

## Situation in Numbers



**286 million**  
Children and adolescents affected by COVID-19 school closures<sup>1</sup>



**9.4 million**  
Total laboratory-confirmed 2019-nCoV cases



**137,139**  
Total COVID-19 deaths<sup>2</sup>



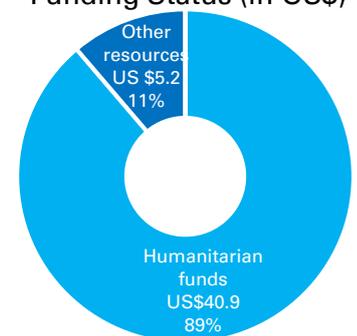
Reporting Period: 1 - 30 November 2020

## 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.
- **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).

## UNICEF COVID-19 Appeal 2020 US\$ 46.1 million

Funding Status (in US\$)\*



<sup>1</sup> <https://en.unesco.org/covid19/educationresponse> accessed 1 December 2020 8 a.m.

<sup>2</sup> Ministry of Health and Family Welfare; website: <http://geoportal.natmo.gov.in/Covid19> accessed 1 December 2020 8 a.m.

## Situation Overview and Humanitarian Needs

As of 1 December 2020, there were a total of 9.4 million confirmed cases of COVID-19 reported by the Government of India. India has the second highest number of confirmed cases in the world after the United States. The reported case fatality rate is amongst the lowest in the world at 1.4 percent.

Since mid-September, there has been a downward trend in number of new cases reported. Karnataka, Maharashtra, Kerala, Tamil Nadu, Andhra Pradesh have reported the steepest decline in active cases during November. Nevertheless, the festive season saw some cities reporting an upward curve in new cases. Madhya Pradesh, Himachal Pradesh, Delhi, Haryana and Rajasthan are still reporting a rise in the active caseload. The most significant upsurge is in Delhi, exacerbated also by an increase in air-pollution. Lakshadweep is the only Union Territory that has not reported any COVID-19 cases so far.

The States reporting the highest number of deaths overall since the beginning of the Pandemic in India are Maharashtra, Karnataka and Tamil Nadu, which combined contribute to nearly half of all COVID-19 deaths. The State of Mizoram reported its first death this month.

As reported by the Indian Council of Medical research as of 21 November 2020, a cumulative total of 131,733,134 samples have been tested in 1,160 government and 965 private laboratories. Most laboratories are in capital cities, while many districts have only one laboratory. The majority of COVID-19 cases and deaths are reported in capital cities.

## Summary Analysis of Programme Response

Throughout November UNICEF continued to work with government, NGOs, private sector and other partners to adapt its programmes and response to the evolving situation and critical needs of the most vulnerable children and communities across India. UNICEF supports efforts to prevent and respond to COVID-19 through the *Joint Response Plan to COVID-19* focusing on the health response, coordinated by the World Health Organization, and the *UN Immediate Socio-Economic Response Framework (UN-SERF)*, with multisectoral interventions to mitigate the various impacts on the most vulnerable. UNICEF also coordinates with the Government of India as part of the empowered groups created under the National Disaster Management Act (2005). During November, UNICEF was amongst the lead agencies partnering with the government on preparedness for the introduction of a COVID-19 vaccine.

UNICEF India's COVID-19 Response Plan supports the Government of India (central and state governments) in 17 states, working with a multitude of partners to enable results across six response pillars, as follows:

## 1. Risk Communication and Community Engagement (RCCE)

Since the lifting of lockdowns and the revival of economic and social activities, UNICEF together with the Government of India and its partners increased the post lockdown RCCE interventions with a special focus on promotion of COVID appropriate behaviours in 14 states. UNICEF continued its support to a *Jan Andolan* (people's movement) to promote three key practices (wear a mask, maintain hygiene practices, maintain physical distance) with a focus on festivals and the upcoming winter in 14 states. We expanded the repository of RCCE materials and products to enable state governments to reach and empower communities with increased awareness and knowledge. Over 100 communication materials via 11 different mediums were developed and disseminated through digital and electronic media. These also enhanced the anti-stigma and discrimination interventions carried out in Andhra Pradesh, Assam, Gujarat, Madhya Pradesh, Maharashtra, Rajasthan and Telangana.



UNICEF scaled up an innovative RCCE approach in partnership with civil society organizations, reaching over 1.9 million people with access to life-saving information through 600 Communication Information Digital Resource Centres in 61 districts in 16 states. Three national NGOs (Alliance for Immunization and Health, Voluntary Health Association of India and Self-Employed Women's Association) are intensively implementing demand generation interventions in 14 states to encourage parents to take their children to immunization sessions.

UNICEF strengthened its knowledge base to further understand the levels of stigma and discrimination related to COVID-19 among the general population. The insights are being used to guide the implementation of communication strategies in Assam, Bihar, Gujarat, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh. At the request of the Delhi and Maharashtra state governments UNICEF India, in close collaboration with the Centre for Development Studies and Actives, Pune and Doctors For You, collected the opinions of people living in slum areas using established community feedback mechanisms in informal settlements in Delhi and Mumbai. The information is being used to ensure RCCE interventions are audience-centric and meet the needs of vulnerable people living in urban slums.

UNICEF mentions in the media related to COVID-19 had an approximate reach of 679 million, while news related to women and children had an estimated reach of 451 million, between 1-30 November 2020. Content related to COVID-19 by UNICEF India appeared on social media feeds 12.1 million times on average every day during November and was seen by around 10 million on average per day. Consistent social media listening, and analytics inform the style and type of content developed for each target audience, including content co-created with children. The major World Children's Day activation on 20 November focused on Reimagine and COVID-19 response.

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

World Toilet Day was a major highlight in November and an opportunity to continue to promote good hygiene to fight COVID-19. On the day 20 districts received a Government of India award for their achievements in Solid and Liquid Waste Management and COVID-19 response. UNICEF supported the Ministry of Education (MOE) to develop IEC materials, comprising of posters, digital content, wall writing designs and animation films for schools disseminated across all states following the official launch. UNICEF also organized the final handwashing webinar on monitoring hand hygiene with monitoring and evaluation experts from various organizations and other stakeholders, including a panel presentation by the Ministry of Statistics, Planning and Implementation on hand hygiene monitoring.

UNICEF is collaborating with the Ministry of Health and Family Welfare, with state authorities and with UNDP to install oxygen generating plants in four north eastern states. Evaluation of the tender document is complete, and the procurement process is ongoing. The investment in oxygen equipment and systems will strengthen the capacity to treat COVID-19 patients in moderate, severe and critical conditions. In the longer term the systems will be deployed for management of children with pneumonia, neonatal sepsis, neonatal meningitis, children requiring intensive care etc.



### Target - 2.3 million

Number of people reached with critical WASH supplies (including hygiene items) and services

**157%**

Progress as of 21 Oct 2020



### Target - 46,100

Number of healthcare workers within health facilities and communities provided with Personal Protective Equipment (PPE)

**75%**

Progress as of 21 Oct 2020



### Target - 2.2 million

Number of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)

**114%**

Progress as of 21 Oct 2020



© UNICEF/UNI370590/Vishwanathan

*The shipment of oxygen concentrators arrived the warehouse in new Delhi. UNICEF staff, Government representatives and local personnel were present.*

### 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

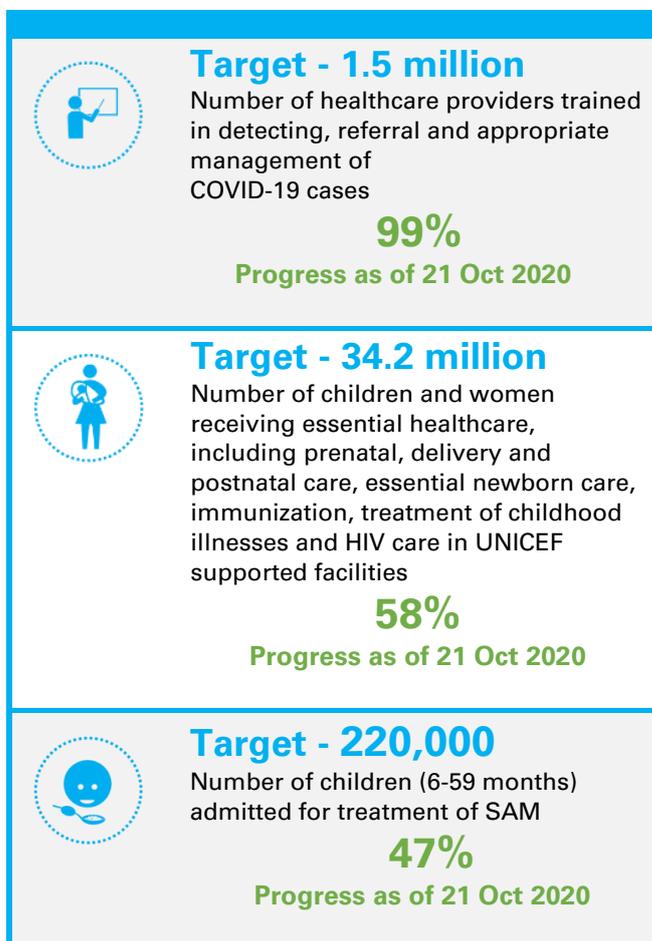
Several challenges continue to impact on provision of health services and the COVID-19 response. Celebration and gathering on many major festivals across India has also seen a surge in COVID-19 cases, especially in major cities like Delhi. At the same time healthcare workers are facing fatigue and many non-COVID-19 related health services have not been fully restored.

At the same time health programming has further expanded and increased with the planned introduction of a COVID-19 vaccine. UNICEF is providing technical support on the vaccine introduction preparedness and has already supported webinars on strengthening of cold chain in states and districts.

In November the COVID-19 response work continued, including in urban slums, with health camps conducted in Kolkata. UNICEF's advocacy also led to the formation of a COVID death audit committee in Chhattisgarh (with UNICEF as one of the committee members). The Committee has reviewed more than 100 COVID-19 deaths and this has guided corrective actions to prevent further deaths.

With India experiencing extensive deficits in delivery of reproductive, maternal, neonatal and child health (RMNCH) services during the pandemic, UNICEF has continued to provide significant systemic support for the continuity of services. In November the focus was on the launch of a pneumonia prevention campaign and on newborns via the National Newborn Week. In addition to awareness raising, UNICEF support to the MoHFW included development of guidelines and state progress cards shared across all states and union territories. UNICEF also delivered mannikins to five states for training on newborn care and pneumonia.

UNICEF continued to support online trainings on various topics like continuity of RMNCH+A, pneumonia and diarrhea, Special Newborn Care Units (SNCUs), child death review, quality of care and Infection and Prevention Control. In Gujarat we provided technical support in the planning of a state consultation on developing routine immunization strategy during COVID-19. In Bihar, UNICEF facilitated initiation of HIV testing at the Village Health and Nutrition Day sites in 26 out of 38 districts.



## Essential nutrition services

The Ministry of Women and Child Development (MWCD) issued an operational guidance on 11 November with the directive on national restoration of *Anganwadi* Services. This followed continuous efforts by UNICEF and development partners to support MWCD to develop detailed guidance to states regarding continuation of essential nutrition services during COVID-19 times. Recognizing the importance of nutrition services, national and state level guidelines have been released by the government to resume operations in a safe manner. The guidance directs states to restore essential nutrition services, including supplementary nutrition, growth monitoring, counseling and early childhood education services. Anganwadi Centers in non-containment areas are to re-open with all preventive safety measures, including masks, handwashing, sanitation and ensuring physical distance, to be followed. Pregnant women and children younger than 10 years old are recommended to visit the centers for accessing essential services.

From June the Vitamin A supplementation round was restored in 11 of the 12 UNICEF supported states. In 2020, five states will undertake two Vitamin A rounds. Initial reporting suggests that during the rounds so far, over 80 per cent of eligible children were covered, suggesting that coverage is improving in these areas.



*Sonal Chauhan with one-month old Vivan is visited by health care workers at home in rural Gujarat as part of home-based newborn care.*

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

The results of community Based Monitoring in 12 districts, across 300 habitations in seven states have been shared with various central government ministries. Responses from about 5,700 vulnerable families highlighted that livelihoods and employment opportunities among marginalized populations have not fully returned to the level of the pre-COVID-19 period. Provision of services at health facilities and in *Anganwadi* centres have improved since the lockdown period (April - May 2020) but have not reached the scale of full service and access. Schools and early childhood education centres remain closed and not many children could join online classes due to a lack of access to digital devices (computer or phone) and internet.

Children in UNICEF-monitored habitations are engaged as paid workers or pushed into child labour in both rural (seven per cent) and urban (four per cent) areas.

About two-thirds (65 per cent) of households that received cash assistance from the government pointed out that the assistance is not adequate to meet basic expenditure requirements. About 75 per cent of families have a debt burden due to the pandemic, causing severe mental distress.

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

### Education

Through UNICEF's continued technical support to 17 state governments and partners, 44 million children (49 per cent girls) aged 3-18 were reached with digital and non-digital remote learning opportunities. Multiple pathways and innovative interventions have been initiated to support holistic development of children and in reaching children from the disadvantaged, marginalized communities. For example, in Maharashtra, UNICEF in collaboration with Government and Pratham Books launched a reading campaign to promote the joy of reading among children, reaching approximately 1.5 million children. In Jharkhand, psycho-social support has been integrated into remote learning programmes for the holistic development of students through *'Digi-SATH'* (digital platform), reaching approximately 1.2 million children in the state.

UNICEF supported the Ministry of Education (MoE) in preparation of IEC materials to mainstream COVID Appropriate Behavior in schools and communities to support school re-opening. The IEC materials have been shared with all states and union territories.

UNICEF and UNESCO facilitated MoE and MoHFW to participate and share their experiences, issues and challenges in safe school re-opening and strategies planned in building back better the education systems at the Regional South East Asia consultation on Safe School Reopening and Operation, jointly organized by WHO-UNESCO-UNICEF-UNFPA.



#### Target - 60 million

Number of children supported with distance/home-based learning

**74%**

Progress as of 21 Oct 2020



#### Target - 64,600

Number of schools implementing safe school protocols (COVID-19 prevention and control)

**0%**

Progress as of 21 Oct 2020



#### Target - 4,500

Number of children without parental or family care provided with appropriate alternative care arrangements

**182%**

Progress as of 21 Oct 2020



#### Target - 429,000

Number of children, parents and primary caregivers provided with community based mental health and psychosocial support

**78%**

Progress as of 21 Oct 2020



#### Target - 109,000

Number of UNICEF personnel and partners that have completed training on GBV risk mitigation and referrals for survivors

**134%**

Progress as of 21 Oct 2020

## Social protection

Women's self-help groups are being mobilized in a pilot to support delivery of social protection programmes in Jharkhand and Odisha, which is expected to enhance access to social protection benefits by women and vulnerable families. In the state of Assam, rapid assessment findings led to establishing a review mechanism in Sonitpur district to support monitoring and increasing the coverage of national maternal cash transfer, particularly in areas with large vulnerable tea plantation communities. In the state of Uttar Pradesh, rapid assessments gauged the coverage of social protection package that the government has been providing as immediate relief response measure to COVID-19. Recommendations from assessments were followed up and led to the establishment of an urban and rural demonstration model for shock responsive decentralized planning to ensure reach of social protection packages by the vulnerable.

Gram Panchayats (the lowest tier of government) has been at the forefront to deliver all emergency and routine services in the villages during the COVID-19 pandemic. In the states of Chhattisgarh, Assam, Maharashtra, Rajasthan and Uttar Pradesh, UNICEF supported capacity development of Panchayat officials, monitoring of situation in communities and awareness raising on entitlement among workers in livelihood programme respectively. Prudent public financial management is at the core of service delivery especially during COVID-19 in ensuring efficient, effective and targeted service delivery. UNICEF has supported expenditure tracking of the programmes for children, developing framework for Public Finance for Children (PF4C), policy paper to improve fiscal governance of child related programmes and advocacy for higher allocation for social protection respectively in the state of Maharashtra, Chhattisgarh, Jharkhand and West Bengal and Gujarat.

## Child Protection and Gender Based Violence (GBV)

Efforts to increase Mental Health and Psychosocial support continue in 17 States, reaching over 28,448 children and caregivers. In West Bengal, 46 Juvenile Justice Boards and Special Court Judges were trained by the National Institute of Mental Health and Neurosciences (NIMHANS). UNICEF has leveraged National Association of Software and Service Companies (NASSCOM) Foundation support to automate the case management system for CHILDLINE Helpline to ensure efficient response services.

UNICEF supported the provision of family-based alternative care for 1016 children in 17 states. In Karnataka, capacity building on community-based child protection mechanisms with a focus on preventing family separation, and promoting family based alternative care, was conducted for 638 district level child protection functionaries.

Some 3,544 (88 per cent boys) child labourers were rescued and rehabilitated in November. In addition, 54 trafficked children were repatriated through the inter-country repatriation process across Bihar, Uttar Pradesh and West Bengal.

UNICEF participated as an expert panelist in the national E-Conclave 'Prevent & Eliminate violence against Girls and Women' on 22 November, organized by the Federation of Obstetric and Gynecological Societies of India. The focus was on empowering women and girls to be safer, stronger and healthier during the times of COVID-19 and beyond.

A range of key interventions are planned, including ensuring quality gender responsive and age sensitive services, and strengthening gender-sensitive justice systems for women and girls at risk or survivors of sexual and gender based-violence. This will be done through a 13-month joint UN programme on “Strengthening the protection of women and girls from sexual and gender-based violence in times of COVID-19” (UNICEF, UNWOMEN, UNHCR and WHO). The programme will also raise awareness on the risks of sexual and gender-based violence and harmful practices while also providing livelihood and income generation programmes.

### Adolescent and youth engagement

UNICEF reached 3.7 million adolescent girls and boys in November with targeted messages and information on prevention of COVID-19. UNICEF organized a webinar to train 100 District Institute of Education and Training (DIET) officials, teachers, National Service Scheme (NSS) members, Scouts and Guides, National Green Corps and Nehru Yuva Kendra Sangathan (NYKS) on Adolescent Empowerment and Life Skills in Chennai. UNICEF, with support from local newspaper *Amar Ujjala*, organized the Season Two of *Zindagi* Masterclass where 50 adolescents interacted with leading experts on social issues.

## 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). Some of the key highlights of the reporting period include:

- The third UN Sustainable Development Framework (UNSDF) Joint Steering Committee Meeting under the Co-Chairmanship of Vice-Chairman NITI Aayog on 24 November 2020 for collectively reviewing the results of Government of India-UNSDF 2020, with special emphasis on health response to COVID-19 and emerging priorities.
- Launch of the first episode of the #BharatKeMahaveer television series on 21 November 2020 on Discovery Channel TV and Discovery Plus. The #BharatKeMahaveer campaign -- a partnership between the United Nations in India, NITI Aayog and Discovery Channel -- pays tribute to India’s selfless heroes – who have gone out of their way to help those in need during the COVID-19 pandemic.

## 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 fully funded with US\$ 46.1 million available against the appeal, including US\$ 5.2 million that has been re-programmed from existing UNICEF India resources. The appeal has exceeded 7% of the funding requirements allowing UNICEF to scale up operations and reach more individuals and children to prevent the spread and minimize the impact of COVID-19 across India. 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, UNICEF National Committee partners, and others.

To discuss partnership opportunities, see contact details below.

## Human Interest Stories and External Media

Press release: Amidst child rights crisis, experts call to 'reimagine' a sustainable, safer world for children [Link](#)

Press release: UNICEF calls for averting a lost generation as COVID-19 threatens to cause irreversible harm to children's education, nutrition and well-being [Link](#)

## Next SitRep: November 2020

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

UNICEF India COVID-19 webpage: <https://www.unicef.org/india/coronavirus/covid-19>

## For more information, please contact:

Dr Yasmin Ali Haque  
Country Representative  
UNICEF India

Tom White  
Chief, Emergency  
(DRR)  
UNICEF India

Richard Beighton  
Chief, Resource Mobilization  
and Partnerships  
UNICEF India

Zafrin Chowdhury  
Chief, Communication,  
Advocacy and Partnerships  
UNICEF India

Tel: +91 11 2469 0401  
Email: [yhaque@unicef.org](mailto:yhaque@unicef.org)

Email: [twhite@unicef.org](mailto:twhite@unicef.org)

Tel: +91 11 2469 0401  
Email: [rbeighton@unicef.org](mailto:rbeighton@unicef.org)

Tel: +91 98181 05922  
Email: [zchowdhury@unicef.org](mailto:zchowdhury@unicef.org)

## ANNEX A

Response Pillar	Total ICO BUDGET (US\$) as at 6 May	Funds Available		TOTAL FUNDS Available	Funding GAP	% Gap
		Humanitarian / COVID-19 response funds received	Other Resources			
1. Risk Communication and Community Engagement (RCCE)	2,900,000	3,463,908	100,000	3,563,908	-663,908	-23%
2. Improve Infection and Prevention Control (IPC) and provide critical medical and water, sanitation and hygiene (WASH) supplies	25,075,000	28,701,923	500,000	29,201,923	-4,126,923	-16%
3. Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management	5,100,000	1,974,617	1,875,000	3,849,617	1,250,383	25%
4. Data collection and social science research for public health decision making	650,000	186,720	-	186,720	463,280	71%
5. Support access to continuous education, social protection, child protection and Gender Based Violence (GBV) services	5,175,000	1,462,104	2,685,000	4,147,104	1,027,896	34%
6. Coordination, technical support and operational costs	1,100,000	2,109,128	-	2,109,128	-1,009,128	-92%
<b>Programable Amount</b>	<b>40,000,000</b>	<b>37,898,400</b>	<b>5,160,000</b>	<b>43,058,400</b>	<b>-3,058,400</b>	<b>-8%</b>
Total Global Recovery cost	3,200,000	3,009,230	-	3,009,230	190,770	6%
<b>Total Funding Requirement</b>	<b>43,200,000</b>	<b>40,907,630</b>	<b>5,160,000</b>	<b>46,067,630</b>	<b>-2,867,630</b>	<b>-7%</b>