



Muhammad Yunus, a COVID-19 awareness programme coordinator, promoting community awareness on preventive behaviour to take precaution during COVID-19 in the slum area in Chembur, Mumbai.

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for every child

Humanitarian Action for Children

India

HIGHLIGHTS

- The second wave of COVID-19 pandemic has hit India hard, recording four new cases every second and more than two deaths every minute. Along with the increase in COVID-19 cases, the impact on children being affected by the virus has also increased leading to dire consequences for their access to essential health, social, protection and education services. In addition, 24 million children¹ are impacted by floods, drought, cyclones, and other hazards that exacerbate underlying vulnerabilities on a recurrent basis.
- UNICEF is supporting preparedness and response efforts to address the direct and indirect impacts of COVID-19, natural disasters, and civil strife, targeting the most vulnerable, including people in slums and migrant families. UNICEF aims to protect children and their families from exposure to COVID-19, minimize the impacts of public health measures, address the socio-economic consequences, and maintain access and provision of basic social services. In response to the impact of natural disasters, UNICEF will provide life-saving and life-sustaining assistance for children and their families, and strengthen resilience to predictable hazards by enhancing child-centred disaster risk management systems and risk-informed programming.
- UNICEF is requesting US\$126.7 million to assist 84 million people, including 39 million children.

IN NEED

664 million people²

286 million children³

TO BE REACHED

84 million people⁴

39 million children⁵

KEY PLANNED TARGETS



44.6 million

children and women accessing health care



35 million

people reached with handwashing behaviour change programmes



506,000

children/caregivers accessing mental health and psychosocial support



45 million

people participating in engagement actions

FUNDING REQUIREMENTS

US\$ 126.7 million

HUMANITARIAN SITUATION AND NEEDS

The number of COVID-19 infections in India is among the highest globally, with India crossing the grim milestone of 400,000 daily reported cases and more than 3,000 daily deaths on 1 May. As of 3 May, the total confirmed COVID-19 cases was 19 million, with 218,959 deaths. The Government of India has vaccinated more than 154 million people as of 1 May and now has opened the age of eligibility for 18-44 years of age, enabling more youth to avail of vaccines.

School closures related to COVID-19 containment measures affected 286 million children⁶ last year and with the ongoing wave, schools are currently closed nation-wide. The digital divide is significant making access to remote learning challenging with only 24 per cent of households having internet access.⁷

Protection risks have also increased due to the pandemic. Last year, reports of violence against children increased by 50 per cent⁸ with access to child protection services remaining limited. Women and girls are at greater risk of gender-based violence and increased burden of household chores and unpaid care. Restrictive gender norms may prevent girls, including adolescents, from engaging in and benefiting from crisis preparedness and response. Children and adolescents with disabilities are also at higher risk of exposure to COVID-19 due to underlying health conditions and difficulties maintaining social distancing.

The gross domestic product has contracted by 7.5 per cent compared to 4.4 per cent growth in Q2 2019-20.⁹ An estimated 122 million workers – three-quarters of them in the informal sector – have lost their jobs.¹⁰ COVID-19 has led to the highest mass economic migration in 70 years and disrupted the delivery and quality of essential health, nutrition, education and child protection services.

India is also prone to multiple hazards, including climate-related disasters. Over the past decade, the number of droughts has nearly doubled and with a significant rise in the incidence of floods. Between 2010 and 2020, an average of 30 million people were impacted annually by floods and 4.5 million people were impacted by cyclones.¹¹ Additionally, India is prone to a wide range of geophysical hazards such as earthquakes, tsunamis and landslides.

The combined socio-economic impacts of these and other crises – including the COVID-19 pandemic, natural disasters and civil strife – threaten to push vulnerable families into extreme poverty, giving rise to distress, mental health challenges and violence, abuse and exploitation of girls and boys. Disasters can lead to food and water shortages and polluted air, with related impacts on children's health, and flooding can destroy schools and impede learning.

SECTOR NEEDS



Water, sanitation and hygiene

50.7 million people need WASH services and supplies¹²



Health

1.6 million children need immunization services¹³



Child protection, GBViE and PSEA

12.5 million at-risk children need protection services^{14,15}



Education

286 million children are affected by school closures¹⁶

STORY FROM THE FIELD



Flush the Virus: Mumbai Diary for sustaining the urban slum sanitation and preparedness of schools in COVID-19 pandemic.

UNICEF Mumbai connected to over 100 partners to exchange ideas, support resources and execute rapidly while avoiding duplication in the relief and response work. This platform called the MAHA C19 PECONet evolved to a network comprising of volunteers, corporates, government bodies, and over 75+ civil society organizations formed to streamline the efforts and services offered amid lockdown and unlock frenzy. Services include relief to the out-of-work, helpless migrant labourers, designs for zero-touch, foot-operated handwashing stations and sanitiser dispensers, standardized operating procedures for using and sanitizing community toilets and dry ration to families living in slums among others.

[Read more about this story here](#)

HUMANITARIAN STRATEGY

UNICEF aims to address the direct and indirect impacts of COVID-19, natural disasters, and civil strife, targeting the most vulnerable populations. Under the COVID-19 response, UNICEF aims to protect children and their families from exposure to COVID-19, to minimize the impacts of public health measures, address the socio-economic consequences, and maintain access and provision of basic social services. Within UNICEF's public health response to reduce COVID-19 transmission and mortality, UNICEF will strengthen RCCE interventions by reaching communities with life-saving information and community-led approaches that promote healthy and safe lifestyles, tackle misinformation around COVID-19 and increase adoption of vaccines, treatment and tests.

To improve infection prevention and control, UNICEF will provide safe water, sanitation and hygiene services and supplies for people in highly vulnerable rural and urban communities, in health facilities, schools, pre-schools, quarantine centres, immunisation centers. UNICEF will train and support frontline workers on practices and procedures to reduce the risk of infection transmission and on systems to ensure continuity of WASH services in urban slums and in most affected rural areas, with emphasis on health facilities and immunisation centers, including medical and COVID-related waste management. UNICEF will support large scale communication campaign to expand COVID-19 appropriate behaviors.

To ensure continuity and sustained access to basic health services for children and their families, UNICEF will strengthen health service delivery through enhancing community outreach services to respond to cases of COVID-19 and to provide essential services. This includes the procurement of essential supplies to health facilities, including oxygen therapy materials and equipment,¹⁷ RT-PCR and RNA extraction machines for enhancing testing, provision of psychosocial support for healthcare providers, and monitoring, mentoring and supervision of health facilities. In nutrition, UNICEF's priority is continued service delivery, including through existing delivery platforms and the establishment of sentinel surveillance mechanism on child nutritional status.

UNICEF will support the safe reopening of schools and Anganwadi centres, bringing children back to school and ensuring that infection prevention and control measures and protocols are in place, and the provision of remote and home-based education, including life skills, to reach children who are unable to attend school physically. To support the continuity of early childhood and adolescent development, and child protection services, UNICEF will build the capacity of front-line workers and partners on COVID-19 prevention and protection measures, meaningfully engage young people, strengthen the protective role of families, and provide quality rehabilitation and reintegration services for children in need to address violence against children and child marriage through capacity building of first responders, strengthen mental health and psychosocial services for children, young people and their caregivers.

In response to the impact and consequences of natural disasters and civil strife, UNICEF aims to provide sector-wide life-saving and life-sustaining assistance for children and their families.

UNICEF will strengthen resilience to predictable hazards by enhancing child-centred disaster risk management systems and risk-informed programming. Gender-responsive training will be integrated to mitigate risks of gender-based violence and build capacities of women, girls, adolescents and youth for effective participation. Facilitating new social protection delivery methods to reach the most vulnerable emergency-affected populations through community structures is also a key priority.

2021 PROGRAMME TARGETS



Nutrition

- **640,000** children aged 6 to 59 months with severe acute malnutrition admitted for treatment¹⁸
- **29,500,000** pregnant women receiving iron and folic acid supplementation



Health

- **44,580,000** children and women accessing primary health care in UNICEF-supported facilities
- **1,500,000** health care facility staff and community health workers trained on infection prevention and control



Water, sanitation and hygiene

- **35,000,000** people reached with handwashing behaviour change programmes
- **16,000,000** people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services



Child protection, GBViE and PSEA

- **506,000** children and caregivers accessing mental health and psychosocial support
- **640,000** women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions
- **11,950** unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services



Education

- **24,000,000** children accessing formal or non-formal education, including early learning
- **65,000** schools implementing safe school protocols (infection prevention and control)



C4D, community engagement and AAP

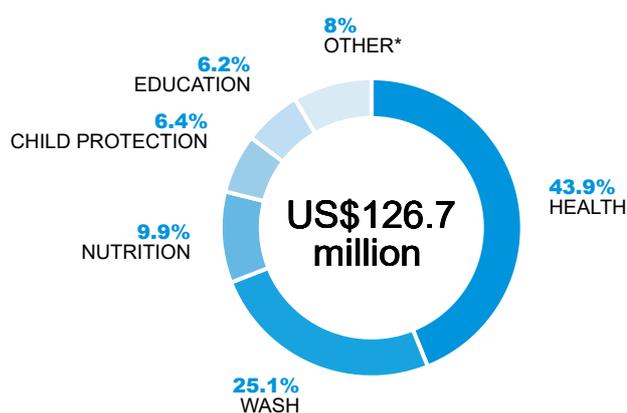
- **45,000,000** people participating in engagement actions for social and behavioural change
- **2,500,000** people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms
- **5,000,000** adolescents and youth engaged to access services through sectors like health/ education/ protection and take action for COVID-19 response

FUNDING REQUIREMENTS IN 2021

UNICEF India has revised its HAC appeal upwards from US\$53.9M to US\$126.7M, given the sudden and unprecedented surge of COVID-19 cases and the significant spike in related needs. This includes US\$117.2 million to respond to the COVID-19 crisis and US\$9.5 million to respond to other humanitarian crises, including natural disasters such as cyclones, floods, etc. The revised requirements take into consideration any adaptations needed to mitigate risks in the context of COVID-19.

Without adequate funding, UNICEF will be unable to reach millions of crisis-affected and vulnerable children and adolescents in India with life-saving assistance and services. These funds are critical to UNICEF's ability to strengthen essential systems in the context of COVID-19 and facilitate the intensive efforts needed to promote handwashing and water and sanitation in urban slums. The funding will also allow UNICEF to reach vulnerable populations in remote areas.

The HAC requirement in 2021 is aligned and complements the activities and requirements outlined in the global appeal on Access to COVID-19 Tools Accelerator (ACT-A).¹⁹



Appeal sector	Revised 2021 HAC requirement (US\$)
Nutrition	12,496,680
Health	55,603,185
WASH	31,847,997
Child protection	8,085,420
Education	7,903,980
Social Protection	4,388,580
C4D	2,976,750
Preparedness and disaster reduction	3,362,310
Total	126,664,902

*This includes costs from other sectors/interventions : Social Protection (3.5%), Preparedness and disaster reduction (2.7%), C4D (2.4%).

Appeal sector	Original 2021 HAC requirement (US\$)	Revised 2021 HAC requirement (US\$)	Funds available (US\$)	Funding gap (US\$)	2021 funding gap (%)
Nutrition	4,623,000	12,496,680	-	12,496,680	100.0%
Health	20,414,000	55,603,185	22,227,120	33,376,065	60.0%
WASH	9,783,000	31,847,997	3,433,403	28,414,594	89.2%
Child protection	5,576,000	8,085,420	1,412,341	6,673,079	82.5%
Education	5,783,000	7,903,980	459,641	7,444,339	94.2%
Social Protection	3,325,000	4,388,580	458,705	3,929,875	89.5%
C4D	2,444,000	2,976,750	962,969	2,013,781	67.7%
Preparedness and disaster reduction	1,922,000	3,362,310	706,805	2,655,505	79.0%
Total	53,870,000	126,664,902	29,660,984	97,003,918	76.6%

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ENDNOTES

1. Central Water Commission and National Disaster Management Institute, 2018.
2. This was calculated based on the number of people who lack access to safe water according to India Ministry of Jal Shakti Department of Drinking Water and Sanitation, Jal Jeevan Mission, Integrated Management Information System, 2017.
3. This was calculated based on the total number of children impacted by school closures, according to the United Nations Educational Scientific and Cultural Organization (UNESCO), 2020.
4. 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. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children;
5. 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.
6. United Nations Educational Scientific and Cultural Organization, 'Education: From disruption to recovery', UNESCO, <<https://en.unesco.org/covid19/educationresponse>>, accessed October 15th 2020.
7. Ministry of Statistics and Programme Implementation, 2018.
8. National Commission for Women, 2020.
9. India Ministry of Statistics and Programme Implementation, https://mospi.gov.in/documents/213904/416359/PRESS_NOTE-Q2_2020-211606480008567.pdf Accessed 27 November 2020.
10. Centre for Monitoring the Indian Economy, 2020.
11. Central Water Commission and National Disaster Management Institute, 2018
12. This calculation includes (28 + 5.3 + 17.4 = 50.7m): - 28 million people are in immediate needs of sanitation services. An estimated 115 million rural and urban households rely on community toilets (identified as covid19 super spreaders) or have no toilet at all (source: various HH surveys incl. NARSS and NSSO); UNICEF field estimates is that at least 10% of these are in immediate needs of sanitation services. Moreover, only 49% of HH have hand washing area with water and soap available (UNICEF-NAARS study on Continuity of WASH services – 2020-21). - 5.3 million people are in immediate need of safe drinking water. An estimated 53 million people (NSSO) access/use unimproved water supply – at least 10% of these are in immediate need of safe drinking water (UNICEF field estimates). - 17.4 million additional people in need of immediate safe drinking water. Needs assessment (UNICEF + Wateraid): discontinuity of water supply services due to the pandemic affects at least 2% of the rural population
13. This is a UNICEF estimate based on reduced access to reproductive, maternal, newborn and child health services (1.6 million children fewer children were reported as fully immunized between April and June 2020, compared with the same period in 2019). Ministry of Health and Family Welfare, Health Management Information System, June 2020.
14. Due to space constraints, the following acronyms appear in the appeal: GBViE (gender-based violence in emergencies); PSEA (prevention of sexual exploitation and abuse); C4D (communication for development); and AAP (accountability to affected populations).
15. This is a UNICEF estimate based on the total number of children affected by disasters (24 million). Central Water Commission and National Disaster Management Institute, 2018.
16. 'Education: From disruption to recovery'.
17. Oxygen Concentrators, Oxygen Generation Plants and other required Oxygen generation and usage-related equipment
18. There is no increase in the nutrition target (despite the increased funding requirement) due to the shift in the programmatic delivery strategy due to the second wave of the pandemic. Facility and community based systems started opening up again at the end of last year and beginning of this year. The previous targets were based on using those existing systems, with UNICEF's focus on more upstream interventions and technical assistance. These systems are largely closed now and are expected to remain partly closed in coming months. UNICEF's strategy has therefore shifted more towards direct service delivery, including through NGOs, to still achieve the same targets.
19. <https://www.unicef.org/appeals/access-covid-19-tools-accelerator-act>