 31 districts.

In Jharkhand, advocacy through UNICEF analysis led to allocation of resources for girl child cash transfer, which had been discontinued due to the pandemic. In Madhya Pradesh, analysis of 134 Social Protection schemes suggested key criteria that could be used for targeting the most vulnerable populations to access food and cash transfer support, generating list of beneficiaries using the state social registry. A one-month campaign in Uttar Pradesh has successfully advocated on clearing the backlog of birth and death registrations in the aftermath of COVID-19 towards registering all births and deaths that occurred between 1 January and 30 September 2020 through door-to-door visits by community health workers. The e-tracking of cash transfers for child labour was also initiated during October.

UNICEF in Gujarat has commissioned an investment gap analysis for child centred investments. In Maharashtra, analyses of child budget, gender budget and Early Child Development investments, were undertaken to understand priority areas for public spending in the run up to Budget 2021-22.

In Odisha, UNICEF in partnership with the State Institute for Rural Development and Panchayati Raj conducted five rounds of virtual Training of Trainers at district level to integrate six child-centred thematic areas and SDGs in Gram Panchayat Development Plan, which resulted in the creation of over 250 master trainers. In Uttar Pradesh, with UNICEF support, *Mohalla Samitis* (neighborhood groups with elected representatives and front-line functionaries) in selected settlements were formed and training were facilitated for 10 *Mohalla Samitis* consisting of 290 members. In Maharashtra, capacity building materials on child and gender friendly local governance is being developed with the State Institute for Rural Development and Panchayati Raj and constituency based virtual trainings of elected representatives facilitated on MNREGA (rural employment scheme) and child and gender responsive governance.
Child protection and Gender Based Violence (GBV) services

With the increased levels of stress, anxiety and other mental health concerns, UNICEF and National Institute of Mental Health and NeuroSciences have finalized and released training manuals for Psychosocial Care for Frontline Health Care Workers, and Psychosocial First Aid for Children Affected by COVID-19. So far 446,180 children (48 per cent girls, 52 per cent boys) and their parents as well as caregivers have been supported with community-based mental health and psychosocial services. CHILDLINE zonal consultation have been held for developing state plans with 1000 CHILDLINE functionaries to improve reach of mental health and psychosocial support service and address bottlenecks at community level in 11 states.

The ongoing pandemic has posed additional challenge for children without parental care in terms of finding safe and caring environment through these difficult times. With UNICEF’s support, guidelines for sponsorship and aftercare have been approved by the Department of Women and Child Development for implementation in Madhya Pradesh and Odisha. To date, 5695 children have been provided with family based alternative care. This was enabled by training of 485,450 caregivers in institutions / foster-care on prevention and response in the context of COVID-19. As a result, states are actively working towards de-institutionalization of children, and guidance for follow-up and care has been issued. In Karnataka, CHILDLINE followed up with 7000 children who were sent home from childcare institutions in selected cases.

Loss of livelihoods especially for 40 million migrant workers (Centre for Budget and Governance Accountability estimates), combined with school closures due to lockdown, is exacerbating the child labour situation and there is a risk that India may regress on some major achievements in terms of reducing child labour. UNICEF provided technical support to the advocacy note for NITI Aayog sub-group on Human Trafficking and Bonded Labour which brings focus on protection of children. A campaign against child labour and child trafficking led to the rescue and rehabilitation of 2340 children from Uttar Pradesh and 360 children in Bihar. In Odisha 100,000 community members reached out since the campaign began in August, through a network of 500 youth volunteers, Panchayat Raj Institutions and Self-Help Group members in co-ordination with district administration, to prevent child labour and trafficking in three migration prone districts.

Adolescent and youth

Some 2.4 million adolescents and youths have been reached directly with targeted messages and information on promotion and adoption of appropriate behaviours to reduce the risk of COVID-19 infection or spread. These adolescents and youths will act as agents of change to impart this information among family and peers within their spheres of influence. In Odisha, the Department of Women and Child Development jointly with UNICEF and UNFPA launched ADVIKA – Every Girl is Unique initiative. The initiative will engage adolescents with resource materials led by Anganwadi workers and Self-help group representatives at the community level. Experience sharing was organized in Gujarat with participation of more than 250 youth members, adolescents, community level government functionaries, guardians and parents on their experiences and aspirations on how youth and adolescent participation and engagement has led to positive changes at personal and community levels.
Humanitarian leadership, coordination and strategy

The United Nations inter-agency coordination efforts in India continue to be led by the UN Resident Coordinator with the ongoing support of UN Crisis Management Team (UNCMT). Some of key highlights over the reporting period include:

1) UNCMT’s reporting against all indicators vis-à-vis COVID-19 Immediate Socio-Economic Response Framework (SERF) for Quarters 2 and 3 to facilitate and allow for aggregated analysis on the UN’s response to the socio-economic impact due to COVID-19.

2) Launch of a televised three-part documentary series #BharatKeMahaveer together with NITI Aayog and Discovery India to recognize India’s selfless heroes who have gone out of their way to help those in need during the COVID-19 pandemic. The series will profile the stories of 12 local champions -- selected in close consultation with NITI Aayog -- from across India who, through their exemplary actions have been spreading hope, strength and solidarity. The series will be co-hosted by the UN Secretary-General’s SDG Advocate Dia Mirza and actor Sonu Sood, who was recently conferred the ‘Special Humanitarian Action Award’ by the Government of Punjab for his humanitarian efforts to mitigate some of the impact of the COVID-19 crisis.

3) Launch of campaign on air pollution mitigation, led by UNEP, considering ongoing weather conditions, stubble burning in Northern India and bursting of firecrackers during this festival season. The proposed campaign - E-PATAAKHE - ISS DIWALI, KHULKE PHODO E -PATAAKHE! (This Diwali - burst E-Pataakhe to your hearts content!) will launch a collection of e-crackers using Augmented Reality (AR) filters on multiple online social media platforms. Through this campaign everyone can enjoy unhindered festivities in keeping with the traditions of bursting crackers but without any adverse impact on air quality.

4) Awarding of the Nobel Peace Prize 2020 to UN’s World Food Programme for its efforts to combat hunger, for its contribution to bettering conditions for peace in conflict-affected areas and for acting as a driving force in efforts to prevent the use of hunger as a weapon of war and conflict.

5) Commemoration of the 75th anniversary of the United Nations and Food and Agriculture Organization of the United Nations (FAO). The External Affairs Minister, Mr. S Jaishankar released a commemorative stamp marking 75 years of United Nations on 23 October 2020. Prime Minister Shri Narendra Modi released a commemorative coin of Rs 75 denomination on 16 October 2020 to mark the long-standing relation of India with FAO, dedicating to the Nation 17 recently developed biofortified varieties of 8 crops.

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 63 per cent funded with US$ 26.7 million available against the appeal, including US$ 5.2 million that has been re-programmed from existing UNICEF India resources. UNICEF India expresses its sincere gratitude to the many Government, IFIs and private and public sector donors who have generously donated and pledged funding to the appeal. This includes the Government of Japan, Government of Germany (BMZ/KFW), Asian Development Bank (ADB), USAID, Centers for Disease Control and Prevention (CDC), USA, Global Partnership for Education (GPE), DBS Bank India, Hindustan Unilever Limited (HUL), the Bill and Melinda Gates Foundation), IKEA, Johnson and Johnson, RSPL Foundation, Bewakoof India, UNICEF National Committee partners, and others.
The Response Plan is still in urgent need of $16.5 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**

Photo essay: A history of handwashing in India [Link](#)  
Video: UNICEF Talks – handwashing [Link](#)  
Media: Farmers to Boatmen: This Delivery System is Helping People in Remote Areas Get Vaccine amid COVID-19-19 [Link](#)  
Media: For Bihar polls, a manifesto for children, by children [Link](#)

**Next SitRep: November 2020**

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

**For more information, please contact:**

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## ANNEX A

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<thead>
<tr>
<th>Response Pillar</th>
<th>Total ICO BUDGET (US$) as at 6 May</th>
<th>Funds Available</th>
<th>TOTAL FUNDS Available</th>
<th>Funding GAP</th>
<th>% Gap</th>
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<tbody>
<tr>
<td>1. Risk Communication and Community Engagement (RCCE)</td>
<td>2,900,000</td>
<td>1,453,422</td>
<td>100,000</td>
<td>1,553,422</td>
<td>1,346,578</td>
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<tr>
<td>2. Improve Infection and Prevention Control (IPC) and provide critical medical and water, sanitation and hygiene (WASH) supplies</td>
<td>25,075,000</td>
<td>16,198,602</td>
<td>500,000</td>
<td>16,698,602</td>
<td>8,376,398</td>
</tr>
<tr>
<td>3. Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management</td>
<td>5,100,000</td>
<td>529,027</td>
<td>1,875,000</td>
<td>2,404,027</td>
<td>2,695,973</td>
</tr>
<tr>
<td>4. Data collection and social science research for public health decision making</td>
<td>650,000</td>
<td>186,720</td>
<td>-</td>
<td>186,720</td>
<td>463,280</td>
</tr>
<tr>
<td>5. Support access to continuous education, social protection, child protection and genderbased violence (GBV) services</td>
<td>5,175,000</td>
<td>735,787</td>
<td>2,685,000</td>
<td>3,420,787</td>
<td>1,754,213</td>
</tr>
<tr>
<td>6. Coordination, technical support and operational costs</td>
<td>1,100,000</td>
<td>1,199,264</td>
<td>-</td>
<td>1,199,264</td>
<td>-99,264</td>
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<tr>
<td>Programable Amount</td>
<td>40,000,000</td>
<td>20,302,822</td>
<td>5,160,000</td>
<td>25,462,822</td>
<td>14,537,178</td>
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<tr>
<td>Total Global Recovery cost</td>
<td>3,200,000</td>
<td>1,612,437</td>
<td>-</td>
<td>1,612,437</td>
<td>1,587,563</td>
</tr>
<tr>
<td>Total Funding Requirement</td>
<td>43,200,000</td>
<td>21,915,259</td>
<td>5,160,000</td>
<td>27,075,259</td>
<td>16,124,741</td>
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