



India Consolidated Emergency Report 2021

January to December 2021
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Expression of Thanks

UNICEF thanks and appreciates corporates, major donors, foundations, government partners, individuals, and UNICEF National Committees who came together to meet the immediate needs of affected children and their families affected by emergencies in India, while the country battled with this deadly wave of the devastating COVID-19 pandemic as well as cyclones and floods. All this support has enabled UNICEF India to participate in this extraordinary period of global response and recovery, standing with children with hope and optimism, undaunted by the challenges before us.

The year 2021 was a landmark when the public and private sectors proactively joined forces with UNICEF to aid the nationwide efforts in response to the COVID-19 pandemic, particularly the devastating second wave that posed a historic challenge to the country. As UNICEF India structures its next Country Programme of Cooperation (2023-27), there is an incredible shared opportunity for the public and private sectors to collaborate with UNICEF to close the gap of inequity exacerbated by COVID-19. Children need global action to invest in and build resilient systems and services for health, nutrition, sanitation, education and protection that will insulate them from budget cuts and economic downturns.

Voluntary contributions will enable UNICEF India to deliver on its mandate to protect the rights of children, to help meet their basic needs, and to expand their opportunities to reach their full potential. UNICEF's work for children is funded entirely through individual donations and the voluntary support of our partners in government, civil society, and the private sector. Voluntary contributions enable UNICEF to deliver on its mandate to protect children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential. We take this opportunity to thank all our partners for their commitment and trust in UNICEF.

Cover photo caption: Kajal Dube, a Roko au Toko Drive volunteer uses mics to raise awareness of COVID-19 at BSUP colony, Raipur, Chattisgarh, India © UNICEF/UN0516647/Panjwani

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Abbreviations and Acronyms

| | |
|------------|---|
| ADB | Asian Development Bank |
| AICTE | All India Council for Technical Education |
| ASCI | Administrative Staff College of India |
| ASDMA | Assam State Disaster Management Authority |
| ASHA | Accredited Social Health Activist |
| ARI | Asian Development Research Institute |
| ARAVALI | Association for Rural Advancement |
| AWC | Anganwadi Centre |
| BMGF | The Bill & Melinda Gates Foundation |
| BMZ/KFW | Government of Germany |
| CAB | COVID-19 Appropriate Behaviour |
| CBO | Community Based Organization |
| CCI | Child Care Institution |
| CDC | Centres for Disease Control and Prevention |
| CFM | Community Feedback Mechanism |
| COVID-19 | Coronavirus Disease |
| CPR | Centre for Policy Research |
| CSO | Civil Society Organization |
| DMI | Development Management Institute |
| EMIS | Educational Management Information System |
| EPRI | Electric Power Research Institute |
| EVM | Effective Vaccine Management |
| FOGSI | Federation of Obstetric and Gynaecological Societies of India |
| GAVI | The Global Alliance for Vaccines and Immunizations |
| GHD | Global Hand Washing Day |
| HAC | Humanitarian Action for Children |
| HAC | Humanitarian Appeal for Children |
| HWA | Health and Wellness Ambassadors |
| HWWS | Hand Washing with Soap |
| IAP | Indian Academy of Paediatrics |
| IAG | Inter-Agency Group |
| ICMR | Indian Council of Medical Research |
| IFA | Iron and Folic Acid |
| INCLIN | India Clinical Epidemiology Network |
| INGOs | International Non-Government Organizations |
| IIPS | Institute for Population Studies |
| IPC | Infection Prevention and Control |
| IVR | interactive voice response |
| JJM | Jal Jeevan Mission |
| JSI | John Snow India |
| MAMI | Management of Acute Malnutrition in Infants |
| MCT | Microsoft Community Training |
| MHPSS | Mental Health and Psychosocial Support |
| MHM | Menstrual Hygiene Management |
| MoE | Ministry of Environment |
| MoHFW | Ministry of Health and Family Welfare |
| MoJS | Ministry of Jal Shakti |
| MoPR | Ministry of Panchayati Raj |
| MWCD | Ministry of Women and Child Development |
| NNF | National Neonatology Forum |
| NSS | National Service Scheme |
| NRC | Nutrition Rehabilitation Centres |
| NIMHANS | National Institute of Mental Health and Neurosciences |
| Niti Aayog | National Policy Commission |
| NYKS | Nehru Yuva Kendra Sangathan |
| NGO | Non- Government Organisation |

| | |
|--------|---|
| NJHSRC | National Health Systems Resource Centre |
| PPE | Personal Protective Equipment |
| PRI | Panchayati Raj Institutions |
| RNA | Ribonucleic Acid |
| RCCE | Risk Communication and Community Engagement |
| RCEUS | Regional Centre for Urban and Environmental Studies |
| RedR | Registered Engineers for Disaster Relief |
| RI | Routine Immunization |
| RMNCHA | Reproductive Maternal Newborn Child Health + Adolescent |
| RSCD | Resource and Support Centre for Development |
| SAM | Severe Acute Malnutrition |
| SBM | Swachh Bharat Mission |
| SHG | Self Help Group |
| SIPRD | State Institute of Panchayat and Rural Development |
| SS | Samagra Shiksha |
| SMNet | Social Mobilization Network |
| SHWP | School Health & Wellness Program |
| TISS | Tata Institute of Social Sciences |
| TRIFED | Government Tribal Department |
| UNDP | United Nations Development Programme |
| USAID | United Agency for International Development |
| WASH | Water Sanitation and Hygiene |
| WHO | World Health Organization |
| YSP | YuWaah Skills Platform |
| YUVA | Youths Union for Voluntary Action |



Children study while they follow social distancing in the open area at a primary Government school in Muttuck, Assam.

Executive Summary



Vaccine box being stored in a Walk-in-Freezer at State Vaccine Store in Pune, Maharashtra, India. The Cold Chain Equipment is procured by UNICEF with support from Federal Ministry for Economic Cooperation and Development Germany/BMZ and KfW Group as part cold chain strengthening and COVID-19 vaccine introduction in India.

The second wave of COVID-19 in India, compounded by a series of cyclones and floods, had a huge impact on vulnerable children's health, safety, wellbeing, learning and development, stretching the capacities of government and humanitarian organizations to respond. The COVID-19 pandemic deepened poverty and exacerbated the inequalities and impacted children and their health, nutrition, education, and protection services. Approximately 36.8 million jobs were lost in India due to the pandemic, with children from families of migrant and daily wage laborers among the most affected¹. Food insecurity added to the woes of children from another seven million households². Disruptions in social services adversely impacted disadvantaged social groups, with almost 6.7 million pregnant women excluded from maternity benefit entitlements³. School closures related to COVID-19 containment measures affected 286 million children and with the ongoing wave in December 2021, schools continue to remain closed nation-wide. The digital divide is significant making access to remote learning challenging with only 24 per cent of households having internet access.

In line with government priorities and the UN Framework for Socio-Economic Response to COVID-19 and using its strong field presence, coupled with decentralized state-level support, UNICEF promoted equitable access to services, with a focus on those most in need. As most results for children were constrained, UNICEF worked with the government and partners to sustain the continuity of access to services for the most marginalized, adapting its programming to cater to children's needs during the protracted pandemic. Considering the exceptional situation in India since April 2021, UNICEF India issued the 2022 humanitarian action for children (HAC appeal, available [here](#)), calling for emergency cross sectoral funding support of US\$ 76.6 million. Almost US\$ 30 million of the appeal is planned in support of health systems response, with a focus on enhancing the paediatric COVID-19 response complementing ongoing response. The appeal also includes support to other pillars of the pandemic

¹ <https://www.cmie.com/kommon/bin/sr.php?kall=warticle&dt=2021-06-07%2015:17:54&msec=740>

² Government of India, Ministry of Consumer Affairs, Food and Public Distribution. Public Information Bureau, 2021.

³ MWCD, GOI, 2021

response, including containment of COVID-19 outbreaks, risk communication, community engagement, cold chain expansion and support to the COVID-19 vaccination drive activities. The appeal also calls for resources required to respond to the humanitarian needs following the seasonal emergencies including cyclones and floods.

Highlights of Achievements

UNICEF in coordination with WHO and other partners continued to support the government led response to the COVID-19 pandemic. UNICEF played a vital role in the procurement and installation of critical health equipment and supplies for pandemic control, such as 64 mass thermal scanners in 26 airports and 9 seaports; 11.5 million Personal Protective Equipment (PPE) items which benefited 461,000 health care workers; supplied and installed 385 RT-PCR machines and 100 RNA extraction machines in government laboratories which contributed to an estimated 15.5 million tests as of 31 December 2021. UNICEF support for strategic planning from local to national level, RCCE and capacity development of frontline workers enabled effective utilization of equipment and services to contain the COVID-19 impact.

Further Health-System-Strengthening support was provided in the form of an additional 300 RT-PCR machines procured with distribution and installation slated for 2022. To enhance COVID-19 patients' care, UNICEF supported access to oxygen through the procurement and distribution of 4,065 oxygen concentrators, the procurement of 40 oxygen generation plans, with 20 installed and 20 slated for installation in 2022; and 550 pulse-oximeters for paediatric care supplied and distributed.

UNICEF, as the technical and logistical support to the Government of India has been instrumental in the rollout of the COVID-19 vaccine in a phased manner contributing to a coverage of 89 per cent of the eligible population with the 1st dose and 64 per cent for 2nd dose of COVID-19 vaccine in adults as on 31st December 2021⁴.

Beyond health, the socio-economic impact of the COVID-19 pandemic in India has been unprecedented. The multiple UNICEF responses at scale to these widespread impacts included extensive action in the sectors of nutrition, education, child protection, social protection, and WASH, focused on leveraging and strengthening existing systemic capacity and shock responsiveness. UNICEF, together with response partners worked with the Ministry of Health and Family Welfare (MoHFW) to restore essential nutrition services for adolescent girls and pregnant women. UNICEF advocated for the immediate restoration of comprehensive services for children with Severe Acute Malnutrition (SAM) in facilities in 13 states and in community-based programs in 12 states. 447,739 children with SAM benefitted from treatment through facility and community-based programs during 2021, more than double the number of cases compared to 2020 (116,630).

Over 144 million people, including health workers benefited from handwashing messaging in both rural and urban areas along with capacity development and engagement of 906,030 community service providers such as swachagrahis⁵, jalrakshaks⁶, teachers, and other stakeholders on interpersonal communication that contributed to infection-prevention-control.

In the area of education, UNICEF responded to the unprecedented challenge posed by COVID-19 by offering remote learning opportunities through digital and non-digital content. About 21.53 million children (10.85 million boys and 10.68 million girls) in 17 states were reached through various digital and non-digital learning platforms, with UNICEFs technical support to state government and partners to ensure the continuity of children's learning.

⁴ Source: <https://dashboard.cowin.gov.in/>

⁵ The foot soldiers who motivate communities to bring about behaviour change concerning key sanitation practices.

⁶ Waterwise individuals sharing their personal work and thoughts on water conservation

UNICEF's advocacy and technical assistance to the government contributed to the launch of cash transfers for children without parental care in seven states, reaching 30,468 children. UNICEF technical support led to 9.70 million children receiving cash grants across four states.

UNICEF led a Multi-Partner Trust Fund Inter-Agency programme in India to address sexual and gender-based violence against women and girls during COVID-19, implemented in collaboration with UN Women, WHO and UNHCR across selected states. UNICEF's advocacy and technical assistance to the government contributed to the launch and rollout of tailored cash transfers for children without parental care in seven states reaching 30,468 children. UNICEF's technical advisory and advocacy led to 9.70 million children receiving cash grants across four programming states. UNICEF responded to the unprecedented challenge posed by COVID-19 by offering remote learning opportunities through digital and non-digital content. About 21.53 million children (10.85 million boys and 10.68 million girls) in 17 states were reached through various digital and non-digital learning platforms, with UNICEF's technical support to state government and partners to ensure continuity of children's learning.

UNICEF supported targeted campaigns by 1,300 temporary social mobilisers, 297 consultants and over 500,000 frontline workers, CSOs and youth have helped more than 76 million people adopt COVID-19 Appropriate Behaviour (CAB+) and access vaccination that contributed significantly to strengthen the infection-prevention-control (IPC).

Along with the COVID-19 crisis, during the year 2021, UNICEF and partners also responded to ever-mounting events of floods and cyclones across several states. UNICEF supported multi-sectoral response reached 150,437 households including 239,708 children in 10 states with water supply, health services, hygiene and dignity kits, non-food item kits, and CAB through respective district administrations and Inter Agency Group (IAG) partners.

UNICEF India has effectively combined thematic and non-thematic funds to respond robustly to the COVID-19 pandemic in India, including the response to the health impact as well as support to the various other social sectors in response to the Indirect Impacts of the pandemic. UNICEF depended heavily on the flexibility of thematic funds to respond swiftly and effectively to the devastating humanitarian impacts in the wake of the various natural disasters witness in India during 2021, including two cyclones and seven major flood events across multiple states.

One of the defining characters of 2021 COVID-19 response was the Government-led emphasis on local action, this strategic shift compared to 2020 was promptly supported by UNICEF. For example, in Odisha, 300 institutions including 150 Anganwadi Centres and 150 vaccination centres were provided with hygiene and PPE kits for IPC in three districts impacted by cyclone Yaas. In Maharashtra, multi-sectoral response covered 120,000 persons and 24,000 children in the age group 3-18 years, covering five districts severely impacted by floods and wind damage. UNICEF in partnership with the Inter Agency Group in Gujarat reached 5,000 vulnerable households from the 21 most affected villages with non-food items and shelter kits, thereby improving the protective environment for children. Approximately 1.2 million people in Bihar adopted improved community preparedness to respond to floods with minimum loss of life and property, with UNICEF support.

To support the response to the pandemic in Maharashtra, UNICEF in collaboration with RedR India mobilized Human Resource surge support by deploying public health and risk governance experts at the state and three divisional levels (covering 50 per cent of the state and districts severely impacted by COVID-19, floods, and cyclone). The deployment exemplified needs-based technical assistance to the local government for decentralized decision support through real time analysis of data on COVID-19, adverse effects following immunization and available health facilities. The team played a significant role in promoting localized campaigns of CAB+ promotion and reducing vaccine hesitancy.

The role and capacity of civil society in the pandemic response was leveraged by UNICEF through the promotion of the MAHAPECO-Net platform comprising of 75 organizations in Maharashtra. The MAHAPECO-Net collective reached 13 cities, covering 2,666 urban localities (including slums, low-

income settlements, and housing societies) and 382 villages in 36 districts reaching 2.5 million people with COVID-19 vaccine awareness and supporting 200,000 persons to get vaccinated.

The humanitarian response to the COVID-19 pandemic enabled learning that shaped the response and in addressed systemic gaps related to flood preparedness. In the state of Assam, systematic engagement, advocacy, and support to the Assam State Disaster Management Authority (ASDMA) and CSO partners was instrumental in enhancing the quality and efficacy of both preparedness and response to disasters. In Gujarat, CSO coordination and facilitation helped reach pandemic-affected communities with key messages, generating awareness for vaccination and other important pandemic control measures. The surge support to governance in Maharashtra highlights the need for a combination of community outreach for prevention which includes vaccine drive, reinforcing CAB as well as concurrently managing the entire situation through improved risk governance. The role of online platforms has been significant in reaching stakeholders remotely.

Humanitarian Context

COVID-19, a disease caused by the SARS-CoV-2 virus, was declared a pandemic by the World Health Organization in March 2020; its transmission and virulence caused an unprecedented emergency worldwide. The 'second wave' of the COVID-19 pandemic in India, which picked up momentum in March 2021, witnessed a four-fold increase in the reported number of cases and deaths per day. From a maximum of 100,000 cases per day in September 2020 at the peak of the 'first wave', the number of reported cases crossed 400,000 per day and touched a high of 414,433 COVID-19 cases on 6th May 2021.

By 3 May, the total number of confirmed COVID-19 cases in India stood at 19 million, with 218,959 deaths, which brought unprecedented stress for the health systems and challenged the entire socio-economic system of the country. Subsequently India witnessed a gradual decline in the reported cases of COVID-19. On 31st October, the country recorded 12,830 new cases, the lowest in 247 days with an average daily positivity rate remaining below five per cent. The cumulative impact of two years of the pandemic on children and women is yet to be fully understood and response to this long-term vulnerability remains a priority for many years to come. A statistical analysis conducted by the International Institute for Population Studies (IIPS) in Mumbai shows that life expectancy in India has dropped by two years due to the COVID-19 pandemic. India's life expectancy at birth now is the same as it was in 2012. It will take several years for the country to catch up. The analysis also revealed that the COVID-19 toll was the highest for men in the age group of 35-69⁷. The protracted nature of the COVID-19 crisis continues to shape the Government and UNICEF programming.

The prevailing capacity of health systems was evidently inadequate to handle various programming priorities of COVID-19 response, deficit in testing capacity was one of the most prominent gaps. Since January 2020, the country's testing capacity has multiplied exponentially, from 1 laboratory performing 10 COVID-19 test a day in early 2020, to 3,117 test facilities, performing up to 1.2 million tests per day as of December 31, 2021.⁸ By the end of December 2021, more than 661 million samples had been analysed in India; this was a significant relief within the ever-changing humanitarian context. Tests include both RT-PCR and Rapid Antigen. India's test positivity rate stood at 2.13 per cent, increasing almost three times during the last week of December (WHO). During the first week of January 2022 as compared to previous week (22-28 December), all states have shown an increase in cases ranging from eight per cent to more than 100%, due to a sudden surge in infections caused by the Omicron variant.

The unprecedented pandemic has exposed the multifarious vulnerability of children, less by the virus itself but much more by the indirect and long-term impacts. The pandemic that began as a health crisis gradually evolved into a child rights crisis that now interlaces with other long-term vulnerabilities such as climate change, and unplanned urbanization. Access to essential services like health care and routine immunization has been compromised for millions of children, which could lead to a significant increase

⁷ Life expectancy in India dropped by 2 years due to COVID-19 study, iipsindia.ac.in, 2021

⁸ Naturally, the number of daily performed covid tests depends on the epidemiological curve. <https://www.icmr.gov.in/>

in child morbidity and mortality. Children were severely affected by the shutting down of maternal and child-related health and nutrition services in many states following the COVID-related containment measures. The secondary indirect impacts of the COVID-19 crisis have been exacerbated by many families losing jobs and livelihoods with food security becoming a major concern. The lack of access to affordable and nutritious food for the poor and vulnerable children reversed the recent gains in reducing malnutrition. The largest ever disruption of education deprived children and adolescents of their education and development.

The COVID-19 pandemic has starkly highlighted the need to pay special attention to children who remain extremely vulnerable. UNICEF, with its comparative advantage of partnership and engagement with the Government and its presence and strong partnership base across the breadth and length of the country responded decisively to protect children and their families from exposure to the pandemic, minimize the impacts on public health, mitigate the socio-economic consequences, and maintain access and provision of essential social services.

The year 2021 witnessed an upsurge in cyclones and floods beginning with two cyclones in the month of May in quick succession and the seasonal monsoon triggered flooding and landslide occurrence unabating through the month of November overwhelming several states back-to-back with the ongoing COVID-19 pandemic. UNICEF and its partners offered technical support to the state governments and disaster risk management functions in system strengthening for coordinated and informed preparedness and response.

UNICEF's multi-sectoral support reached 150,437 households and 239,708 children in 10 states with non-food item kits, water supply, health services, hygiene and dignity kits and CAB through respective district administrations and IAG partners. The combined socio-economic impacts of these and other crises – including the COVID-19 pandemic, natural disasters and civil strife have pushed vulnerable families into extreme poverty, giving rise to distress, mental health challenges and violence, abuse and exploitation of girls and boys.



Benny Tep preparing a COVID vaccination dose at the PHC in Chunlikha village, Kohima, Nagaland. The initial hesitation toward the vaccine is slowly changing as more people are realising the importance of being vaccinated to stay protected.

Humanitarian Results

Every Child Survives and Thrives (Health)

| Key Results* | Target | Achievement |
|--|-------------|--------------|
| Healthcare providers trained in detecting, referral, and appropriate management of COVID-19 cases | 501,050 | 944,563 |
| Children and women accessing primary health care in UNICEF supported facilities | 4.5 million | 4.14 million |
| Healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC) | 235,655 | 585,228 |
| <i>*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.</i> | | |

The 2020-2021 UNICEF COVID-19 response in India aligned with Government of India's 'whole of government, whole of society' response to the COVID-19 pandemic and was designed in coordination with other partners under the WHO-led 'The Novel Coronavirus Disease (COVID-19) Joint Response Plan (JRP)' in India. UNICEF significantly ramped up response in April 2021 to the devastating second wave of the COVID-19 pandemic along two major pillars: i) Direct response to the COVID-19 pandemic, and ii) Continuity of essential health services for women and children. The direct response to COVID-19 comprised a set of public health and clinical actions aimed at preventing, containing, and managing the disease, including testing, screening, immunization and strengthening the national cold chain system, case management and containment measures. A range of interventions to augment oxygen supply was one of the many strategic UNICEF actions in 2021 that helped respond to the very lethal second wave of COVID-19. Alongside the wider Health system support work for addressing health impact, UNICEF retained its focus also included actions to sustain on continuity of access to RMNCHA services with active support for adapting or redesigning services to minimize the impact of the pandemic on women and children's health and well-being.

Based on the evolving epidemiology of COVID-19 In India, and considering the emerging needs and gaps observed especially in early 2021 at the onset of the devastating second wave, an important part of UNICEF India's health response focused on the enhancement of patient care through access to oxygen and to the strengthening testing capacity of the laboratories. UNICEF played a vital role in the procurement and installation of critical health equipment and supplies for pandemic control, such as 64 mass thermal scanners in 26 airports and 9 seaports; 11.5 million PPE items which benefited 461,000 health care workers; 196 deep freezers which were supplied and installed, 385 RT-PCR machines, 100 RNA extraction machines in government laboratories which led to an estimated 15.5 million tests during the reporting period. An additional 300 RT-PCR machines were procured in last quarter of 2021 with distribution and installation slated for 2022.

To boost oxygen availability, UNICEF provided the Government of India with 712 high-flow nasal cannulas and 550 pulse oximeters, procured and delivered 4,650 oxygen concentrators in 14 states and procured 40 oxygen generation plants in eight states, of which 20 are installed. To enhance COVID-19 patients' care, 2,897 mannikins were procured for training on the management of new-born pneumonia, including COVID-19 pneumonia. Along with the UNICEF supplies to meet heightened demand for oxygen UNICEF worked with aiigma (All India Industrial Gases Manufacturers Association) to initiate exploring possible broader partnerships with the private sector to address systemic gaps in oxygen within the health sector.

By meeting the immediate critical requirements of oxygen and testing equipment, UNICEF and its partners also contributed towards the long-term investment to strengthen the country's health system. On the one hand, the investment in testing capacity has allowed to sustain the investment from ICMR to expand the footprint of government labs offering PCR testing from 1 in early 2020 to 3,117 (public and

private) as of 31st December 2021⁹. Following the end of the pandemic, the RT-PCR machines contributed can be used for detection of other infectious diseases, including tuberculosis, HIV, human papillomavirus, streptococcus, sexually transmitted diseases, to mention a few. The life of one unit is usually 10 years. On the other hand, the investment in oxygen has formed part of a major effort by the health system to enhance its capacity to provide oxygen care at all levels of the system, through significant investment in oxygen generation plants, ventilators, concentrators, cylinders and other devices. Besides addressing the COVID-19 requirements for oxygen care, this in the long term will support critical care for severe patients, women in need for emergency obstetric care, small and sick new-borns, and children with acute respiratory infections.

UNICEF has been supporting the COVID-19 vaccine roll-out by developing and updating training material and operational guidelines, reinforcing the cold chain capacity at all levels, capacity development of stakeholders and monitoring since the launch of the COVID-19 vaccination drive on 16 January 2021, under the leadership and guidance of the Government of India. UNICEF procured 4,195 electrical (cold rooms, refrigerators, freezers, solar, and ultra-low cold chain equipment), and almost 600,000 non-electrical (cold box, vaccine carriers) cold chain equipment to strengthen the cold chain system at all levels. In addition, UNICEF is procuring 188.7 million syringes based on urgent request from the Ministry of Health and Family Welfare (MoHFW), UNICEF's technical assistance to the MoHFW strengthened the RCCE interventions by reaching communities with life-saving information and community-led approaches that promoted healthy and safe lifestyles, tackled misinformation around COVID-19 and increase adoption of vaccines, treatment, and tests. UNICEF leveraged partnerships with NGOs and grassroot or community-based organizations for beneficiary mobilization, advocacy, and reinforcement of positive news, busting myths, and promoting CAB behaviour.

Timely support from UNICEF ensured that children and women have uninterrupted access to quality healthcare services across the country, particularly those most deprived and vulnerable. UNICEF together with the Federation of Obstetric and Gynaecological Societies of India (FOGSI) oriented a total of 4,000 health care workers ensuring quality new-born care services amidst COVID-19 pandemic. As India moved to a less acute phase of the pandemic towards the end of the year, UNICEF India shifted focus from direct COVID-19 response to investing in new-born, paediatric and maternal care.

UNICEF, the World Health Organization (WHO) and other stakeholders supported the Ministry of Health and Family Welfare (MoHFW) to develop the India Newborn Action Plan 2021-2030 road map to achieve the national goals of a single-digit neo-natal mortality and stillbirth rate. Partnerships were leveraged to ensure the continuity of quality maternal, newborn and child-health services, improving the Labour Room Quality Improvement Initiative from 14 per cent in 2020 to 35 per cent in 2021. Sustained support to the health system ensured containment of COVID-19 outbreaks and action for minimizing disruptions in access to basic health services for children.

To improve infection, prevention and control and WASH, UNICEF in collaboration with Centre for Disease Control and Prevention (CDC) and in partnership with Administrative Staff College of India (ASCI), trained 3,933 health care providers and managers (71 per cent of them were women, 24 per cent medical officers, 11 per cent health managers and 65 per cent midwives) of 260 UNICEF supported aspirational and priority districts on infection prevention control (IPC) and WASH. Additionally, UNICEF in collaboration with State National Health Mission trained 585,228 health care workers across the 23 UNICEF programming states. Consequently, the status of WASH compliance in 517 UNICEF supported facilities improved from 61 per cent in 2020 to 67 per cent in 2021. Constant advocacy resulted in 87 per cent health facilities in UNICEF supported aspirational districts having at least one focal point for IPC, 97 per cent health workers capacitated on screening and triage and 56 per cent health facilities beginning patient screening and triage. UNICEF supported the Indian Academy of Paediatrics (IAP) in the

⁹ PCR is the most well-developed molecular technique up to now and has a wide range of already fulfilled, and potential, clinical applications, including specific or broad-spectrum pathogen detection, evaluation of emerging novel infections, surveillance, early detection of biothreat agents, and antimicrobial resistance profiling.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7106425/>

development of early childhood development nurturing care modules for paediatricians. More than 30,000 paediatricians (12,000 women) and 3,000 neonatologists (1,050 women) were trained on components of neonatal survival with special focus on urban new-borns.

UNICEF, through government systems and partner organizations, built capacity of 50,000 healthcare workers across the country to support Mental Health and Psychosocial Support (MHPSS) during COVID pandemic. More than 1800 healthcare providers including counsellors, psychiatrists, Accredited Social Health Activists (ASHA), frontline workers and other functionaries of national mental health programs were trained as lead trainers to conduct state level trainings, provide guidance and counselling services to counsellors to understand and address their own as well as mental health needs of frontline healthcare workers in COVID-19 facilities.

UNICEF facilitated the implementation and roll out of School Health & Wellness Program (SHWP) in all the 24 UNICEF supported states resulting in capacity building of 100 per cent of State Resource Group in all the 24 states. UNICEF facilitated training of 113591 Health and Wellness Ambassadors (HWA) in 20 of the 24 states with support for baseline assessment for School Health Program in the states of Andhra Pradesh, Tamil Nadu, Telangana, Gujarat, Maharashtra, Karnataka, and West Bengal. The assessment reports have been shared with the Ministry of Health to facilitate evidence-based policy decisions to scale up the SHWP. A total of 63 per cent (92,637 out of 147,929) of the targeted Schools and orientation of 59,507 school Principals/ headmasters have been completed during the reporting period in the 24 UNICEF programming states.

Sustained support to the health system for containment of COVID-19 outbreaks helped to minimize disruptions in access to basic health services for children. A blend of community and health system strengthening, including provision of surge and essential COVID-19 equipment and supplies to front-line workers and health facilities, helped enhance community outreach services and strengthen paediatric care.

The COVID-19 pandemic tested the health system's capacity in multiple ways, including facility readiness for COVID care with Oxygen Therapy and other commodities. Many of the bigger health facilities had oxygen plants but the capacity was not sufficient to meet the increasing demand, especially during the peaks of the first and second waves in India. Home care and care during transportation were relatively new areas needing more attention during the pandemic. By meeting the immediate critical needs of oxygen concentrators and RT-PCR machines, the contribution by Liechtenstein also contributed towards the long-term health system strengthening efforts spearheaded by the government. On one hand, the investment in testing capacity sustained the investment from ICMR to expand the number of laboratories offering PCR testing from 1 in early 2020 to 3,117 as of 31st December 2021, performing up to a 1.2 million tests per day as of December 31, 2021.¹⁰ On the other hand, the investment in oxygen sustained a major Government's effort strengthen oxygen care at all levels of the system, through significant investment in oxygen generation equipment which in the long term also support critical care for severe patients, women in need to emergency obstetric care, small and sick new-borns, and children with acute respiratory infections.

Naturally, the pandemic put a disproportionate strain on the health system and on the frontline health workers who were working without pause, always and particularly during the second wave in April-June 2021. Beside exhaustion, the nature of the disease and its spread to nurses, doctors, paramedics were faced with stigma and discrimination from their family members, landlords, and community members. However, they understood the importance of their work in saving lives. Many suffered from trauma due to losing patients while battling relentlessly to saving their lives. They were also scared of contracting COVID-19 and feared they might pass it on to their family members. In coordination with WHO, MoHFW and several other partners UNICEF supported several capacity building initiatives providing critical information to healthcare providers on ways to protect themselves mentally and physically, resulting in increased confidence and motivation levels. UNICEF also advocated on the importance of mental health

¹⁰ P0

and psychosocial support (MHPSS) for healthcare providers and leveraged partnerships to provide timely MHPSS to them. The free-flowing sessions designed by UNICEF and partners were immensely appreciated by participants allowing them to express their challenges and receive practical tips from psychiatrists on managing stress.



Savita Devi, an Accredited Social Health Activist (ASHA) provides Iron Folic Acid syrup to Chahat during her home-based newborn care visit in Chitrakoot, Madhya Pradesh.

Every Child Survives and Thrives (Nutrition)

| Key Results | Target | Achievement |
|---|---------|-------------|
| # Children aged 6 to 59 months with SAM admitted for treatment | 640,000 | 447,739 |
| # Pregnant women receiving iron and folic acid supplementation | 29.50 M | 24.70 M |
| <i>*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary</i> | | |

UNICEF, along with UN agencies and development partners, supported the MoHFW and Ministry of Women and Child Development (MWCD) at state and national levels to prioritize COVID-19 sensitive service delivery modalities to ensure continued access to essential nutrition services for children, adolescents, and women during the COVID-19 pandemic.

UNICEF support to the state governments for the restoration of services for children with Severe Acute Malnutrition (SAM) in medical facilities in 13 states and in community-based programmes in 12 states ensured doubling the number of children treated in comparison to 2020. The HAC funds for 2021 helped programs reach 70 percent of the annual targets, which only represent a proportion of all children who are acutely malnourished. UNICEF supported the setting of ambitious targets, but the COVID-19 waves interrupted both facility and community-based services as Anganwadi centres were shut, many



The shift in government attention away from nutrition towards the pandemic situation and response

Student teachers like Mahesh Panigrahi in Khorda district, Odisha are teaching numeracy and language skills through innovative methods to children in their own community. The innovative initiative takes intern teachers to the community where they teach children, whose schools are closed due to the pandemic.

the 'Commitment to Action for Nutrition, helping to nutrition back to the center of the development agenda. A continued challenge was the government's nutrition response was to prioritization of older pre-school children. UNICEF cogently presented evidence on the under-six-month age group having the highest prevalence of wasting and mortality risk. This advocacy led to improved operational guidance for the Management of Acute Malnutrition in Infants (MAMI) with a focus on inpatient care for infants. Plans are in place for the national roll out of the training on inpatient care.

School closures adversely impacted school-based adolescent nutrition programmes. Alternative doorstep delivery of services at home was not feasible owing to the huge target populations (over 100 million) to be reached. Tele-communication helped message dissemination, but hybrid (in-person & telephone) communication was demonstrated to be more well received. Self-help groups and their federation networks supported increased knowledge and awareness of essential health/nutrition practices and provided food or cash-based entitlements to women. The needs of populations in slums were recognized as an unmet challenge owing to limited emergency response and programme experience in the urban context. Adolescent and maternal nutrition programmes were impeded with complex supply chain issues affecting the last mile delivery in many areas. UNICEF started identification of urban counterparts to support urban nutrition programming and is coordinating with UNDP and the National Centre of Excellence on Anemia to address the stock issues.

¹¹ <http://poshanabhiyaan.gov.in>

Every Child Learns (Education)

| Key Results* | Target | Achievement |
|---|---------------|---------------|
| Children accessing formal or non-formal education, including early learning from most vulnerable groups | 24.00 million | 21.53 million |
| Boys accessing formal or non-formal education | 11.94 million | 10.85 million |
| Girls accessing formal or non-formal education | 11.92 million | 10.68 million |
| <i>*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary</i> | | |

Schools and early childhood development centres in the country continued to remain closed for the entire year of 2021 due to the second wave of the pandemic severely impacting the learning outcomes for 286 million children. UNICEF responded to this unprecedented challenge by offering remote learning opportunities through digital and non-digital content and by strengthening capacities of the state governments and partners. Around 21.53 million children (10.68 million, 49 per cent girls) in 17 states continued their learning through digital and non-digital learning platforms. To create a learning environment for children at home, over 10 million parents were trained with the support of community volunteers, self-help groups and other community-based organizations and groups. A comprehensive Social and Behaviour Change Communication (SBCC) strategic plan was rolled out with the support of a network of one million volunteers. Jan Abhiyan Parishad Volunteers, Nehru Yuvak Kendra Sangathan (NYKS), Bharat Scout and guide, university students, Self Help Groups (SHGs) and federation members supported the parents and community members to create a safe, enabling and learning environment at home. In addition, context and language specific communication packages were developed and rolled out on safe reopening, CAB adherence and learning at home across 12 states.

47,907 children (60 per cent girls) from the critically marginalized 'Musahar' community in Bihar were, supported by UNICEF through mobile learning centres to continue learning during the pandemic. In Chhattisgarh, 1,054,500 children (51 per cent girls) from tribal districts continued uninterrupted learning supported by community-led learning facilitated by 14,790 trained volunteers (49 per cent of them are girls). In Jammu and Kashmir, 123,000 children (52 per cent girls) continued their learning through remote learning and community learning centres supported by volunteers. In Jharkhand, a network of NGOs ensured that 200,000 children (49 per cent girls) from the vulnerable communities had access to learning through mobile learning vans. In Uttar Pradesh, 87,501 children with disabilities (58 per cent are girls) including children with severe and multiple disabilities were supported to continue their education uninterrupted by the pandemic.

While advocating for reopening schools in 17 states, UNICEF supported the review, development, and implementation of protocols for safe reopening of schools and early childhood development centres. About 280,000 teachers or school focal points across more than 218,537 schools were trained in water, sanitation, and hygiene (WASH), and infection prevention and control protocols.

To mitigate the learning loss, eight state governments implemented a learning recovery programme for 15.83 million children (48 per cent girls). Accelerated learning programme implemented by the state of Rajasthan led to addressing the learning loss of 4,500 children (55 per cent girls) in 140 remote locations through 140 Shiksha Sahayak (60 per cent women). In Maharashtra and Assam around 3.5 million children (48 per cent girls) gained reading and literacy skills through a state level reading programme. In Odisha, 78,000 children (46 per cent girls) in geographically remote areas were reached through 9,800 an innovative, state led internship programme. UNICEF's technical support enabled the Ministry of Education to conduct a quality national learning assessment (National Assessment Survey 2021) in 118,000 schools covering 3.6 million (48 per cent girls) students, to provide data on the impact of COVID-19 on learning. Twelve states used Educational Management Information System (EMIS)

indicators to conduct a gender and equity-based analysis to improve Samagra Shiksha (SS)¹² education sector annual plans. The pandemic reconfirmed the huge digital divide as online education was not accessible, available or affordable for all further emphasizing the need to engage both online and offline strategies.

UNICEF in collaboration with state disaster management authorities and departments of education developed guidelines, training manuals and trained teachers and officials to roll out the comprehensive school safety programmes. The modules were revised to include COVID-19 protocols, elements of child protection and climate change. In Chhattisgarh, school safety was integrated into state education plans. About 14,000 teachers (45 per cent females) were trained to implement these plans.

UNICEF extended technical support to state departments of education in the development of modules and guidance on safe school reopening. Seventeen state governments utilized these protocols and guidelines while reopening schools and early childhood development centres in a phased manner. About nine million pre-schoolers continued learning through playful activities facilitated by front-line workers and community volunteers using learning resources developed by UNICEF and partners. UNICEF supported the development of a repository of resources for easy access on YouTube channels or government websites. State governments of Gujarat, Odisha, Rajasthan used these resources to provide printed learning material to four million children. In the states of Bihar, Chhattisgarh, and Uttar Pradesh 6,000 Early Childhood Development (ECD) workers were trained for the implementation and monitoring of responsive parenting programmes.

With the disruptions to schooling due to COVID 19 since March 2020, significant progress and efforts have been done by government and partners in providing online/distance education to children, however, there are many challenges to ensure continuity of learning and more specifically the digital access to children especially for children from disadvantaged communities and children in living remote areas.

Need for learning resource materials in local languages: The other significant need that emerged is the availability of quality digital content and learning resource materials in local languages coupled with availability of resources, libraries, and appropriate programmes for children with disability.

Low capacity of teachers in digital and e learning skills: While teachers have shifted to online and distance learning mechanisms, teachers need appropriate training in delivering quality lessons through blended approaching using digital tools and online platforms. There is need for upskills of teachers in integrating digital technologies in teaching learning process

Addressing learning loss: While there are programmes initiated around learning recovery and accelerated programmes, there is need for more nuanced understanding of learning needs, extended duration of catch-up programmes to address the learning loss and teaching at the right level including integration socio-emotional aspects for learning recovery and especially for marginalized or disadvantaged children.



Every Child Lives in a Safe and Clean Environment (WASH)

| Key Results* | Target | Achievement |
|---|------------|--------------|
| People reached with handwashing behaviour change programmes | 35 million | 144 million |
| People reached with critical water, sanitation, and hygiene supplies (including hygiene items) and services | 16 million | 9.80 million |
| Men reached with critical water, sanitation, and hygiene supplies (including hygiene items) and services | 8 million | 4.96 million |
| Women reached with critical water, sanitation, and hygiene supplies (including hygiene items) and services | 8 million | 4.84 million |
| Number of community level service providers trained in infection prevention and control | 35 million | 906,030 |
| Community level service providers(male) trained in infection prevention and control | 186,930 | 437,973 |
| Female community level service providers trained in infection prevention and control | 186,930 | 468,057 |
| Schools implementing safe school protocols | 65,000 | 218,537 |
| <i>*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary</i> | | |

UNICEF support to government, partners, and civil society at national and state level helped the most deprived households and communities to access and use WASH services in selected states through enhancing institutional capacity to provide critical WASH services and Infection Prevention and Control (IPC). UNICEF also supported social, and behaviour change and COVID-19 sensitive communication linked to WASH and IPC. UNICEF led initiatives through media outreach helped 144 million people adopt safe hand hygiene practices. Celebration of international days for Water, Sanitation, Menstrual Hygiene Management (MHM), Global Handwashing Day (GHD) reinforced further the importance of Hand Washing with Soap (HWS). Campaigns were developed to address barriers linked to infection prevention and control and handwashing practices, and to reach pregnant women and lactating mothers. Various media platforms like miking, mobile vans in villages, small community meetings, home visits, and social media channels were used to reach communities. Capacities of volunteers, Swachhagrahis, Jalsahiya, Ward members, Panchayati Raj Institutions (PRIs), SHGs, faith and natural leaders were built to reach communities and marginalized sections of the society with correct information.

In addition, UNICEF ensured that governments and partners have increased capacity to provide critical WASH supplies and services and strengthen Infection Prevention and Control (IPC) in communities and institutions. UNICEF provided technical assistance across WASH, education, and health sectors for responding to the COVID-19 pandemic. Over 9.8 million people were provided with critical WASH supplies and services, including hygiene items, masks, water storage tanks, SATO taps, and Swachhagrahis kits, sensor-based sanitizer sprays and foot operated handwashing facilities, as well as services including increased access to water supply in all 14 states. This also included system strengthening support for improving operation and maintenance of water supply schemes to ensure continuity of services in small and marginalized communities. Capacity development and engagement of 906,030 community service providers was supported for Swachhagrahis, Jalsurakhshaks, teachers, and other stakeholders on IPC.

UNICEF supported the Ministry of Education in the revision of SOPs for WASH in schools (WinS) reaching 218,537 schools with safe school protocol (SSP). In Gujarat, UNICEF supported trainings on safe school and COVID responsive WASH for 200,000 teachers, and in Jharkhand six district action plans on Safe School Protocols (SSPs) are being implemented by over 11,000 schools. About 114 schools of tea garden management in Assam were provided with COVID appropriate foot operated handwashing stations and

WASH supplies under the SSP. In Chhattisgarh, costed WASH in Schools plans under SSP were implemented in 13 districts with UNICEF's support. All teachers and anganwadi staff were trained on safe school/anganwadi protocols in Andhra Pradesh. Multiple states reported that infrastructure progress updates on school readiness was important for reopening schools which required continuous review by state department officials and concerned focal points.

In flood prone and flood affected areas, the COVID-19 response was further contextualized. UNICEF adopted a multi-sectoral approach to reach out to the communities holistically with messages related to health, nutrition, water sanitation and hygiene messages for flood preparedness in addition to the WASH related COVID appropriate behaviours. Communities were also empowered to protect themselves during floods, while considering CAB. Since COVID-19 hotspots were often in urban areas, an emerging opportunity for expansion of COVID-19 interventions to urban areas could happen with the recently launched SBM 2.0¹³ urban under garbage free cities, AMRUT 2.0¹⁴ and Urban Jal Jeevan Mission (JJM¹⁵), all of which come with significant funding. New and innovative collaborations with multiple stakeholders/partners/platforms also took to scale, with UNICEF playing a facilitating and leveraging role, aiming to scale up COVID-19 interventions. An example is in Maharashtra, where UNICEF facilitated the coordination of close to a hundred partners and established the Maharashtra Urban WASH Coalition called MahaPeconet. This was a non-financial collaboration, where all partners shared their resources and came together to address the needs of migrants and other marginalized groups affected by COVID-19. Digital learning materials and platforms for self-learning by the JJM/SBM functionaries, particularly at district/block and village-level enabled them in continuous learning, even during the periods of movement restrictions and containment measures, at their own pace and convenience. Additionally, the use of social media platforms helped to reach a larger audience in less time to generate awareness regarding COVID-19 risks and CAB related to WASH among the public.



Eight-year-old Shilpa, (name changed), holds a drawing she has made, inside a dormitory at Child Care Institute for girls, Lalpur, in Ujjain, India

¹³ SBM-U 2.0 envisions to make all cities 'Garbage Free' and ensure grey and black water management in all cities other than those covered under AMRUT, make all urban local bodies as ODF+ and those with a population of less than 1 lakh as ODF++, thereby achieving the vision of safe sanitation in urban areas.

¹⁴ AMRUT 2.0 is designed to provide universal coverage of water supply to all households through functional taps in all statutory towns and coverage of sewerage/septage management in 500 AMRUT cities.

¹⁵ Jal Jeevan Mission (Urban) (JJM (U)) is designed to provide universal coverage of water supply to all households through functional taps in all 4,378 statutory towns in accordance with SDG Goal- 6.

UNICEF partnered with Ministry of Jal Shakti (MoJS), Ministry of Environment (MoE), Ministry of Panchayati Raj (MoPR), and relevant state departments. The work with ministries such as MOE and MOJS ensured that standard operating procedures were put in place for safe implementation of WASH activities during the pandemic. UNICEF partnered with several INGOS, NGOs and Community Based Organisations (CBOs) for the implementation of critical wash supplies and services in the communities in both rural and urban areas.

Every Child Is Protected from Violence and Exploitation (Child Protection GBViE, and PSEA)

| Key Results* | Target | Achievement |
|--|-----------|--------------|
| Women, girls, and boys accessing gender-based violence risk mitigation, prevention, or response interventions | 640,000 | 1.15 million |
| Children and caregivers accessing mental health and psychosocial support | 506,000 | 887,188 |
| Unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services | 119,50 | 44,186 |
| Child protection functionaries, UNICEF Personnel and partners trained with key messages on prevention and protection of children for COVID-19, GBV risk mitigation and referrals for survivors | 156,000 | 215,753 |
| Adolescents and youth reached with targeted messages and information on prevention of Covid -19 | 33,85,000 | 70,78,472 |
| <i>*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary</i> | | |

Protection risks have increased significantly due to the COVID-19 pandemic. In 2020, reports of violence against children increased by 50 per cent¹² with access to child protection services remaining limited. As the pandemic continued to aggravate protection risks for children during 2021, UNICEF supported the government and stakeholders to enhance child protection services. UNICEF prioritized strengthening social workforce regulatory frameworks and capacities, providing technical assistance to government to ensure continuity of services. Strengthened capacities of frontline workforce in 17 states in the COVID-19 pandemic to reach out to women and girls at risk of gender-based violence and increased burden of household chores and unpaid care. A total of 887,188 children and parents/caregivers received mental health and psychosocial support (MHPSS) services through the expansion of helplines, online platforms, and community-based interventions.

Children and adolescents with disabilities were at higher risk of exposure to COVID-19 due to underlying health conditions and difficulties in maintaining social distancing. About 7,078,472 adolescents were mobilized and engaged in COVID-19 prevention and response interventions and 215,753 child protection functionaries trained. A total of 1,138,551 women, girls and boys gained awareness and skills on COVID-19 prevention and associated Child Protection (CP)/Gender Based Violence (GBV) risks through UNICEF supported interventions.

UNICEF led the Multi-Partner Trust Fund inter-agency programme in India on addressing gender-based violence in times of COVID-19, implemented in collaboration with UNWOMEN, WHO and UNHCR across 17 states. Women and girls were found to be 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. This unique initiative benefitted 896,451 children and women across the states of Chhattisgarh, Bihar, Uttar Pradesh, Madhya Pradesh, and Rajasthan with interventions that mitigated, prevented, and responded to GBV. They were supported through partners across sectors (health, education) and through various referral service mechanisms such as the One Stop centres, 181 Women Helpline, 1098 Childline and Advika (adolescent) platform; offline and online interventions.

UNICEF support enabled 10 state governments to roll out special schemes for children who lost parental care during the course of the COVID-19 pandemic. In Rajasthan, Maharashtra and Odisha with regular

coordination, facilitation, and technical support from UNICEF, over 29,500 children were linked to these schemes. At least 12 states announced monthly stipends and/or scholarships to the affected children. In Maharashtra, UNICEF supported in case management and capacity-building of District Child Protection Unit (DCPU) staff resulting in completion of Social Investigation Reports for 81 per cent of the 21,858 children who lost parents during the pandemic. More than 96 per cent of the orphans were placed in kinship care and only 4 per cent in Childcare Institution (CCIs).

UNICEF expanded the participation of youth networks such as National Service Scheme (NSS), NYKS and Civil Society Organization network in the COVID-19 prevention and support programmes. In Andhra Pradesh, UNICEF supported NSS, NYKS teams, and adolescents on the prevention of COVID-19 through garnering their participation in the vaccination drives. Approximately 425,000 youth (150,000 girls and 275,000 boys) and adolescents benefited through these programmes.

Every Child has an Equitable Chance in Life (Social Protection)

| Key Results* | Achievement |
|--|-------------|
| Number of children without parental care during COVID-19 received cash transfers on UNICEF supported programs | 30,468 |
| Number of vulnerable households assisted in accessing emergency government social protection programs | 449,912 |
| Number of local governments whose capacity was built to deliver child and gender sensitive and shock responsive social protection services | 63,696 |
| <i>*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary</i> | |

The second wave of COVID-19 and the subsequent socio-economic crisis deepened multi-dimensional child poverty exacerbating child vulnerabilities. Approximately 36.8 million jobs were lost due to the pandemic, with children from the families of migrant and daily wage laborers among the most affected¹⁶. Food insecurity added to the woes of children from seven million households¹⁷. Disruptions in social services adversely impacted disadvantaged social groups, with almost 6.7 million pregnant women excluded from maternity benefit entitlements¹⁸.

UNICEF's advocacy and technical assistance to the government contributed to the launch and rollout of tailored cash transfers for children without parental care in seven states reaching 30,468 children. UNICEF technical advisory and advocacy led to 9.70 million children receiving cash grants across four states. In addition, cash plus services addressing trauma were delivered through 240 UNICEF trained counsellors. Half a million households, including vulnerable children, were reached through the capacity building of more than 63,000 local governments, 5,000 CBOs and 1.80 million women SHGs. Nationally and in four states, budget allocations for children increased to US\$162 million.

UNICEF supported the National Policy Commission (NITI Aayog) with a microsimulation evaluation of 13 national social protection programmes to inform the development of a national integrated social protection policy framework for prioritized public investments in social protection for children, underpinning inclusive COVID-19 recovery. In Jharkhand and Odisha, over 55,000 households benefited from UNICEF's technical support on case management. Working with six state governments, UNICEF developed evidence on migrant women and children during COVID-19 and advocated for portable social protection.

Across eight programming states, UNICEF worked with local government stakeholders and women Self Help Groups to deliver shock responsive, gender and child sensitive social protection programs. In Andhra Pradesh, across 13 cyclone affected districts, 2,500 government village volunteers were trained to reach 250,000 households. In Telangana, across 100 villages, 800 village government functionaries

¹⁶ <https://www.cmie.com/kommon/bin/sr.php?kall=warticle&dt=2021-06-07%2015:17:54&msec=740>

¹⁷ Ministry of Consumer Affairs, Food and Public Distribution. PIB, 2021.

¹⁸ MWCD, GOI, 2021

and 5000 CBOs were trained on child friendly local governance and emergency preparedness. In the state of Uttar Pradesh, 58,000 heads of local governments were trained to promote COVID-19 appropriate behaviours. In Rajasthan, UNICEF provided state level support to the Government, identifying 103,208 vulnerable households including 10,725 children, resulting in stronger coordination mechanisms to deliver social protection. In Assam, 2,196 local governments and 2,000 SHGs were oriented towards COVID-19 management and vaccine preparedness. In Maharashtra, risk informed planning was rolled out to support 22,704 households to access maternity benefits, cash for work, pensions, and insurance programs. In Karnataka, UNICEF supported the local government on institutionalizing budgeting for children, gender and disability action helping 100,000 households in 54 villages in accessing social protection services.

Across three states, UNICEF is supporting urban local bodies to strengthen service delivery. In Telangana, 16,000 urban households benefited from grassroots level interventions rolled out to facilitate access to social protection during the COVID-19 crisis. In the state of Uttar Pradesh, a mapping of 43 urban social protection programs fed into the capacity building of 17 Urban Local Bodies. In Maharashtra, a bottlenecks analysis of 33 urban social protection programs conducted focused on the hardest hit urban wards. Technical assistance by UNICEF in building resilient CRVS led to 8.14 million children receiving birth registration services in four UNICEF supported states.

Evidence based advocacy along with technical assistance towards the planning and monitoring of social protection measures for vulnerable children has been the cornerstone of the UNICEF's contribution in the wake of the pandemic. During the pandemic, disadvantaged households have extremely limited access to emergency social protection services. UNICEF's support focused on safeguarding the budget allocation for children through evidence-based advocacy, conducting studies depicting the vulnerabilities of children and the dissemination of evidence on the macro-economic impact of COVID-19 on women and children. In addition, the macroeconomic impact and budgetary analysis helped inform advocacy for the vertical expansion of social protection along with prioritized strategic investments for COVID-19 recovery. UNICEF also convened partners and stakeholders to drive convergent action for social protection, community education efforts and CRVS.

UNICEF engaged with the Ministries of Women and Child Development, Local Governments, Rural Development, Planning and Development, Finance, and Labour to drive key policy decisions. UNICEF established effective partnerships across technical and academic institutions provide technical assistance on evidence generation and advocacy.

RCCE Strategies Development and Roll Out

| Key Results* | UNICEF 2021 Target | UNICEF Total results |
|---|--------------------|----------------------|
| People participating in engagement actions for social and behavioural change | 45 million | 102 million |
| Number of people who shared their concerns and asked questions/clarifications to address their needs through established feedback | 2.5 million | 1.9 million |
| Number of adolescents and youth engaged to access services through sectors like health/education/ protection and take action for COVID-19 response' | 5 million | 12.8 million |
| <i>*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary</i> | | |

Risk Communication and Community Engagement (RCCE) is one of the key pillars of UNICEF's COVID-19 response. The core of RCCE is about accurate information provided early, often, and in languages and channels that people understand, trust and use. It enables individuals and communities to make choices and take actions to protect themselves, their families and communities from life-threatening health hazards¹⁹. UNICEF is collaborating with other organisations on COVID-19 RCCE efforts including (WHO), John Snow India (JSI), Bill and Melinda Gates Foundation (BMGF), United States Agency for International Development (USAID) amongst others.

Risk Communication and Community Engagement efforts includes extensive promotion of vaccine



Yuvodaya volunteers conduct rallies at villages and Haat bazars to create awareness on Malaria and Covid Appropriate Behaviours

uptake by UNICEF through technical and logistical support to the government resulting in 1.34 billion COVID-19 vaccinations with around 51 per cent full vaccination coverage among the target population by December 2021 thereby significantly reducing the negative impact of the pandemic on children and vulnerable households²⁰. UNICEF extended technical support to the Ministry of Health and Family Welfare, Government of India in the design, implementation and monitoring of the COVID-19 national vaccine promotion communication strategy with clear operational and communication guidelines to promote COVID-19 vaccination. UNICEF supported the government in developing training modules for different stakeholders, facilitating capacity building sessions on vaccine communication, development of FAQs, protocols and communication materials. UNICEF's support helped the government efforts in promoting vaccination amongst all eligible groups while addressing vaccine hesitancy and reaching those furthest left behind through strategic partnerships.

RCCE strategies developed and rolled out across 22 states helped more than 76 million people to adopt CAB by building trust in vaccine and limiting vaccine hesitancy by effectively addressing misinformation. State level immunization strategies facilitated by UNICEF in the priority districts ensured daily wage workers, slum dwellers and women have access to vaccine registration. In total, 500,000 trained frontline workers, CSOs and youths reached out to communities with CABs and vaccine messages. In addition, UNICEF's support enabled 1,000 trained NGOs to actively engage with communities on CAB and vaccine uptake. A cadre of over 265,000 village and ward volunteers of the Government of Andhra

¹⁹ WHO Communicating Risk in Public Health Emergencies 2018

²⁰ Source: <https://dashboard.cowin.gov.in/>

Pradesh were trained to mobilize communities at household level on COVID-19 specific and sensitive issues. In Gujarat, a youth led campaign was designed by UNICEF to support Health and Family Welfare Department to promote CAB Plus ²¹ and vaccination.

In Odisha, UNICEF supported the Department of Health and Family Welfare to train members of the Indian Association of Paediatrics and the Indian Medical Association to dispel myths around vaccination and advocate for issues related to CAB Plus practices. Over 600,000 people across 14 districts were supported to adopt CAB and vaccination through edutainment methods using mobile vans with trained drivers and facilitators. In Rajasthan around 200 facilitators were oriented to reach out to SHGs with 250,000 members across all 33 districts on CAB, CAB Plus, and vaccine hesitancy.

Over two million people regularly shared concerns through established feedback mechanisms, which in turn helped address demand for information on issues raised by the communities in real time. UNICEF's partnerships included 65 civil society groups and NGOs in 22 states, in addition to non-traditional partners like faith-based organizations and youth volunteer networks that enabled a wider reach of CAB and vaccine related messages. Partnerships covering 460 districts included humanitarian programs with multiple civil society organisations under the Ministry of Electronics and Information Technology, Government of India. Partnership with the Community Radio Association recognised by the Ministry of Information and Broadcasting has enabled wide reach of content at the grassroots level in multiple languages. These partnerships helped amplify key messages to hard-to reach areas reaching over 75 million people, including five million people among tribal minority groups who received customised messages addressing livelihoods and vaccines.

Targeted campaigns were organized by 1,300 temporary social mobilisers, 297 consultants in 426 districts. Digital engagement through the UNICEF supported government online platforms has widened the reach of COVID-19 messages and fighting misinformation. With a focus on equity and reaching vulnerable populations with the COVID-19 vaccine, a focused vaccine communication strategy and campaign were developed and rolled out in partnership with TRIFED under the ministry of Tribal Affairs for tribal communities across 23 States, 2 Union Territories and 66 districts.

Digital divide and learning continuity

Shift to online education during the pandemic reconfirmed India's huge digital divide. There is a clear need to reach out and engage communities and CSOs using online and offline strategies. Caregivers can play a supportive role in helping children learn. Communities and parents require education and assurance regarding school safety before the reopening of schools.

Early childhood care and nutrition

Closure of the Anganwadi centres, due to COVID-19 impeded the delivery of nutrition, health and pre-education services to women and children except Take Home Rations. Working with alliances and networks is critical for implementing Social Behavioural Change (SBC) approaches at scale. During the reporting period, the SBCC Partners Alliance, constituting foundations and UN agencies such as World Bank, BMGF, and TATA Trusts, supported a joint advocacy pitch with the government. Discussions held with national CSO partners through the Development Partners Forum also helped promote and get inputs on innovative ideas such as POSHAN Ghar²².

²¹ Promoting messages around identification, consultation & Home based management of COVID

²² 2021.03.22 Poshan Ghar Presentation.pdf. Poshan Ghar is a one stop shop for CBOs, volunteers, alliances to access basic nutrition knowledge, avail poshan training and communication products where the ability in monitoring and reporting nutrition communication activity is enhanced.



A 'Pandemic Classroom' installation focusing on children's learning recovery was unveiled on Children's Day 2021 at a well-known mall in New Delhi.

Engaging CSOs in remote areas ensured continued reach of nutritional services amidst COVID-19. States with a high concentration of tribal populations such as Jharkhand, Chhattisgarh, Madhya Pradesh, and Odisha have adopted special programs jointly with local government structures to reach such populations with information on COVID-19, health, and nutrition. Leveraging platforms and existing mechanisms with health and WASH to promote nutrition literacy is an important way of providing a coherent narrative around key nutrition issues such as 1000 days, identification of SAM, and follow-up on NRC graduates, as demonstrated by various states.

Communication, Advocacy, And Partnerships

The impact of the pandemic on children influenced communication and advocacy efforts throughout 2021. The COVID-19 response saw exponential growth in UNICEF India's advocacy, media and digital outreach, and brand performance. The response to the pandemic intensified through India's devastating and unprecedented second wave, with extraordinary support extended to the Government of India in the #LargestVaccineDrive, innovative communication in addressing risk perceptions, promoting healthy practices and vaccines uptake, while countering misinformation and vaccine hesitancy. Strong advocacy on critical issues affecting children along with combating misinformation and rumours continued.

UNICEF India has consistently been at the forefront of the RCCE component of the pandemic response, working in collaboration with the Government of India and key partners. It supports the National Media Rapid Response Cell at MOHFW to provide real-time media monitoring and response, counter misinformation, vaccine hesitancy and other concerns. UNICEF also supported the largest vaccination drive by well-crafted messaging, features, op-eds, content for print and broadcast, expert interviews, all of which kept up a constant flow of critical content in the media space throughout the year.

Media outreach was done for key moments such as vaccination for priority groups, reaching the 1 Billion vaccination milestones, Government of India's 'Har Ghar Dastak' campaign and mental wellbeing in the pandemic. Partnerships with top-tier media like The Times of India, Indian Express, Jagran Dialogues, The Hindu, a All India Radio (AIR) and private FM radio stations among others were established. Capacity building workshops and trainings for over 5500 participants including on Adverse

Event Following Immunization (AEFI), media spokespersons for Press Information Bureau (PIB), AIR. More than 800 radio jockeys trained to present scientific messages creatively.

In 2021, the overall positive mentions of UNICEF in the media rose to 86 per cent (4398 out of 5114 stories) from 83 per cent in 2020 despite COVID-19 curtailing offline media visits and engagement. Audiences across digital media grew to 5,874,820 followers. UNICEF India's content remarkably reached close to six billion audiences in the reporting period, with 62 million engagements, 200 million video views, and 8.5 billion impressions across digital channels. According to the 2021 Brand Barometer study, UNICEF India retains its leadership position across all awareness metrics and trust amongst key comparators. Strong legislative advocacy led to engagement of over 70 Members of Parliament around children's issues intensified by the COVID-19 pandemic. Extensive documentation of UNICEF's emergency response during COVID –19 in India with over 25 supply photo missions, 30 vaccination drive photo missions, 15 supply documentation videos across states.

The support extended by UNICEF Goodwill Ambassadors, Amitabh Bachchan and Priyanka Chopra, further contributed to building awareness around COVID-19 vaccination and COVID-19 appropriate behaviour. Celebrity advocate Ayushmann Khurrana advocated on violence against children child sexual abuse and cyber-bullying. Manushi Chillar on menstrual hygiene and youth engagement and mental well-being through YuWaah. Kareena Kapoor supported safe reopening of schools and learning recovery.

UNICEF leveraged opportunities such as Child Rights week in November with a series of strategically positioned high-profile interventions and campaigns that once again brought attention to the impact of the pandemic on children. On 14 November, UNICEF unveiled a symbolic 'Pandemic Classroom' for a week-long activation sending powerful messages for millions of children in India who missed learning and those who may never have a second chance to return to schools. Paired with evidence, strong key messages delivered by eminent experts, celebrities and influencers made a strong advocacy case for Learning Recovery for the pandemic affected, marginalized children.

Riding on the momentum of World Children's Day, messaging on learning recovery spread across states as 230 iconic monuments, structures, and institutions, even villages turned blue on 19-20 November, creating huge public solidarity on child rights along with #KidsTakeOver across eight states and UNICEF social media channels. Legislative advocacy brought together 35 parliamentarians in a World Children's Day parliamentary session; MPs listened and responded to a 'Charter of Demands' on learning recovery – written and pitched by children representing different parts of India.

Innovations in communication were designed to reach audiences during the prolonged pandemic response, donor and partner communication including virtual field visits.



Adolescent Development and Youth Engagement

Under YuWaah, UNICEF with other UN agencies, government and more than 1,350 private and funding partners launched “Young Warrior” an emergency health response to the second wave of COVID-19 that empowered young people to act. The campaign mobilized 6.6 million actions from over 5 million young people to champion COVID-19 appropriate behaviours. The need for this was seen during the COVID-19 pandemic when the traditional modes of learning and skilling were impacted.

The YuWaah Skills Platform (YSP) was initiated in the wake of the pandemic, as an e-learning solution that aims to empower youth with relevant skills and abilities to thrive in the 21st century and connect them to opportunities in apprenticeship, entrepreneurship, employment, and social impact. It is initiated under the global partnership of UNICEF, Generation Unlimited, Microsoft and Accenture on the Passport to Earning initiative, supported by a learning management system hosted on the Microsoft Community Training (MCT) Platform.

Additionally, a flagship chatbot-based solution was launched, that has reached approximately 0.2 million young people in 2021, with 11 life-skills learning activities in 12 languages. This was done in response to adolescents missing socio-emotional learning due to online classes in the wake of the pandemic and as a way for YuWaah to build these skills digitally.

A tri-partite led Young Warrior NXT (YWNXT) initiative was launched, that shall deploy large-scale life skills delivery solutions to support 14-24-year-old young people with foundational life skills. It aims to reach 5 million youth in 2022, through 10-12 projects in partnership with life skills practitioners, of which three to five projects will be chosen to be scaled up. As of December 2021, seven pilots have been shortlisted with an approximate reach of 90k.

Young Warrior NXT (YWNXT) initiative was launched to address the learning crisis by building life skills and employability skills of young people through no-tech, low-tech and high-tech solutions. The aim is to reach five million young people through scale-up of 3-5 solutions in 2022.

UNICEF supported YuWaah and the #YoungWarrior campaign with technical assistance and capacity building related to U-Report, translations, IVR, community radio and other media channels. It also provided programmatic support and wider reach to young people through COVID-19 activities done via state offices. UNESCO’s #KindnessMatters campaign was also a partner. Under, #YoungWarrior, young people took actions including engaging in capacity building, creating safe spaces and performing various tasks on UReport such as learning how to counter misinformation or register for vaccinations. New partners such as the Central Board for Secondary Education, University Grants Commission, and All India Council for Technical Education (AICTE) were brought onboarded since they bring a wider reach in young people and are also trusted names with them. The campaign brought together more than 1,300 partners including various other government organizations.

Results Achieved from Humanitarian Thematic Funding

The generous support from the donors and partners contributed significantly to UNICEF India's response to COVID-19 and results for children and their families. As part of the communication efforts to share the impact of the support, UNICEF India produced and disseminated several videos, photos, human interest stories and media articles.

The [lifesaving supplies provided by UNICEF with support](#) from donors and partners including the Oxygen Generation Plants, [Oxygen Concentrators](#), RT-PCR machines strengthened the COVID-19 response across India and supported in building resilient health systems. UNICEF India also amplified this support on social media through text, photo and short video posts including how these [vital supplies helped patients recover from COVID-19](#). Some examples can be found in the following links. [Videos on oxygen plant installation](#) in Gujarat, and a [case study](#), widely circulated among National Committee (NCs) and in-country donors.

Partnerships

In 2021, UNICEF maximized its reach to children and their families through fostering strategic partnerships with multiple organizations and groups to protect the gains made in RMNCHA and mitigate the indirect impact of the COVID-19 pandemic on essential RMNCHA services. In partnership with Federation of Obstetrics and Gynaecological Society of India (FOGSI) UNICEF ensured access to essential maternal and newborn care services in the 260 health facilities of 51 UNICEF supported Aspirational and Priority districts. Partnerships with WHO, the World Bank, ADB, UNDP, GAVI, BMGF, JSI, USAID and India Clinical Epidemiology Network (INCLEN) helped further strengthen the immunization services.

UNICEF joined hands with CDC for Infection prevention and control in health care facilities, with UNFPA for adolescent health and empowerment, and with UNAIDS for improving access to testing and treatment for HIV /AIDS with a particular focus on high-risk adolescents. Collaboration with the National Neonatology Forum (NNF) was strengthened through a Memorandum of Understanding to improve health systems for newborn survival and development, in convergence with the Indian Academy of Paediatrics (IAP); and the Federation of Obstetric & Gynaecological Societies of India (FOGSI). UNICEF also strengthened the intersection of key professional associations, development partners, and civil society organizations for MNH goals.

UNICEF strengthened its collaboration with the national health system and research agencies, like the National Cold Chain and Vaccine Management Resource Centre (NCCVMRC) at NIHFW in Delhi and NCCRC in Pune for cold chain system strengthening, National Health Systems Resource Center (NHSRC), and the Indian Council of Medical Research (ICMR), for policy and research actions to support RMNCHA services continuity.

UNICEF engaged with CSOs through the COVID-19 Academy in partnership with Sphere India to strengthen the 'whole-of-society' approach and accountability towards populations being served to mitigating the indirect impact of COVID-19 on RMNCHA. Key programmatic engagements with the government ministries of Women and Child, Local Governments, Rural Development, Planning and Development, Finance, Labour have helped UNICEF to drive results for children by facilitating access to various social protection schemes during the pandemic. Access to administration at the levels of ministerial and Development Commissioners and National Policy Commissions further helped to strengthen policy decisions and service delivery.

UNICEF continues to engage with a broad spectrum of technical, academic institutions and civil society organisations for policy advocacy and adapt programming to reach the most marginalised. NGOs and



civil society organisations, namely SIGMA Foundation, PRADAN (in Jharkhand and Odisha), Aide et Action (in Odisha), Resource and Support Centre for Development (RSCD) in Maharashtra, Association for Rural Advancement (ARAVALI) in Rajasthan, SAMARTHAN Centre for Development Support, VIAKS SAMVAD and SHURUAT in Madhya Pradesh, Professional Assistance for Development Action, Youths Union for Voluntary Action (YUVA), made it possible to reach for those left furthest left behind and to access critical services.

RCCE interventions were customized to address the emerging behavioural issues for each wave of COVID-19. During 2021, 2 million people have regularly shared their immediate concerns through established feedback mechanisms, which enabled adaptive strategies to address demand for information on issues raised by the communities. As part of the COVID-19 response, non-traditional and new community partnerships, including 65 partnerships combining national and state level, have supported vaccine promotion efforts in 460 districts. Through numerous platforms in urban, rural, and tribal areas, UNICEF engaged with faith leaders, traditional healer groups, academia, cooperatives, associations, women, and youth groups. UNICEF also explored non-traditional partners to address equity issues especially in urban and tribal zones. Partnerships In urban settings Included with CII, Market associations, RWAs, workers associations, whereas TRIFED (Tribal Cooperative Marketing Development Federation of India Limited) helped widen the reach among tribal population.

These partnerships and cross sector coordination efforts have helped amplify key messages to hard-to reach areas covering over 75 million people, including 5 million tribal minority groups. Engagement of non-traditional partners such as faith-based organizations, youth volunteer networks and market associations have enabled wider reach of CAB and vaccine related messages. Through the UNICEF enabled SMNET in Uttar Pradesh and Bihar, 900 mobilisers assisted the government in monitoring adherence to CAB at 131,193 COVID-19 vaccination sites along with 56,000 routine immunization sessions. Mobilisers placed in over 300 districts across 12 states have helped to augment social mobilization for vaccination by engaging with the district administration and non-government networks.

During the reporting period, UNICEF's partnerships for social and behavioural change included 65 civil society groups and NGOs in 22 states, in addition to the national and state-level health authorities. Partnerships across 460 districts included humanitarian programs with VHAI, AIH and SEWAM Praxis, World Vision, Digital Empowerment Foundation, Common Service Centres (CSC) under the Ministry of Electronics and Information Technology.

Aligned to many workstreams of the Grand Bargain commitments, the 'Network Approach to Emergency Preparedness for Response' (NAEPR) was rolled out through a shared-value partnership with Sphere India enabling all social sectors to improve sectoral-preparedness. NAEPR has delivered multi-year emergency preparedness strategies to enable predictable response from six sectors along with sector-coordination handbooks. Mobilization of the Interfaith Humanitarian Alliance was one of the significant outputs of NAEPR.

UNICEF facilitated UN collaboration, by leading results groups on education, nutrition and food security and actively participating in various other groups and platforms. UNICEF expanded these collaborative mechanisms by leading "Protecting People: Social Protection and Basic Services" under the UN COVID-19 Socio-Economic Response and Recovery Framework.

In 2021, UNICEF India successfully expanded its engagement with the private sector. Utilization of partners' assets were enhanced in support of national priorities such as supplies, vaccine uptake and joint advocacy for COVID-19 prevention. A wide network of partnership was also fostered with private sector platforms, networks, and aggregators committed to protecting and promoting child rights at the national and state level.

Localization

Partnership with the Community Radio Association, recognised by the Ministry of Information and Broadcasting, has enabled wide reach of content in multiple languages at the grassroots level. These

partnerships have focused on social mobilization, advocacy, and reinforcement of positive news, addressing myths, and promoting COVID-appropriate behaviours among the groups and families through interpersonal communication. UNICEF engaged through numerous platforms in urban, rural, and tribal areas which included faith leaders, traditional healer groups, academia, cooperatives, associations, women, and youth groups. Partnerships and cross sector coordination efforts helped amplify the messages to hard-to-reach areas as the interventions have reached over 75 million people, including 5 million people from tribal minorities that received customised messages addressing livelihoods and vaccine.

Community Feedback Mechanisms

Based on learnings gained from the implementation of the Accountability to Affected Population in Kerala during 2018 floods response, community feedback mechanisms (CFM) have been established in the districts of Bastar (Chhattisgarh) and Gorakhpur (Uttar Pradesh). This has enabled two-way communication between communities and governments to improve service delivery and program planning. UNICEF plans to institutionalize CFM within the government.

Digital Platforms for remote monitoring and supportive supervision

COVID-19 containment measures pushed UNICEF to adopt innovative digital data collection methods for monitoring and supportive supervision, which helped to sustain the continuity of services. Kobo and RapidPro (phone-based application tools used to collect data from the field) were extensively used to collect responses from communities, which helped assess the pandemic's effect at a macro and micro level on a real-time basis. A low-tech innovation was piloted in the states of Uttar Pradesh and Jharkhand to engage parents on responsive parenting using interactive voice response (IVR) and feature phones. Applications including Safe Delivery App, HIV-AIDS App, and the digitalization of programme modules were also made available.

To motivate the health care providers and support their mental health, UNICEF partnered with NIMHANS to develop an App that frontline workers can use to mitigate their stress. Unique hybrid (online and offline) models proved beneficial for training on cold-chain and effective vaccine management, leading to continuous capacity building of cold-chain technicians and vaccine managers. The strength and presence of Polio SMNet at the community level was utilized to address the hesitancy around COVID-19 vaccination.



Lessons Learned

The COVID-19 pandemic has underscored the importance of adaptive and agile services and systems, and swift application of appropriate risk management approaches to mitigate the direct and indirect impacts of the COVID-19 pandemic. UNICEF improved its shock responsive health interventions through mobilizing and engaging diverse communities of practices to manage the various impacts of the COVID-19 crisis.

Strong expertise in disaster preparedness for response coupled with the capacity to mobilize partners, civil society organizations and frontline functionaries at short notice across the country gave UNICEF a comparative advantage in its response to COVID-19, in reaching the most vulnerable children in the remotest corners of the country.

UNICEF supported multi-stakeholder platforms that helped government to expand emergency social protection services to include the disadvantaged households during the COVID-19 pandemic. Collaboration between local governments, women Self Help Groups, youth volunteers, and community-based organisations has been instrumental in informing shock responsive social protection service delivery widely among marginalized communities and groups. UNICEF developed strategy and worked with governments at all levels to build capacity on case management to scale up social protection services across states. Efforts to strengthen child friendly local governance during relatively calm periods helped UNICEF and partners to integrate risk informed planning, which ensured that the most vulnerable households have the right information, adequate support, and access to social protection schemes during the pandemic.

Another positive lesson learnt from the pandemic response has been the reinforcement of “regular” evidence-based data for adapting and implementing risk communications in response to the rapidly evolving environment. More than 80 million people were reached and engaged through RCCE, with half a million frontline workers, CSOs and youths trained to engage communities. There is potential to expand community feedback and accountability mechanisms to affected populations to strengthen engagement with communities. Conducting rapid assessment at the community level has enabled informed programming with the understanding of community concerns as well as effective planning and use of resources, with assurance of the community buy-in and as result, demand for vaccine.

An important lesson from the response in 2021 was the critical role of ‘multi-agency platforms’ in addressing extensive risk. UNICEF mobilised district level civil society organisations (CSO) coordination platforms to support the effective delivery of social protection and other Government-led programmes.

A significant learning from the Health system strengthening²³^[1] work in 2021 was that the ‘system’ is more powerful when enabled as an ‘Eco-system’. e.g. when UNICEF brought ‘communities of child centred practices’ (mostly from private sector and civil society such as AIIGMA, FOGSI etc.) together with Government to act jointly, then we could create the unprecedented systemic strength to deal with phenomenal overload on the systems and ensure continuity of access to services for children and their families. UNICEF has gained a strong experience and belief in bring together the systemic and private/Civil society capacity/capability to bridge the gap between demand and supply for child centred services.

Assessment, Monitoring and Evaluation

Research, particularly community rapid assessments, supported by UNICEF has provided context and relevance to informed interventions in 14 states. Formative research conducted in April and August 2021 found positive intent among 74 per cent of the population to take the COVID-19 vaccine when available and to follow preventive measures even after taking it. About 8 per cent of the surveyed respondents had no intention to get vaccinated. Subsequent responsive strategies helped increase

²³ UNICEF's work with governments to improve national and local systems for children is known as system strengthening.

vaccine uptake by these groups. RCCE interventions resulted in improved trust in government information on vaccines. Trust in government efforts on the COVID-19 vaccine rose from 79 per cent in 2020 to 90 per cent in 2021. The findings of the formative research demonstrate a good flow of correct information through trusted sources.

Financial Analysis

UNICEF India has effectively combined thematic and non-thematic funds to respond robustly to the COVID-19 pandemic in India, including the response to the health impact as well as support to the various other social sectors in response to the indirect impacts of the pandemic. UNICEF depended heavily on the flexibility of thematic funds to respond swiftly and effectively to the devastating humanitarian impacts in the wake of the various natural disasters witnessed in India during 2021, including two cyclones and seven major floods. UNICEF India deeply acknowledges the crucial importance of the humanitarian funding pool, particularly flexi funds, in addressing humanitarian needs in the ever-dynamic socio-political development context in which UNICEF operates. These funds have enabled UNICEF to adapt its responses to the humanitarian needs, and leverage for commitments and results for children by converging our programming across multiple sectors for improved efficiency and added cost benefit. By grounding programming in the situation analysis, UNICEF India provides value by working on the most critical issues affecting children— and can provide scale and reach that makes a meaningful contribution to global goals, including Sustainable Development Goals. See Annex A.

Future Work Plan

Continuation of the pandemic into 2022 is anticipated, to the detriment of health and other sectors, adversely impacting the delivery and accessibility of services for children and women. Learning from the devastating second wave in 2021 (with a daily peak of 400,000 new confirmed cases in one day), UNICEF India is anticipating future waves alongside the seasonal cyclones and floods²⁴ that impact over 65 million people (including 24 million children)²⁵ annually, significantly increasing with the changing climate. Future waves of COVID-19 will impact the marginalized, including tribal, migrant, slumdweller and socio-economically deprived communities, whose vulnerabilities are exacerbated by inadequate access to health and social service entitlements. UNICEF plans to respond to COVID-19 as well as floods, cyclones, and other natural disasters through technical support to Government-led systemic response, complemented with direct response in partnership with Inter Agency Groups, local civil society organizations, platforms, and youth in hard-to-reach areas.

UNICEF Health priority goal areas remain focused on improved healthcare access, particularly for children and women; enhancing the quality of care at birth; and capacity building of healthcare providers. UNICEF continues sustained support to the health system for containment of COVID-19 outbreaks and minimizing disruptions in access to basic health services for children. A blend of community and health system strengthening, including the provision of surge and essential COVID-19 equipment and supplies to front-line workers and health facilities, will enhance community outreach services and strengthen pediatric care. UNICEF will continue to support risk communication and community engagement (RCCE) to improve access to and acceptance of information, entitlements, services, and feedback channels, to achieve positive social and behaviour changes amongst at-risk and affected communities.

Provision of life-saving WASH supplies and services together with promotion of youth leadership will contribute to the prevention and control of the COVID-19 infection, and application of and compliance

²⁴ In May 2021, India was impacted by two cyclones. Cyclone Tauktae on the west coast damaged more than 30,000 dwellings and Cyclonic Yaas on the eastern coast flooded 450 habitations in the low-lying and ecologically sensitive Sundarbans delta. Within a span of 10 days, two cyclones, affected over 7.3 million children leaving them exposed to the upcoming monsoon season and the ongoing COVID-19 pandemic.

²⁵ This is a 10-year average of disaster impact collated by UNDMT in India from various government documents that record the impact of floods, droughts, cyclones, landslides and various other hazards.

with safety protocols in schools at scale. Gender-sensitive, child-friendly and participatory design of WASH facilities will enable safety of women and girls.

UNICEF will support governments and partners to strengthen continuity of high-impact nutrition services through existing delivery platforms. This will be informed by a sentinel surveillance mechanism and a supportive community outreach to respond quickly and effectively to severe acute malnutrition in children. In collaboration with state and local governments, UNICEF will support continued safe school reopening and capacity development for teachers to ensure children's access to quality learning. Inclusive and gender-sensitive child friendly spaces will provide relevant learning and life skills for girls and boys during emergencies.

UNICEF will continue to provide technical assistance to the Government to adopt climate adaptive and risk sensitive mechanisms together with humanitarian cash transfers and civil registration. Alternative models of social protection will be introduced to enhance food and nutrition security of children, especially those most vulnerable and furthest left behind. Strong learning and feedback loops embedded within Government systems will contribute to improved humanitarian action and risk-informed development programming by line-departments (linking humanitarian and development). Embedding strong child- and women-led approaches to local governance planning processes will improve the sensitivity and responsiveness of various levels of policy and governance to child poverty. Provision of 'information as aid' will improve uptake of social protection and other entitlements during emergencies.

The capacity of front-line workers and young people will be leveraged to provide mental health and psychosocial support for children, adolescents, and caregivers to improve the quality of preventive and rehabilitation services to address gender-based violence in emergencies. With the ever-increasing incidence of disasters, climate change and environmental degradation, UNICEF will focus on scaling up interventions to strengthen service delivery systems and scaling up interventions to strengthen community resilience.



Plight of Girl Children in the slums of Mumbai impacted by COVID-19, drawing by Shaikh NaZneen, a resident of Dharavi Slum, Mumbai.

Annex A

Funding status against the appeal by sector

| Sector | Requirements | Funds Available against appeal as of 31 December 2021 | | TOTAL FUNDS Available | Funding Gap % |
|---------------------------------|--------------|---|--|-----------------------|---------------|
| | | Humanitarian resources received in 2021 | Resources available from 2020 (Carry-over) | | |
| Health | 55,603,185 | 46,126,692 | 16,637,890 | 62,764,581 | -13% |
| Nutrition | 12,496,680 | 5,748,010 | 0 | 5,748,010 | 54% |
| Water & Sanitation | 31,847,997 | 6,971,051 | 198,480 | 7,169,531 | 77% |
| Child Protection | 8,085,420 | 3,415,692 | 1,070,038 | 4,485,729 | 45% |
| Education | 7,903,980 | 6,173,066 | 571 | 6,173,637 | 22% |
| Social Protection | 4,388,580 | 2,167,614 | 109,412 | 2,277,026 | 48% |
| Preparedness and Risk Reduction | 3,362,310 | 1,782,108 | 357,996 | 2,140,104 | 36% |
| Communication for Development | 2,976,750 | 5,547,382 | 576,588 | 6,123,970 | 106% |
| Total Funding Requirement | 126,664,902 | 77,931,614 | 18,950,975 | 96,882,588 | 24% |

Funding Received and Available by 31 December 2021 by Donor and Funding type (in USD)

| Donor Name/Type of funding | Programme Budget Allotment reference | Overall Amount* |
|---|--------------------------------------|------------------|
| I. Humanitarian funds received in 2021 | | |
| a) Thematic Humanitarian Funds | | |
| United States Fund for UNICEF | SM1899100994 | 1,520,000 |
| United States Fund for UNICEF | SM1899100998 | 3,708,279 |
| United States Fund for UNICEF | SM1899101017 | 76,829 |
| French Committee for UNICEF | SM1899100997 | 1,210,654 |
| French Committee for UNICEF | SM1899101014 | 192,073 |
| Korean Committee for UNICEF | SM1899101018 | 21,341 |
| Korean Committee for UNICEF | SM1899101080 | 548,030 |
| Hong Kong Committee for UNICEF | SM1899101108 | 426,743 |
| UNICEF-India | SM1899101121 | 380,000 |
| Finnish Committee for UNICEF | SM1899101044 | 215,521 |
| United Kingdom Committee for UNICEF | SM1899100996 | 113,132 |
| United Kingdom Committee for UNICEF | SM1899101016 | 21,341 |
| Danish Committee for UNICEF | SM1899101013 | 126,860 |
| Japan Committee for UNICEF | SM1899101015 | 72,561 |
| Israeli Fund for UNICEF | SM1899101073 | 70,764 |
| Czech Committee for UNICEF | SM1899101030 | 65,962 |
| Monaco | SM1899101032 | 35,800 |
| Iceland National Comm for UNICEF | SM1899101052 | 20,029 |
| UNICEF-United Arab Emirates | SM1899101089 | 12,650 |
| Slovenska nadacia pre UNICEF | SM1899101117 | 504 |
| Total Thematic Humanitarian Funds | | 8,839,074 |

| b) Non-Thematic Humanitarian Funds | | |
|---|--------------|-----------|
| United States Fund for UNICEF | SM210253 | 8,280,735 |
| United States Fund for UNICEF | SM210248 | 2,058,647 |
| United States Fund for UNICEF | SM211011 | 171,090 |
| United States Fund for UNICEF | SM2102380013 | 47,950 |
| United States Fund for UNICEF | SM2102380015 | 42,269 |
| United States Fund for UNICEF | SM2102450003 | 18,701 |
| United States Fund for UNICEF | SM210519 | 5,000 |
| Asian Development Bank | SM210531 | 5,000,000 |
| Asian Development Bank | SM210029 | 3,000,000 |
| Australian Committee for UNICEF | SM210223 | 4,252,883 |
| Australian Committee for UNICEF | SM210249 | 2,430,000 |
| Australian Committee for UNICEF | SM2102380011 | 11,758 |
| Japan Committee for UNICEF | SM210217 | 3,970,187 |
| Japan Committee for UNICEF | SM210418 | 500,000 |
| Japan Committee for UNICEF | SM210419 | 500,000 |
| Japan Committee for UNICEF | SM210480 | 500,000 |
| Japan Committee for UNICEF | SM210481 | 500,000 |
| Japan Committee for UNICEF | SM210482 | 182,715 |
| Japan Committee for UNICEF | SM210341 | 100,742 |
| Japan Committee for UNICEF | SM2102450008 | 98,600 |
| German Committee for UNICEF | SM2102450004 | 5,566,149 |
| German Committee for UNICEF | SM2102380005 | 3,247 |
| UNICEF-India | SM210021 | 1,637,014 |
| UNICEF-India | SM210286 | 675,311 |
| UNICEF-India | SM210954 | 322,985 |
| UNICEF-India | SM210083 | 276,167 |
| UNICEF-India | SM2100080002 | 270,124 |
| UNICEF-India | KM210047 | 245,783 |
| UNICEF-India | KM210046 | 152,723 |
| UNICEF-India | SM210327 | 137,779 |
| UNICEF-India | SM2103120001 | 113,310 |
| UNICEF-India | SM210239 | 111,750 |
| UNICEF-India | SM2100080004 | 100,000 |
| UNICEF-India | SM2102380016 | 50,753 |
| UNICEF-India | SM210634 | 48,926 |
| UNICEF-India | SM210635 | 36,345 |
| UNICEF-India | SM2100080003 | 33,766 |

| | | |
|-------------------------------------|--------------|-----------|
| UNICEF-India | SM2100080013 | 33,493 |
| UNICEF-India | KM200155 | 18,755 |
| UNICEF-India | KM210042 | 14,760 |
| UNICEF-India | SM2102380014 | 12,827 |
| UNICEF-India | KM210006 | 11,364 |
| UNICEF-India | KM210091 | 9,000 |
| United Kingdom Committee for UNICEF | SM210510 | 1,390,821 |
| United Kingdom Committee for UNICEF | SM210275 | 278,940 |
| United Kingdom Committee for UNICEF | SM210960 | 230,100 |
| United Kingdom Committee for UNICEF | SM210547 | 190,821 |
| United Kingdom Committee for UNICEF | SM210415 | 139,470 |
| United Kingdom Committee for UNICEF | SM210414 | 98,000 |
| United Kingdom Committee for UNICEF | SM210416 | 98,000 |
| United Kingdom Committee for UNICEF | SM210330 | 95,802 |
| United Kingdom Committee for UNICEF | SM210417 | 92,000 |
| United Kingdom Committee for UNICEF | SM210546 | 11,766 |
| United Kingdom Committee for UNICEF | SM2102380012 | 8,006 |
| Canadian UNICEF Committee | SM2102450009 | 1,032,775 |
| Canadian UNICEF Committee | SM2102450012 | 529,876 |
| Canadian UNICEF Committee | SM210402 | 393,212 |
| Canadian UNICEF Committee | SM2102380003 | 21,330 |
| Italian Committee for UNICEF | SM210785 | 1,839,193 |
| Swiss Committee for UNICEF | SM210228 | 1,798,390 |
| Swedish Committee for UNICEF | SM2102380002 | 575,966 |
| Swedish Committee for UNICEF | SM2102380001 | 155,282 |
| Swedish Committee for UNICEF | SM2102450007 | 114,472 |
| Swedish Committee for UNICEF | SM2102450005 | 113,514 |
| Swedish Committee for UNICEF | SM2102450006 | (1915) |

| | | |
|--|--------------|-------------------|
| UNICEF-Malaysia | SM2100080001 | 502,499 |
| UNICEF-Malaysia | SM2102450002 | 168,305 |
| UNICEF-Malaysia | SM2102380007 | 3,634 |
| French Committee for UNICEF | SM2103120002 | 553,221 |
| Netherlands Committee for UNICEF | SM2102450014 | 237,812 |
| Netherlands Committee for UNICEF | SM2102450011 | 190,569 |
| Netherlands Committee for UNICEF | SM2102450015 | 57,339 |
| Spanish Committee for UNICEF | SM2102450001 | 479,061 |
| New Zealand Committee for UNICEF | SM2102450010 | 453,147 |
| Norwegian Committee for UNICEF | SM2102450013 | 410,943 |
| USA USAID | SM210273 | 297,759 |
| UNICEF-United Arab Emirates | KM210063 | 110,480 |
| UNICEF-United Arab Emirates | KM210082 | 101,130 |
| UNICEF-United Arab Emirates | SM2100080011 | 9,739 |
| UNICEF-United Arab Emirates | SM2102380010 | 7,957 |
| Luxembourg Committee for UNICEF | SM210235 | 211,864 |
| USA CDC | SM210463 | 125,703 |
| UNICEF-Thailand | SM2100080010 | 109,779 |
| Liechtenstein | SM210222 | 109,769 |
| Portuguese Committee for UNICEF | SM2102450016 | 56,306 |
| Finnish Committee for UNICEF | SM210604 | 52,194 |
| UNICEF-SINGAPORE | SM2100080008 | 50,738 |
| International On-line Donations | SM2100080009 | 48,066 |
| UNICEF-Mexico | SM2100080007 | 34,045 |
| UNICEF-Mexico | SM2102380008 | 3,110 |
| UNICEF-Chile | SM2100080006 | 27,128 |
| UNICEF-Serbia | SM2100080012 | 26,610 |
| UNICEF Ireland | SM2102380004 | 7,234 |
| UNICEF-China | SM2102380006 | 6,475 |
| UNICEF-Romania | SM2102380009 | 4,438 |
| UNICEF-Philippines | SM2100080005 | 153 |
| Total Non-Thematic Humanitarian Funds | | 55,216,635 |

| | | |
|---|--------------|------------|
| c) Pooled Funding (i) CERF Grants (ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc. | | |
| UNICEF-India | SM2100080002 | 270,124 |
| UNICEF-India | SM2100080003 | 33,766 |
| UNICEF-India | SM2100080004 | 100,000 |
| UNICEF-India | SM2100080013 | 33,493 |
| UNICEF-India | SM2102380014 | 12,827 |
| UNICEF-India | SM2102380016 | 50,753 |
| UNICEF-India | SM2103120001 | 113,310 |
| UNICEF-India | SM2103280002 | 1,620,000 |
| UNICEF-India | SM2104240001 | 13,425,373 |
| German Committee for UNICEF | SM2102380005 | 3,247 |
| German Committee for UNICEF | SM2102450004 | 5,566,149 |
| Canadian UNICEF Committee | SM2102380003 | 21,330 |
| Canadian UNICEF Committee | SM2102450009 | 1,032,775 |
| Canadian UNICEF Committee | SM2102450012 | 529,876 |
| Luxembourg Committee for UNICEF | SM2104240002 | 1,500,000 |
| United States Fund for UNICEF | SM2102380013 | 47,950 |
| United States Fund for UNICEF | SM2102380015 | 42,269 |
| United States Fund for UNICEF | SM2102450003 | 18,701 |
| United States Fund for UNICEF | SM2103280001 | 1,080,000 |
| Swedish Committee for UNICEF | SM2102380001 | 155,282 |
| Swedish Committee for UNICEF | SM2102380002 | 575,966 |
| Swedish Committee for UNICEF | SM2102450005 | 113,514 |
| Swedish Committee for UNICEF | SM2102450006 | (1,915) |
| Swedish Committee for UNICEF | SM2102450007 | 114,472 |
| UNICEF-Malaysia | SM2100080001 | 502,499 |
| UNICEF-Malaysia | SM2102380007 | 3,634 |
| UNICEF-Malaysia | SM2102450002 | 168,305 |
| French Committee for UNICEF | SM2103120002 | 553,221 |
| Netherlands Committee for UNICEF | SM2102450011 | 190,569 |
| Netherlands Committee for UNICEF | SM2102450014 | 237,812 |
| Netherlands Committee for UNICEF | SM2102450015 | 57,339 |
| Spanish Committee for UNICEF | SM2102450001 | 479,061 |
| New Zealand Committee for UNICEF | SM2102450010 | 453,147 |
| Norwegian Committee for UNICEF | SM2102450013 | 410,943 |
| UNICEF-Thailand | SM2100080010 | 109,779 |
| Japan Committee for UNICEF | SM2102450008 | 98,600 |
| Portuguese Committee for UNICEF | SM2102450016 | 56,306 |
| UNICEF-SINGAPORE | SM2100080008 | 50,738 |
| International On-line Donations | SM2100080009 | 48,066 |
| UNICEF-Mexico | SM2100080007 | 34,045 |

| | | |
|---|--------------|-------------------|
| UNICEF-Mexico | SM2102380008 | 3,110 |
| UNICEF-Chile | SM2100080006 | 27,128 |
| UNICEF-Serbia | SM2100080012 | 26,610 |
| UNICEF-United Arab Emirates | SM2100080011 | 9,739 |
| UNICEF-United Arab Emirates | SM2102380010 | 7,957 |
| Australian Committee for UNICEF | SM2102380011 | 11,758 |
| United Kingdom Committee for UNICEF | SM2102380012 | 8,006 |
| UNICEF Ireland | SM2102380004 | 7,234 |
| UNICEF-China | SM2102380006 | 6,475 |
| UNICEF-Romania | SM2102380009 | 4,438 |
| UNICEF-Philippines | SM2100080005 | 153 |
| Total Pooled Funds | | 30,025,935 |
| d) Other types of humanitarian funds | | |
| UNICEF-India | KM200144 | 1,290,930 |
| UNICEF-India | KM200147 | 1,312,929 |
| UNICEF-India | KM200155 | 18,755 |
| UNICEF-India | KM210006 | 11,364 |
| UNICEF-India | KM210042 | 14,760 |
| UNICEF-India | KM210046 | 152,723 |
| UNICEF-India | KM210047 | 245,783 |
| UNICEF-India | KM210091 | 9,000 |
| UNICEF-United Arab Emirates | KM210063 | 110,480 |
| UNICEF-United Arab Emirates | KM210082 | 101,130 |
| Total Other types of humanitarian funds | | 3,267,854 |
| Total humanitarian funds received in 2021 (a+b+c+d) | | 97,349,498 |
| II. Carry-over of humanitarian funds available in 2021 | | |
| e) Carry over Thematic Humanitarian Funds | | |
| Thematic Humanitarian Funds | SM189910 | 459,901 |
| Thematic Humanitarian Funds | SM209910 | 501,667 |
| Total carry-over non-Thematic Humanitarian Funds | | 961,568 |
| f) Carry-over of non-Thematic Humanitarian Funds | | |
| British Government (DFID) | SM200514 | 48,923 |
| Asian Development Bank | SM200127 | 16,581 |
| Germany | SC200683 | 6,377,217 |
| UNICEF-India | KM200144 | 1,290,930 |
| UNICEF-India | KM200147 | 1,312,929 |
| GAVI The Vaccine Alliance | SC200764 | 6,914,557 |
| United Nations Multi Partner Trust Fund | SM200799 | 726,317 |
| The United Kingdom of Great Britain and Northern Ireland | SM170463 | 25,061 |
| British Government (DFID) | SM200202 | 16,559 |
| UNICEF-India | KM200155 | 18,755 |

| | | |
|--|----------|------------|
| Germany | SC200245 | 2,974,027 |
| USA CDC | SM200717 | 495,844 |
| USA CDC | SM200718 | 46,296 |
| United States Fund | SM200544 | 107,992 |
| Global Partnership for Education | SC200189 | 159 |
| USA USAID | SM200171 | 53,618 |
| United States Fund | SM200204 | 169,007 |
| United States Fund | SM200735 | 100,926 |
| Total carry-over non-Thematic Humanitarian Funds | | 20,695,698 |
| Total carry-over humanitarian funds (e + f) | | 21,657,266 |
| III. Other sources | | |
| Nil | | 0 |
| Total other resources | | 0 |

* Programmable amounts of donor contributions, excluding recovery cost.

** 2021 loans have not been waived; COs are liable to reimburse in 2022 as donor funds become available.

Thematic Humanitarian Contributions Received in 2021

| Thematic Humanitarian Contributions Received in 2021 (in USD): Donor | Grant Number ²⁶ | Programmable Amount (in USD) | Contribution Amount (in USD) |
|--|----------------------------|------------------------------|------------------------------|
| United States Fund | SM1899100994 | 1,407,407 | 1,520,000 |
| United States Fund | SM1899100998 | 3,433,592 | 3,708,279 |
| United States Fund | SM1899101017 | 71,138 | 76,829 |
| French Committee | SM1899100997 | 1,120,976 | 1,210,654 |
| French Committee | SM1899101014 | 177,845 | 192,073 |
| Korean Committee | SM1899101018 | 19,760 | 21,341 |
| Korean Committee | SM1899101080 | 507,435 | 548,030 |
| Hong Kong Committee | SM1899101108 | 395,132 | 426,743 |
| UNICEF-India | SM1899101121 | 361,905 | 380,000 |
| Finnish Committee | SM1899101044 | 199,556 | 215,521 |
| United Kingdom Committee | SM1899100996 | 104,752 | 113,132 |
| United Kingdom Committee | SM1899101016 | 19,760 | 21,341 |
| Danish Committee | SM1899101013 | 117,463 | 126,860 |
| Japan Committee | SM1899101015 | 67,186 | 72,561 |
| Israeli Fund | SM1899101073 | 65,522 | 70,764 |
| Czech Committee | SM1899101030 | 61,076 | 65,962 |
| Monaco | SM1899101032 | 33,458 | 35,800 |
| Iceland National Comm | SM1899101052 | 18,545 | 20,029 |
| UNICEF-United Arab Emirates | SM1899101089 | 12,048 | 12,650 |
| Slovenska nadacia pre UNICEF | SM1899101117 | 467 | 504 |
| Total | | 8,195,023 | 8,839,074 |

²⁶ International Aid Transparency Initiative (IATI) requires all grants to be listed in reporting. <http://iatistandard.org/>

Annex B

Case Studies and Communication

UNICEF supported Oxygen Plant Saving Lives in Gujarat

The second wave of COVID-19 tested the capacity of India's health system in multiple ways as the pandemic spread from urban to rural areas. In Gujarat there were shortages of oxygen beds, Intensive Care Unit (ICU) beds and other essential commodities. The increase in cases and new variants of COVID-19 meant timely availability of oxygen was crucial. An uninterrupted supply of oxygen was essential to bring COVID-19 linked mortality rates under control. It was against this background that UNICEF initiated procurement of Oxygen



UNICEF initiated procurement of Oxygen Generation plants (OGP) to support government hospitals across India, including one in Jamnagar, a district in the southwest of Gujarat UNICEF/UN0456953/Singh

Generation plants (OGP) to support government hospitals across India, including one in Jamnagar, a district in the southwest of Gujarat.

Oxygen Generation Plants (OGPs) cater to a wide range of needs in a hospital, including operating theatres, ICUs and neonatal units. There is high demand for oxygen in hospitals and this adds to the huge cost of running any hospital.

An OGP produces medical oxygen on site reducing the need to source oxygen cylinders and therefore reducing costs. The installation of UNICEF supported OGPs to hospitals in Jamnagar has not only enabled them to meet the increased emergency need for COVID-19 care, but longer term it will enable the hospitals to allocate their resources to upgrading other hospital facilities, thereby strengthening the health care system.

In 2020 Gujarat invested in hospital preparedness for COVID-19. While bigger cities like Ahmedabad, Surat and Vadodara have good health infrastructure smaller cities like Jamnagar faced huge demand for oxygen. As the pandemic spread to rural areas with limited health infrastructure, people started moving towards cities like Jamnagar. The Guru Govind Singh Government Hospital, which includes MP Shah Medical College, in Jamnagar became a hub for COVID-19 care for people from five districts in the western region of Gujarat.

“Oxygen was in short supply during the pandemic. UNICEF received a request from the state government to set up an oxygen generation plant. We leveraged CSR funds from Nayara Energy limited to set up the much-needed oxygen generation plant at Guru Govind Singh Government Hospital in Jamnagar to quickly respond to the COVID-19 pandemic,” said Laxmi Bhawani, Chief of UNICEF Gujarat Field Office.

A lot of work was required prior to the installation of the OGP. An engineer supported by UNICEF visited the site and provided technical inputs for designing the space for the OGP and guidance for the civil work that had to be undertaken. A site readiness checklist was prepared, and a meeting conducted. After the on-site readiness assessment and a virtual tour facilitated by UNICEF, a certification was provided by the hospital authorities.



UNICEF initiated procurement of Oxygen Generation plants (OGP) to support government hospitals across India, including one in Jamnagar, a district in the southwest of Gujarat UNICEF/UN0456953/Singh

The Dean and Medical Superintendents of Guru Govind Singh government hospital, official from the district administration, engineers and representatives from UNICEF were all present during the OGP installation process. “We sincerely thank UNICEF, the District Administration Jamnagar, and donors for the timely supply of the much-needed OGP to our medical college hospital to improve the availability of life saving oxygen for COVID-19 patients. This support will help us in addressing the critical gaps in oxygen therapy,” said Dr Nandini Desai, Dean MP Shah Medical College said.

The OGP components were dispatched and arrived in Jamnagar on 30 May 2021 following a pre-dispatch inspection. The installation of the plant was initiated the same day. After the dry run was conducted, the OGP became operational from 1 June 2021 supplying oxygen to critical areas of the hospital. The OGP which has an oxygen generation capacity of 280 litres per minute, will supply oxygen to the COVID-19 ward and ICUs. It will also help supply more oxygen to the Neonatal Intensive Care Unit, Paediatric Intensive Care Unit, the emergency ward, operation theatres and all other oxygen requirements as COVID-19 patients decline.

The plant will be managed by the existing hospital staff after the two-year warranty period and recurring costs will be managed by the government. This will strengthen the health system longer term in a sustainable manner. “Oxygen the lifesaving drug, was much needed more than ever before. Being a referral teaching hospital, a huge number of people were treated by our team. Thanks to UNICEF for helping us with the oxygen therapy. It's wonderful gesture,” said Dr. Maulik Shah, Associate Professor Paediatrics, MP Shah Medical College, Jamnagar.



UNICEF initiated procurement of Oxygen Generation plants (OGP) to support government hospitals across India, including one in Jamnagar, a district in the southwest of Gujarat UNICEF/UN0456953/Singh

Reaching the most Vulnerable Tribal Students with Education



School Sanjog deploys a school-in-a-van or school-on-a-bike, equipped with child-friendly learning material, audio-visual equipment, books, science kits, sports kits, and hygiene education kits. Picture credit: UNICEF Odisha

As schools closed due to the pandemic, students from marginalized and tribal communities who were unable to access online classes, faced the risk of being left behind. Many of them, first generation learners, were unable to get help from their families and lost track of the curriculum that was being covered by online classes.

Many children lost their reading and writing skills because of the prolonged school closures that led to a learning deprivation. To bridge this learning gap, UNICEF-support School Sanjog, an initiative of a 'school on wheels' that reaches children from particularly vulnerable tribal groups (PVTGs) with fun-based learning modules that reached around 40,000 children across eight districts where volunteers organized open-air classes.

Implemented in collaboration with the Government of Odisha's Education Department, School Sanjog deploys a school-in-a-van or school-on-a-bike, equipped with child-friendly learning material, audio-visual equipment, books, science kits, sports kits, and hygiene education kits. Games like Ludo, Snakes & Ladder can make mathematics amusing and vocabulary learned through animated films become more memorable, and songs make it easier to memorise tables. Trained volunteers from Bharat Gyan Vigyan Samiti (BGVS), a partner organisation, followed pandemic protocol and COVID appropriate behaviours, to engage with children using fun learning activities in an open space.

Students at Junga Primary School in Harichandanpur, Keonjar district found School Sanjog activities educational and enjoyable. "It is like school, but more fun. I get to learn something new every time," says Pratibha Nayak, a student of standard IV who aspires to be a police officer. "I like the animation stories. I learn new words from these stories, and it is easy to understand," says Subhasmita Nayak, a standard III student at Junga Primary School in Harichandanpur, Keonjar district, Odisha. "I am eagerly waiting for my school to reopen again and meet my friends," she said.

Designed to provide a memorable learning experience by engaging students to attain the foundational literacy and numeracy competencies and open up new ways to learning, the *School Sanjog* program also seeks to create awareness on health, education, personal hygiene, and overall wellbeing of children. At each session, children are taught the correct way of washing hands through demonstration.

"Children eagerly wait for the School Sanjog team to come to the village. They dress up in their school uniforms and get their books ready. We can see children are getting interested in studying again," said Kasturi, 50, a grandmother whose grandson has been attending these classes. Using an integrated approach towards continued learning and to check school dropouts, School Sanjog volunteers also engage with community elders and speak to them about ensuring all children go to school and are not married off early or pushed into labour.

“It is important to ensure the emotional well-being of children and facilitate their return to schools when schools reopen without major education gaps. We are especially working with the most deprived tribal communities as we want these children to get an equal chance at reintegrating with the formal school system,” said a volunteer.



School Sanjog deploys a school-in-a-van or school-on-a-bike, equipped with child-friendly learning material, audio-visual equipment, books, science kits, sports kits, and hygiene education kits. Picture credit: UNICEF Odisha

Collective Voices Forced Public Distribution System (PDS) Dealers to Stop Malpractice

Araldih gram panchayat is located in the Jaridih block of Bokaro district, Jharkhand, India. Half of the population in Araldih belong to tribal castes, the literacy rate is about 51%, far below the national average (74%) and the state average (62%), and as per their economic status, these families are underprivileged and neglected by the panchayat. The PDS card holders of the panchayats are distributed among four dealers, they are Parmeshwar Mahato, Manoj Kumar Mahato, Satish



They started accessing the assistance of Gram Panchayat Help Desk (GPHD) on a regular basis and attended the village-level awareness camp organised by the GPHD and NSK.

Chandra Kapardar, and Shivcharan Manjhi. Among these four dealers, Parmeshwar Mahato and Shivcharan Manjhi have about 300 cardholders each. On the other hand, community-based organisations (CBO) of the panchayat are divided into four village organisations (VO), including Araldih VO, Jagasur VO, Ghajhandih VO and Banchas Jaher Ayo VO. These VOs are formed by 54 SHGs with over 600 members. The VOs are active participants in administration and governance – they are vocal and active in areas of social justice, push back against issues like domestic violence, and have questioned the curtailing of entitled ration, along with quality and quantity related issues.

During the focus group discussions (FGDs) conducted in September, as part of the UNICEF project, issues related to PDS surfaced again. At that time, some VO members were placed in the village level committee, formed by the block administration, to help villagers to apply for a Green PDS Card under the Jharkhand State Food Security Scheme. They were also empowered to verify the eligibility of each applicant and approve or reject them as per the case. Such engagement boosted the confidence of the VO members, it also connected them to the administrative process in connection to the PDS. The

intervention was a huge success and with the help of the VO members, the committee included was able to reach out and include several families that were dependent on the PDS for food security.

Subsequently, the Gram Panchayat Help Desk (GPHD) at the panchayat office has also supported the members with information related to different schemes – on provisions, procedures for application and grievance redressal. They started accessing the assistance of GPHD on a regular basis and attended the village-level awareness camp organised by the GPHD and NSK.

During the camp, VO members became aware about the different aspects of the PDS. They were informed that the eligible quantity of food grains along with the receipt is a legal entitlement of a cardholder, they also learned the proper weighing system, the process of accessing dealer-level information, the opening and closing time of the PDS shop, and the commission earned by the dealer on every kilogram of grain given by the state government. Simultaneously, the GPHD *didi*, who regularly attended the VO meetings, taught how to register their grievances with the District Grievance Redressal Officer (DGRO).

Empowered by the information they now about the functioning of the PDS, VO members from Araldih and Jagasur confronted their respective card dealers. Initially, the dealers simply denied accommodating their legal demands and in response the VO members boycotted their shops and met the gram panchayat members. When the dealers did not comply with the requests of the panchayat, the VO members warned the leader that they would escalate the complaint to the DGRO of Boakro. While Parmeshwar Mahato and Manoj Kumar Mahato responded by agreeing to provide the allotted food grains to the community members, the other two dealers continue to resist the demand of the VO members. In response, the VO members have submitted a written complaint to the DGRO.

Human Interest Stories and External Media

Helping students in India make up for lost time

<https://www.unicef.org/coronavirus/helping-students-india-make-lost-time>

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

Education initiatives by children, for children

<https://www.unicef.org/india/stories/world-childrens-day-2021-stories-initiatives-children-children>

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

The road back to home and hope

<https://www.unicef.org/india/stories/road-back-home-and-hope>

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

Youth and COVID-19: Stories of creativity and resilience

<https://www.unicef.org/india/stories/youth-and-covid-19-stories-creativity-and-resilience>

<https://www.unicef.org/india/stories/youth-volunteers-fight-covid-19-pandemic-tribal-districts-chhattisgarh>

India's young people are leading the way in the battle against COVID-19 through heroic acts of goodwill and support in their families and communities. Through some of the harshest times, these young champions have stepped up as researchers, advocates, innovators, and communicators on the frontline, promoting health and safety. Initiatives like 'The Blue Brigade' in Chhattisgarh, 'Library on Wheels' in Madhya Pradesh, innovative apps, and several others showed how our young leaders came forward to help people during the pandemic.

Media Links

India collaborates with UNICEF to tackle youth employment – Free Press Journal [Link](#)

Dr Yasmin Ali Haque Article: The potential of Young India in driving growth and effecting social change – Hindustan Times [Link](#)

Capgemini, YuWaah, GCNI and UNICEF collaborating for India's youth [Link](#)

CBSE, UNICEF and YuWaah partner to promote 21st century life skills in young people, make them job-ready [Link](#)

Covid 19: The Indian children who have forgotten to read and write – [Link](#)

80% kids between 14-18 years in India reported low levels of learning during pandemic: UNICEF report – Deccan Herald [Link](#)

Manushi Chhillar roped in for UNICEF's nationwide youth campaign – Statesman [Link](#)

UNICEF India calls for urgent action for safe reopening of schools – Business Standard [Link](#)

Omicron: School closures must be 'avoided whenever possible', says UNICEF – UNI India [Link](#)

"Let's Pledge To Give Back To All Children Their Childhood And Their Future," Says Ayushmann Khurrana On World Children's Day – Movie Talkies [Link](#)

On Children's Day, Kareena Kapoor Urges Followers To 'reimagine' Education That Is Safe – Republic World [Link](#)

UNICEF concerned about learning loss among Indian Children during Pandemic, says UNICEF India Deputy Representative Yasumasa Kimura – Statesman [Link](#)

Hemant Soren Article: Weathering the storm – Millennium Post [Link](#)

11 MPs Get Awards for Child Rights- [Link](#)

Children Present Charter Of Demands To MPs For Safe Reopening Of Schools – NDTV [Link](#)

Rashtrapati Bhavan, Qutub Minar Turn Blue On Eve Of World Children's Day – NDTV [Link](#)

Covid rolling back progress made for kids in last 75 years: UNICEF – [Business Standard](#) , [Odisha TV](#), [Tribune](#), [Republic World](#); [UN News](#)

Priyanka Chopra commemorates 75 years of UNICEF – Telangana Today [Link](#)

NYT Story: In India's Water-Stressed Villages, Modi Seeks a Tap for Every Home – New York Times [Link](#)

Important role of media in creating awareness and community engagement for providing tap water supply: Bharat Lal, AS & Mission Director, National Jal Jeevan Mission – Orissa Diary [Link](#)

Union Health Ministry releases UNICEF report on Mental Health [Link](#)

ICC and UNICEF partner to help break stigma around mental health - [Link](#)

14% young Indians depressed in Covid times, most unwilling to talk about it: UNICEF report [Link](#)

UNICEF and Facebook partner for online safety for adolescents and children – Mint [Link](#)

UN provides technical assistance to India in mammoth Covid vaccine rollout [Link](#)

MoHFW and UNICEF hold capacity building workshop for Health Correspondents across country on current COVID situation [Link](#)

UN Launches Global Campaign to Support Call for Equitable Access to COVID-19 Vaccines [Link](#)

UNICEF to provide India with 160 million syringes for COVID vaccinations - [Link](#)

Bankatwa becomes Bihar's first block to complete double vaccination in eligible population - HT - [Link](#)

Annex C

Expression of Thanks: List of Public and Private Donors

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