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.
- **8200 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)

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1. [https://en.unesco.org/covid19/educationresponse](https://en.unesco.org/covid19/educationresponse) accessed 1 February 2021

UNICEF COVID-19 Appeal 2020
US$ 43.2 million

Funding Status (in US$)*

*The total funding mobilized is US$ 54.2 million, which is higher than the appeal target.
Situation Overview and Humanitarian Needs

India has reported a total of 10,747,610 confirmed cases of COVID-19, as of 31 January 2021. India’s cumulative reported number of deaths due to COVID-19 is 154,392, the fourth highest globally. One Hundred and eighteen fatalities have been reported in the last 24 hours on 31st January. Two states reported double digit case fatalities on 31st January: Maharashtra saw the highest number (40) followed by Kerala with 21 deaths. The number of tests being conducted daily is below one million since 1 January 2021. The total reported active case load across the country continues to reduce although the trends differ slightly in different locations. In the last 24 hours on 31st January, while 25 states reported a decline in the active caseload, the highest increases in the number of new cases are reported in the states of Maharashtra (875) and Chhattisgarh (67). The cumulative number of healthcare workers vaccinated against COVID-19 is 3,758,854 until 31 January. At the time of reporting, vaccination was not yet open to the general public.

Summary Analysis of Programme Response

UNICEF continues to support Government-led efforts to prevent and respond to the pandemic through the Joint Response Plan to COVID-19, focusing on the health response, coordinated by the World Health Organization (WHO), and the UN Immediate Socio-Economic Response Framework, 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. Wider results of large-scale work by UNICEF staff and partners are enumerated below.
1. Risk Communication and Community Engagement (RCCE) and Media/Social Media Engagement

On 16 January Government of India launched its COVID-19 vaccine campaign. UNICEF led coordination on the development and roll-out of the vaccine communication strategy. The introduction of the vaccine has added a new dynamic to the communication environment, with UNICEF together with WHO and Bill and Melinda Gates Foundation (BMGF) fully supporting the Ministry of Health and Family Welfare to build a positive campaign narrative, addressing hesitancy and eagerness. A major component of the support has been the establishment of a real time media monitoring and rapid media response centre at the Ministry with experts addressing misinformation by activating agile media response, alongside a digital/social media cell. State level media/crisis response rooms are being set up in state health departments.

UNICEF also facilitated 10 workshops to orient state officials and Press Information Bureau Regional Officers on Crisis and Adverse Effects Following Immunization (AEFI) management with over 1000 participants. State offices have carried out training on key messages with vaccinators, vaccine officials and IEC officials focusing on mobilizing health workers to go for their COVID-19 vaccination. In line with the communication strategy, all states have also continued to focus on COVID Appropriate Behaviours (CAB) and actions around stigma and discrimination. Some 300 representatives from Community Radio networks oriented on their role in creating awareness on COVID-19 vaccine.

UNICEF supported the development of IEC package on vaccine hesitancy and misinformation for social mobilizers, religious leaders, volunteers and beneficiaries developed and shared with MoHFW and states. All the materials and products have been adapted in regional languages. New caller tunes in English and Hindi and in 16 regional languages were developed and these caller tunes are being used by various telecom operators currently. Media/press briefings have been held across the country. Over 1200 media clips, 50 editorials have been produced with estimated reach of 600 million. Social media continues to engage around 500,000 every week. At the end of January, the cumulative reach since the start of the social media campaign at the beginning of the pandemic has crossed three billion and three-second video views are over 500 million.

In addition to vaccine messaging, UNICEF reached 5,063,924 people in 15 states with messages on safe WASH behaviours. Some 38,463 people (19,686 male, 18,658 female, 665 PWD) in 12 districts covering 324 villages and 45 slums in three municipal corporation have been sensitized on WASH through partners.

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

UNICEF has been at the forefront of supporting the Government of India in its COVID-19 vaccine drive in India, alongside other development partners, through technical and operational support that has included contribution to the design of operational guidelines and to trainings at states and district level; support to control rooms across states; monitoring of the vaccination dry runs conducted in preparation for the campaign launch on 16 January; and continued technical assistance to national and state health authorities. In addition, to strengthen the cold chain system at state, regional, district and sub-district levels in framework of COVID-19 vaccine introduction, UNICEF is procuring 40 Walk-In Coolers, 20 Walk-In Freezers, 2,984 Ice Liner Refrigerators, 620 deep freezers, 30 Solar Direct Drives, cold boxes and vaccine carriers.

UNICEF is supporting procurement and installation of PSA oxygen generation plants in 20 hospitals of four North Eastern States of India. UNICEF has also supported in procurement of 3,014 oxygen concentrators for various hospitals across India. Both these oxygen products will contribute in boosting the capacity to treat COVID-19 patients and save lives.

In Assam, Gujarat and Uttar Pradesh 426,890 soaps were distributed and 1,500 families received hygiene kits. In Chhattisgarh, Jharkhand, Chhattisgarh and Rajasthan 179 handwashing units were installed in slums and villages. In Andhra Pradesh and Madhya Pradesh 1,891 health facility staff were oriented on Infection Prevention and Control interventions. In Maharashtra and Rajasthan, 323 health facilities and 40 CSCSs were assessed. In Bihar and Uttar Pradesh, one sanitary complex has been built, and 44,800 people benefited through handpump
repairs and piped water supply. In Assam, 1,367 mother groups and 575 tea garden teachers were sensitized, while in West Bengal, 97 functionaries of Nutritional Rehabilitation Centers were oriented on the importance of safe water, sanitation and hygiene.

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

**Essential Health Services**

UNICEF continues to provide support to ensure the continuity of essential RMNCH+A services. Under this initiative, the training on SAANS campaign to combat childhood pneumonia has been initiated across states. The mannikins supplied by UNICEF have been brought to use for capacity building on management of childhood pneumonia. UNICEF has also signed an agreement with the National Neonatology Forum, India’s only body of top neonatologists for continued support to advance the agenda of neonatal survival and development. UNICEF harnessed the technical support of PGIMER Chandigarh (National Centre of Excellence), supported the government of Madhya Pradesh for building capacity of government doctors and nurses of Pediatric Intensive Care Units (PIC) and Pediatric wards. The module has recently received an award on Innovation for Education in Critical care, by the Society of Critical Medicine.

**Essential Nutrition Services**

National Institute of Nutrition (NIN), Federation of Ob&Gyns Society of India and Maternal Nutrition development partners consortium have initiated a series of technical dialogues for improving understanding of researchers, clinicians and policy makers on various facets of maternal nutrition. With a small secretariat funded by UNICEF, NIN has announced the commencement of the first webinar on screening and management of thinness in pregnancy on 29 January 2021. Thinness (mild or severe) in pregnancy increases risk of pre-term birth, IUGR, wasting at birth and first six months of life.

Supriya Paharia, 14, stands near her self-constructed sanitary toilet at her house in Deohall Tea Estate in Tinsukia district of Assam state.
Knowledge Integration and Translational Platform (KnIT), Society for Applied Studies in partnership with UNICEF presented an analysis of data on wasting and severe wasting in young children in India. The meeting was held with a group of National and State level experts and their feedback is being used to adjust the analysis. The findings point towards the need to prioritize prevention and treatment in children under six months of age. The final findings and recommendations would be shared with stakeholders in the coming weeks.

Coalition for Food and Nutrition Security has released a compilation of Community-based management of Acute Malnutrition (CMAM) programme experiences that were implemented by various organizations – both government and non-government actors in the Country. The learnings from the various CMAM programmes have been highlighted along with recommendations. This CMAM Dossier being distributed will help programme and policy experts to reflect on the learnings and provide improved services for children with Severe Acute Malnutrition.

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

All four planned waves of Community Based Monitoring (CBM) have been completed, with the last round of data collection completed in December 2020. Currently, data is being validated and analyzed. CBM is part of the UN response to assess the impact of the COVID-19 pandemic on the marginalized and vulnerable families. As broad results related to the COVID-19 pandemic and vaccination indicated that though around three-fourth of the families under study are aware of the COVID-19 vaccine and its necessity, only 66 per cent heads of families felt the vaccine is ‘very safe’, while the remaining population were ‘not very sure’. Similarly, the three priority groups identified by the families for getting the vaccine are the elderly, children below 18 years and health service providers (in this order).
All information on COVID-19 collected from Wave-4 is being used by UNICEF for developing and adjusting communication strategies. The Wave-3 data brief is under finalization and will be shared with government and field offices. Broad results indicate that the negative impact on people’s economic condition is still reported as ‘bad’ by at least 40 per cent of the respondents, more than that in the pre-lockdown period, though some recovery has been reported since August/September (Wave-2). Similarly, average monthly income remains lower than what was received by the earning members in the pre-lockdown period. Health and nutrition services have started functioning in most areas reporting.

Dr Shikha Malik, professor and head of pediatric medicine at the registration counter getting her verification done for being vaccinated on the first day of vaccinations at AIIMS Bhopal and across the country where frontline workers are being vaccinated.

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

In most states, schools have reopened for grades 9-12. UNICEF provided technical support to state governments to develop Standard Operating Procedures and guidelines/checklist to support the safe re-opening of schools. In Bihar guidelines are prepared and shared with all schools to ensure COVID-19 protocols are understood, and In Rajasthan, around 240,000 teachers (40 per cent female) are receiving relevant, up to date training through online/digital platforms.

Over 2,100 head teachers and teachers were trained in Odisha. In Gujarat and Madhya Pradesh, handwashing units at 14,409 schools were installed. In Assam, Gujarat, Rajasthan and Assam, school reopening SOP was adapted and disseminated to more than 65,000 schools. In Gujarat and West Bengal, more than 800 schoolteachers, children and community members were sensitized. In Bihar and Chhattisgarh, 356 Swachhta action plans were made, and the status of water, sanitation and hygiene was assessed in 50 schools.

UNICEF continued its technical support to government and partners in continuity of learning at home with a specific focus on reaching the unreached. For example, in West Bengal, a partnership has been established with Jadavpur community radio to broadcast 70 episodes of learning sessions to reach children who otherwise do not have access to educational opportunities.
Social protection

In response to internal migration triggered by the COVID-19 lockdown in India, UNICEF has commissioned a study to understand portability mechanisms of social protection programs for children exposed to migration, with an aim to develop directions for policy advocacy and systems strengthening. A demonstration pilot of women Self Help Groups-Local Government collaboration to strengthen social protection delivery has been rolled out in Jharkhand and Odisha. An assessment of humanitarian cash transfers during floods in 2020 in Bihar is underway, with results expected end of February. To safeguard crucial public investments in social services for children and women, key asks compiled from all UNICEF sectors were presented to Hon’ble Finance Minister of India. Further, a study to establish the impact of COVID-19 on priority sector spending and transfer of funds from the Government of India to state governments has been completed. To promote local government action toward child wellbeing, UNICEF has provided technical assistance to the Ministry of Panchayati Raj, Government of India on development of Child Friendly Gram Panchayat Award Evaluation Framework.

Child Protection and Gender Based Violence (GBV)

UNICEF adolescent engagement and participation tool Jagrik continues to enable girls to take-action at the level of their community. As part of community engagement, community radio stations have done broadcasts on COVID-19 prevention, violence, mental health and psychosocial support, stigma and discrimination and responsive parenting. Across 25 states in 11 languages and 21 dialects these broadcasts reached 2.6 million people (65 per cent women) in the marginalized and vulnerable communities, with 40 per cent of feedback calls from women listeners.

Some 2252 counseling services were availed to reduce the impact of COVID-19, stigma and discrimination, violence and Mental Health and Psychosocial Support (MHPSS) (877), explore livelihoods opportunities (1779) and to seek redressal on entitlements (981).

In Uttar Pradesh, capsule course on basics of child protection and counselling with the support of National Institute of Mental Health and Neurosciences (NIMHANS) has been rolled out. In the first batch, 52 child protection functionaries including the child protection officers, legal cum probation officers, and counselors have successfully completed an online certificate course/programme on MHPSS.

The Department of Social Welfare in partnership with UNICEF in Bihar sent a group of 14 girls from childcare institutions to Bangalore for a one-year skill building Diploma in Hotel Management Course at Empowerment of Children and Human Rights Organization (ECHO). This was done as a part of skilling and rehabilitation programme in Bihar.

UNICEF supported Odisha Commission for Protection of Child Rights (OSCPCR) to conduct a rapid assessment for street children in five urban areas of Odisha post COVID-19. Based on the evidence from the assessment, letters were issued to District Collectors to ensure shelter for children living on streets. The Urban Municipal Commissioners were ordered to set up two new shelters in Bhubaneshwar.

Adolescent and youth engagement

To ensure continued learning opportunities reach young people, state career guidance portals were scaled up, and are now running in 11 states and 3 union territories, reaching 17.9 million young people. Additionally, FunDoo, a chat-based platform developed by UNICEF'S U-Report India and Udhyam Learning Foundation has reached 18,000 young people to deliver experiential learning of 21st Century skills, at scale. This was done as a part of COVID-response, to provide digital and low-tech solutions for young people across India.

Under the Pride of Punjab initiative, UNICEF in partnership with Government of Punjab conducted a U-Report poll, which received 27,000 responses from, provided insights from youth on the status of learning, skilling and employment in the context of COVID-19. These insights will feed into a report on adolescent skilling, learning,
and development for the Punjab Government and inform YuWaah’s social credits system that will be pilot tested in the state to incentivize youth engagement.

To respond to the rising unemployment as an aftermath of the pandemic, YuWaah and UNICEF has been prioritizing innovation and entrepreneurship as a part of COVID-19 response. A national level stakeholder consultation, with the likes of Ministry of Skill Development and Entrepreneurship, World Bank, Atal Innovation Mission (AIM), National Skill Development Corporation (NSDC), was organized on Youth Entrepreneurship to support a working group to enable aspiring youth (18 - 25 years) in non-metro areas to become entrepreneurs. The working group will provide guidance to enable a nurturing ecosystem that supports every young person to have access to entrepreneurial opportunities. In Gujarat, the Children Innovation Festival (CIF) bootcamp on innovation in the areas of environment; health care and mental health; rural development; education; energy; and infrastructure and transportation was organized for over 200 teams led by children from across the state from 11 – 13 January 2021. This is supported by the Department of Education, Gujarat Start Up and Entrepreneurship Council (GUSEC) and UNICEF – YuWaah.

Humanitarian Leadership, Coordination and Strategy

The United Nations Resident Coordinator continues to lead the UN inter-agency coordination efforts in India through the support of the UN Crisis Management Team (UNCMT). Key highlights of January include a first (virtual) meeting of the Data for Development Coordination Forum (formerly known as Data for Development Coordination Committee) to inter alia discuss the work plan for 2021, in line with the Memorandum of Understanding (MoU) signed between the United Nations Resident Coordinator, the Director General, Ministry of Statistics and Programme Implementation, and NITI Aayog for support to data, indicators and statistics for monitoring the progress towards the Sustainable Development Goals (SDGs) in India. Also during the reporting period, the UN Office on Drugs and Crime
UNICEF India COVID-19 Monthly Situation Report January 2021

(UNODC) Lockdown Learners Series, spearheaded in India since April 2020, featured in the prestigious UN Innovation Network’s ‘Best of 2020 Initiatives’. This publication highlights key responses to COVID-19 from across 41 UN agencies around the world. Bridging socio-economic divides, the series has engaged youth and educators in India on Education for Justice, Peace and SDGs.

Funding Overview and Partnerships

UNICEF India requires US$ 67.6 million to respond effectively to COVID-19 in 2021, to help prevent the spread and minimize the impact of the COVID-19 pandemic across the country. Out of the US$ 51.4 million funds that were mobilized in 2020, US$ 34.4 have been carried forward to fund the response in 2021. UNICEF India expresses its sincere gratitude to the many Government, International Financial Institutions 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, UNICEF National Committee partners, and others.

Human Interest Stories and External Media

Web: COVID-19 vaccine launch in India Link
Photo essay: India prepares for world’s largest vaccine campaign Link

Next SitRep: February 2020

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

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## Annex A – Funding Status

<table>
<thead>
<tr>
<th>Response Pillar</th>
<th>Total ICO BUDGET (US$) as at 6 May</th>
<th>Funds Available</th>
<th>Utilization 2020</th>
<th>Carried forward 2021</th>
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<tbody>
<tr>
<td>1. Risk Communication and Community Engagement (RCCE)</td>
<td>2,900,000</td>
<td>5,615,362</td>
<td>5,615,362</td>
<td>1,529,977</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8%</td>
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<td>2. Improve Infection and Prevention Control (IPC) and provide critical medical</td>
<td>25,075,000</td>
<td>34,762,573</td>
<td>35,442,575</td>
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<td>and water, sanitation and hygiene (WASH) supplies</td>
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<td>680,002</td>
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<td>3. Support the provision of continued access to essential health and nutrition</td>
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<td>406,327</td>
<td>2,984,661</td>
<td>1,806,613</td>
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<td>services for women, children and vulnerable communities, including case</td>
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<td></td>
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<td>10%</td>
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<td>management</td>
<td></td>
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<td>4. Data collection and social science research for public health decision</td>
<td>650,000</td>
<td>189,824</td>
<td>189,824</td>
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<td>making</td>
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<td>5. Support access to continuous education, child protection and gender-based</td>
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<td>2,082,048</td>
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<td>violence (GBV) services</td>
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<td>6. Coordination, technical support and operational costs</td>
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<td>Programable Amount</td>
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<td>Total Global Recovery cost</td>
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<td>Total Funding Requirement</td>
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