

INDIA Country Office

## CONSOLIDATED EMERGENCY REPORT 2022



## EXPRESSION OF THANKS

UNICEF acknowledges and appreciates the support of government partners, corporates, major donors, foundations, individuals, and UNICEF National Committees for their contributions towards meeting the immediate needs of children and their families impacted by the COVID-19 pandemic, along with hydrometeorological hazards and socio-economic stress during 2022. As a result of the support received, UNICEF India was able to effectively lead the global response and recovery effort, ensuring the well-being of children with a sense of hope and optimism, and demonstrating remarkable courage in confronting the challenges that lay ahead.

In 2022, UNICEF collaborated with the public and private sectors to address the persistent impacts of the COVID-19 pandemic, particularly the aftermath of the second wave. To achieve this, UNICEF redirected its efforts from immediate response to reinforcing the resilience and sustainability of the broader healthcare system, thus improving long-term preparedness. This shift posed a substantial challenge to the country, requiring significant efforts to enhance the accessibility of crucial health services and strengthen the overall health system. It is essential to invest in and strengthen robust systems and services for health, nutrition, sanitation, education, and protection, which will shield children from economic downturns and budget cuts. Concerted global action is required to ensure that children impacted by multidimensional risks and vulnerabilities due to climate change induced hydro-meteorological hazards have the necessary support to survive and thrive.

As UNICEF India enters its new Country Programme of Cooperation (2023-27), there is a shared opportunity for public and private sectors to collaborate with UNICEF and address the inequities worsened by the pandemic and climate change. UNICEF requires funding to deliver on its mandate to design child-centred humanitarian programmes that integrate environmental and climate risk, prioritize approaches that minimize harm to the environment and contribute to building resilience and to expand opportunities for children to reach their full potential. UNICEF thanks all partners for their commitment and trust.

UNICEF India's ability to fulfil its mandate of safeguarding children's rights, meeting their basic needs, and expanding their opportunities to reach their full potential is dependent on the generous contributions of donors. UNICEF's work for children is funded solely by individual donations and the voluntary support of government, civil society, and private sector partners. We express our appreciation to all our partners for their dedication and confidence in UNICEF.

**COVER PHOTO CAPTION:** (Children along with their mothers take shelter in a flood relief camp in Rajbari LP School in the flood affected area of Jugijan Block, Hojai district in Assam)

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## ABBREVIATIONS AND ACRONYMS

<b>ADB</b>	Asian Development Bank
<b>AICTE</b>	All India Council for Technical Education
<b>ASCI</b>	Administrative Staff College of India
<b>ASDMA</b>	Assam State Disaster Management Authority
<b>ASHA</b>	Accredited Social Health Activist
<b>AWC</b>	Anganwadi Centre
<b>BMZ/KFW</b>	Government of Germany
<b>CAB</b>	COVID-19 Appropriate Behaviour
<b>CBO</b>	Community Based Organization
<b>CDC</b>	Centres for Disease Control and Prevention
<b>CFM</b>	Community Feedback Mechanism
<b>COVID-19</b>	Coronavirus Disease
<b>CSEI</b>	Centre for Social Equity and Inclusion
<b>CSO</b>	Civil Society Organization
<b>DDMA</b>	District Disaster Management Authority
<b>EVACW</b>	Ending Violence Against Children and Women
<b>FLW</b>	Front Line Workers
<b>FOGSI</b>	Federation of Obstetric and Gynaecological Societies of India
<b>GAVI</b>	The Global Alliance for Vaccines and Immunizations
<b>HAC</b>	Humanitarian Action for Children
<b>HAC</b>	Humanitarian Appeal for Children
<b>HCT</b>	Humanitarian Cash Transfer
<b>HCT</b>	Humanitarian Coordination Team
<b>HHFNCS</b>	High Flow Nasal Cannulas
<b>HWA</b>	Health and Wellness Ambassadors
<b>HWWS</b>	Hand Washing with Soap
<b>IAP</b>	Indian Academy of Paediatrics
<b>IAG</b>	Inter-Agency Group
<b>ICMR</b>	Indian Council of Medical Research
<b>IFA</b>	Iron and Folic Acid
<b>INGOs</b>	International Non-Government Organizations
<b>IPC</b>	Infection Prevention and Control
<b>IVR</b>	interactive voice response
<b>JJM</b>	Jal Jeevan Mission



<b>MGNREGS</b>	Mahatma National Rural Employment Guarantee Program
<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>MHM</b>	Menstrual Hygiene Management
<b>MoE</b>	Ministry of Environment
<b>MoHFW</b>	Ministry of Health and Family Welfare
<b>MoJS</b>	Ministry of Jal Shakti
<b>MoPR</b>	Ministry of Panchayati Raj
<b>MoYAS</b>	Ministry of Youth Affairs and Sports
<b>MWCD</b>	Ministry of Women and Child Development
<b>NACO</b>	National Aids Control Organization
<b>NCDC</b>	National Centre for Disease Control
<b>NNF</b>	National Neonatology Forum
<b>NSS</b>	National Service Scheme
<b>NRC</b>	Nutrition Rehabilitation Centres
<b>NIMHANS</b>	National Institute of Mental Health and Neurosciences
<b>Niti Aayog</b>	National Policy Commission
<b>NIUA</b>	National Institute of Urban Affairs
<b>NPCCHS</b>	National Programme on Climate Change and Human Health
<b>NYKS</b>	Nehru Yuva Kendra Sangathan
<b>NGO</b>	Non- Government Organisation
<b>OGPs</b>	Oxygen Generation Plants
<b>P2E</b>	Passport to Earning
<b>PHFI</b>	Public Health Foundation of India
<b>PMMVY</b>	Pradhan Mantri Matru Vandana Yojana
<b>PPE</b>	Personal Protective Equipment
<b>PRI</b>	Panchayati Raj Institutions
<b>PSEA</b>	Prevention of Sexual Exploitation and Abuse
<b>RNA</b>	Ribonucleic Acid
<b>RCCE</b>	Risk Communication and Community Engagement
<b>RCEUS</b>	Regional Centre for Urban and Environmental Studies
<b>RedR</b>	Registered Engineers for Disaster Relief
<b>RI</b>	Routine Immunization
<b>RMNCHA</b>	Reproductive Maternal Newborn Child Health + Adolescent
<b>SAM</b>	Severe Acute Malnutrition
<b>SBM</b>	Swachh Bharat Mission
<b>SHG</b>	Self Help Group

<b>SIPRD</b>	State Institute of Panchayat and Rural Development
<b>SS</b>	Samagra Shiksha
<b>SMNet</b>	Social Mobilization Network
<b>SoP</b>	Standard Operating Procedures
<b>SRH</b>	Sexual and Reproductive Health
<b>SRSP</b>	Shock Responsive Social Protection
<b>TRIFED</b>	Government Tribal Department
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNDP</b>	United Nations Development Programme
<b>USAID</b>	United Agency for International Development
<b>WASH</b>	Water Sanitation and Hygiene
<b>WHO</b>	World Health Organization
<b>YSP</b>	YuWaah Skills Platform
<b>YUVA</b>	Youths Union for Voluntary Action
<b>YWN</b>	Young Warrior NXT Programme



Dalli Kavar with son Devi (2 yrs) at Intensified mission Indradhanush camp (IMI) for immunisation left outs. Location : Village Moderdi, Barmer, Rajasthan, India

## EXECUTIVE SUMMARY

The lingering effects of the COVID-19 pandemic together with the slow recovery from the economic impact continue to cause widespread disruption to the lives of children and women, with significant impacts on their health, safety, wellbeing, education, and development. This has been particularly pronounced among vulnerable children, who faced multiple challenges compounded by events such as floods and cyclones. The combination of these events has put a strain on the resources and abilities of both governments and humanitarian organizations, posing challenges for them to provide an effective response throughout the country.

In addition to these challenges, the pandemic has also led to deepening of poverty and inequality, especially for children who were most impacted in terms of their access to vital health, nutrition, education, and protection services. This has had far-reaching consequences, not just in terms of their immediate needs but also for their long-term prospects.

In the context of these competing challenges, UNICEF played a critical role in supporting India's response to the COVID-19 pandemic and its transition to recovery. UNICEF invested in strengthening the capacities of local partners, national and local authorities, CSOs and communities to deliver principled humanitarian action and to strengthen communities' resilience to disasters and climate change. UNICEF integrated COVID-19 adaptive preparedness and response measures into mainstream health care programming at national and subnational levels, addressing systemic gaps in regular health services impacted by the pandemic.



UNICEF's support to the Government of India during 2022, was focused on supporting the country's transition from pandemic response to recovery and systems-strengthening, with a particular focus on saving lives, alleviating suffering, maintaining human dignity and protecting the rights of the affected population, particularly the children. UNICEF played a crucial role in improving India's healthcare system, providing support for COVID-19 vaccine administration and storage, strengthening the national testing capacity and the access to oxygen therapy in remote health facilities, expanding community-based services and nutrition programs, and improving preventive and rehabilitation services for children and women. These efforts have led to meaningful results, including the administration of 748 million COVID-19 vaccine doses, and an increase in children enrolled in nutrition programs.

UNICEF also provided support for safe school reopening and learning programs, WASH, and infection prevention and control (IPC) practices, and worked to enhance institutional capacity to prevent and respond to gender-based violence, child labour, and child marriage. Overall, UNICEF's support has not only addressed the immediate needs of vulnerable children and communities but also laid the foundation for long-term development and sustainability. However, ongoing efforts and multi-year funding are essential to addressing complex gaps in education and ensuring that the progress made is sustained.

UNICEF played an active role in strengthening India's healthcare system during the COVID-19 pandemic by supporting primary healthcare in UNICEF-supported facilities, improving antenatal care registration and follow-up, and mentoring labour rooms, maternity operating theatres, and special newborn care units. UNICEF also partnered with the private sector, professional organizations and CSOs to advocate for and promote COVID-19 vaccination and routine immunization.

In 2022, UNICEF partnered with the Ministry of Health and Family Welfare and health departments in 23 states of India to strengthen the COVID-19 response. UNICEF supported the capacity building of over 54,000 healthcare workers on COVID-19 case management protocols, benefiting over 4 million active discharged cases. UNICEF also facilitated training of adolescent health counsellors and scaled up capacities of over 119 master trainers to support cascade training in states.

UNICEF has undertaken a comprehensive range of initiatives to improve the resilience of India's health, child protection, WASH, nutrition, and social protection sectors. UNICEF has partnered with healthcare facilities, trained first responders, developed communication materials, and enhanced the capacity of social sector line departments to ensure sustainability in social protection initiatives.

In India, the combination of climate change, COVID-19 pandemic and socioeconomic stress has adversely impacted child nutrition. However, UNICEF's interventions have led to considerable progress, including equitable benefits from high-impact nutrition interventions and an increase in children enrolled in nutrition programs. UNICEF has also helped to expand community-based services and improve iron and folic acid supplementation for pregnant women.

UNICEF's support in designing and implementing guidelines for safe school reopening, conducting back-to-school campaigns, and providing learning resources and recovery programs in 11 states helped 5.74 million children, including 48 per cent girls, benefit from a learning environment that addressed learning loss due to extended school closures.

UNICEF provided direct support and worked with government agencies, partners, and civil society to enhance institutional capacity and promote safe WASH and infection prevention and control practices in India. They reached almost 3.3 million people with critical WASH supplies and services, trained over 98,000 community-level service providers in IPC, and addressed the menstrual health and hygiene needs of over 147,000 women and girls in humanitarian settings.

UNICEF has worked with the Government of India and stakeholders to improve preventive and rehabilitation services for children and women. Over 600,000 child protection and allied functionaries were trained to address gender-based violence, child labour, child marriage, and provide mental health services. As a result, over 1.8 million women and children accessed gender-based violence interventions, and over 900,000 children and caregivers received mental health support.

UNICEF also provided emergency services to children in distress, identified and linked at-risk children with social protection schemes, and provided MHPSS services to adolescents and caregivers. Through public advocacy, 3.9 million adolescents and youth received COVID-19 prevention messages. UNICEF remains committed to supporting the government of India to maintain and accelerate progress.

In 2022, UNICEF in India provided support to vulnerable populations affected by the global crisis, including assisting women and children impacted by the socioeconomic consequences of the pandemic and enhancing social protection measures in disaster-prone communities. UNICEF also worked to increase COVID-19 vaccine uptake through community engagement, reaching 71 million people through face-to-face interactions and 284 million people through messaging. Higher achievement was possible due to exceptional public and private partnerships, and a vast network of Civil Society Organisations. Additionally, UNICEF provided mental health and psychosocial support services, addressed learning loss due to extended school closures, and strengthened child protection systems, benefiting millions of children and community members. UNICEF's social policy programme reached 1.34 million households to access the social protection schemes of the government such as Public Distribution System (PDS) and Mahatma Gandhi Rural Employment Guarantee Scheme (MGNREGS).

In 2022, UNICEF implemented several key innovations to improve healthcare facilities and build resilience in various areas for children. UNICEF partnered with the Ministry of Health and Family Welfare to develop and improve an internet-based platform for maternal and child health and enhanced healthcare facilities' oxygen supply. UNICEF also focused on child protection, water, sanitation, and hygiene, social protection, and nutrition to build resilience in various areas. UNICEF adopted innovative approaches to deliver life skills education and enhanced disaster preparedness through the development and implementation of flood preparedness scorecards in Bihar and Assam.

UNICEF India's emergency response programming has identified several key lessons that can be applied to future emergency response efforts and achieving sustainable development goals and Core Commitments to Children in humanitarian action. These include mentoring and regular reviews of health institutions, expanding nutrition services, strengthening community-based child protection systems, providing quality learning resources in local languages, leveraging technology for WASH, consolidating social protection efforts, building alliances for social and behaviour change in health, and investing further in partnerships for preparedness.

In 2023, UNICEF India will prioritize emergency preparedness and response, equitable access to high-quality healthcare services, addressing climate-related challenges, improving nutrition and education, and supporting social protection for vulnerable populations. The organization will work with local civil society organizations, partner platforms, and youth volunteers to reach those most in need, including the most marginalised and the most vulnerable in hard-to-reach areas.

UNICEF will focus on building government preparedness and response systems, improving demand generation for health services, and implementing evidence-based social, and behaviour change strategies/plans. UNICEF's approach aims to promote equitable access to high-quality healthcare services, nutrition, education, WASH, and social protection for vulnerable populations, with a strong commitment to inclusive and gender-sensitive humanitarian results.



Rahul Hazarika, a Research Assistant, giving his samples for RT-PCR test to Laboratory Technician Sanam Lama at VRDL-ICMR Dibrugarh.

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## HUMANITARIAN CONTEXT

India is one of the countries most vulnerable to climate change due to its high density of economic activity, large population of poor people who depend on natural resources for their livelihoods, and high reliance on rainfall. In addition, the ongoing COVID-19 pandemic has had far-reaching and long-term impacts on children, affecting their health, education, and well-being. The closure of schools and interruption of in-person learning has led to a learning crisis, with an estimated 19 million children missing education and falling behind in their studies.

In 2022, despite a decrease in COVID-19 cases and deaths in India, there were still approximately 49,000 deaths due to COVID-19 from January to December 2022, with active caseloads ranging from 143,676 on July 31 to 3,653 on December 31, 2022<sup>1</sup>. The cumulative count of COVID-19 vaccine doses administered in India has surpassed 2.2 billion, with 748 million doses being administered in 2022. Among those fully vaccinated, there are a total of 86.2 million children, including 53.7 million aged between 15-18 years and 32.5 million aged between 12-14 years<sup>2</sup>. UNICEF is currently focused on providing vaccinations to the remaining 1.8 per cent of India's adult population who have yet to receive a single dose of the COVID-19 vaccine.

The economic impacts of the pandemic have disproportionately affected children, with many families losing jobs and livelihoods, leading to food insecurity and poverty. This has further exacerbated pre-existing inequalities and disparities in society. The lack of access to healthcare, immunization, and nutrition services has also put children at risk, especially in low-income communities. Prior to the COVID-19 pandemic, India was already facing a learning crisis, with many children and adolescents, particularly the most vulnerable, not acquiring the necessary skills for life, work, and sustainable development. However, the pandemic exacerbated the situation, with almost two years of closures of early childhood centres and schools leading to a further impact on the learning and development of around 286 million boys and girls

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<sup>1</sup> Ministry of Health and Family Welfare

<sup>2</sup> Cumulative Coverage Report of COVID-19 Vaccination, Ministry of Health and Family Welfare, Government of India

aged 3-18<sup>3</sup>. The pandemic also resulted in most primary-level children losing or forgetting basic mathematical and language skills<sup>4</sup>, while socio-economic impacts led to an increase in the number of out-of-school children, particularly girls and boys dropping out early for reasons such as early marriage or work<sup>5</sup>.

In India, malnutrition is associated with 68 per cent of child mortality. About 22 million children under 5 are suffering from wasting (19 per cent, NFHS-5), including 8.8 million children with severe wasting (8 per cent, NFHS-5). Wasted children are more prone to diseases and deaths, with severely wasted children having a significantly higher risk of death. Moreover, anaemia remains a critical issue in vulnerable populations. 52 per cent of pregnant women and 67 per cent of children under-five are anaemic (NFHS-5).

The situation of children in India in 2022 has been severely affected by the confluence of the COVID-19 pandemic and the intensifying natural calamities triggered by climate change. These have heightened the risks of violence and other forms of harm, such as child marriage, child labour, and family separation, and have had an adverse impact on their mental well-being. As per the latest data, 10,793 children were orphaned, 151,322 lost one parent, and 510 were abandoned<sup>6</sup>. Furthermore, 57 per cent of children attending schools reported facing difficulties at home since the COVID-19 outbreak, including emotional distress, financial hardships, and exposure to violence<sup>7</sup>.

In 2022, extreme weather events occurred on 291 days out of 334 in India from January 1 to November 30, causing 3,006 fatalities including 100 children<sup>8</sup>, affecting 1.96 million hectares of crop area, and damaging 423,249 houses<sup>8</sup>. Monsoon floods from May to October impacted around 16.35 million people, including an estimated 6 million children in 310 districts across 22 states<sup>9</sup>. UNICEF responded to the acute needs of 220,000 people, including 30,507 children, affected by floods in the states of Assam, Andhra Pradesh, Madhya Pradesh, Odisha, and Telangana<sup>10</sup>.

UNICEF is collaborating with partners to monitor the situation and respond with life-saving interventions to address the vulnerabilities and impacts on the most vulnerable, and to ensure the realization of the rights of every child. The fallout of the global policy-crisis and war in Ukraine, resulting in a continued rise in food insecurity, inflation, skyrocketing cost of living along with loss of incomes, and the ongoing casualization of labour, is affecting the coverage of social protection measures.

The pandemic has also highlighted the need for greater preparedness and investment in public health systems and social protection programs to ensure that children and families are better protected and supported in times of crisis. It has also emphasized the importance of technology and digital solutions to ensure that children can continue to learn and access essential services during times of disruption. In addition to these efforts, it is also important to prioritize the voices and perspectives of children and youth themselves. Engaging children and youth in decision-making and planning processes will ensure that their needs and priorities are heard and addressed. Their participation is key to building a more resilient, sustainable, and inclusive future for all.

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<sup>3</sup> Global Monitoring of School Closures caused by COVID-19 Pandemic – Dashboards – Covid-19 Response (unesco.org) School closures have impacted 247 million children enrolled in elementary and secondary education and 28 million children who were attending pre-school education in anganwadi centres.

<sup>4</sup> Azim Premji University. Loss of Learning during the Pandemic. February 2021  
Field\_Studies\_Loss\_of\_Learning\_during\_the\_Pandemic.f1622994202.pdf (azimpremjiuniversity.edu.in)

<sup>5</sup> Save the Children India. A Generation at Stake. 2020 REPORT\_COVID\_corrected (savethechildren.in)

<sup>6</sup> [1] NCPCR data tabled in supreme court (April 2020- Jan 2022)- [https://www.business-standard.com/article/current-affairs/147-492-children-lost-parents-due-to-covid-since-april-2020-ncpcr-to-sc-122011600468\\_1.html](https://www.business-standard.com/article/current-affairs/147-492-children-lost-parents-due-to-covid-since-april-2020-ncpcr-to-sc-122011600468_1.html). NCPCR updated data as on March 2022-  
[https://www.livewlaw.in/pdf\\_upload/2879320215734639order04-apr-2022-414192.pdf](https://www.livewlaw.in/pdf_upload/2879320215734639order04-apr-2022-414192.pdf)

<sup>7</sup> [1] Shukla, Ruchi, et al. "Mental Health and Well-being of School students: A Survey 2022." National Council of Education, Research and Training; Ministry of Education, Government of India. 2022.

<sup>8</sup> <https://www.downtoearth.org.in/news/natural-disasters/extreme-weather-in-india-heavy-rains-floods>, accessed on 4 January 2023.

<sup>9</sup> UNICEF estimate based on government situation reports accessed from ndmindia.mha.gov.in

<sup>10</sup> UNICEF reports from state offices





Tope Yoncha, DRCHO, Namsai is inspecting the PSA Oxygen Generation Plant at State General Hospital of Namsai. The plant was installed with the support of UNICEF at State General Hospital, Namsai, Arunachal Pradesh

## HUMANITARIAN RESULTS

### EVERY CHILD SURVIVES AND THRIVES (HEALTH)

KEY RESULTS*	TARGET	ACHIEVEMENT
# children and women accessing primary health care in UNICEF-supported facilities	30 million	50.6 million

Healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)

505,000

54,366

\*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

In 2022, India experienced an all-time low in reported COVID-19 cases, prompting UNICEF to shift its focus from direct response to ensuring continuity of access to essential health services and strengthening the wider health system for preparedness and response. UNICEF collaborated with the government to incorporate pandemic response measures into regular healthcare programming at both national and subnational levels.

UNICEF's technical assistance played a pivotal role in facilitating India's successful transition from pandemic response to recovery and systems-strengthening. Across 23 states, UNICEF facilitated the capacity building and supportive supervision of 54,366 community workers, resulting in the strengthening of cold chain systems, the improvement of COVID-19 screening procedures, and the implementation of effective case management protocols. As a result, there was an improvement in reporting, isolation, care, testing and management of 4.41 million discharged cases. UNICEF's efforts reduced the number of active cases in India to 3,653 (0.01 percent) as of December 31<sup>st</sup> from 143,676 (0.33 percent)



active cases reported on July 31st, 2022. Moreover, the case fatality rate dropped to 1.19 percent, with only one reported death across India (on December 31<sup>st</sup>, 2022).

Through UNICEF support, India administered 748 million COVID-19 vaccine doses in 2022, contributing to India's total coverage of 2.19 billion doses. UNICEF played a significant role in supporting India's vaccination drive by procuring and supplying 492 electrical and solar direct drive equipment for vaccine storage and 241,000 non-electrical cold chain equipment for vaccine transport. This augmented a total of 1,347.8 cubic meters of storage space, benefiting 26 million children annually. Over 90 million Re-Use Prevention Syringes were also supplied for COVID-19 vaccination, contributing to service quality and beneficiary safety. UNICEF also supported the national COVID-19 vaccination drive through procurement, supply, and installation of cold chain equipment, resulting in 17,193,999 children being fully immunized. Additionally, UNICEF provided trainings along with and concurrent monitoring and Management Information system (MIS) based reviews using real time tools supportive supervision for COVID-19 and routine immunization, contributing to coverage of 50,634,259 women and children accessing primary health care in 23 states.

UNICEF's Risk Communication and Community Engagement (RCCE) efforts contributed to vaccinating 90 per cent of the target adult population against COVID-19 by December 2022, with over 358 million people reached with messages on COVID-19 sensitive behaviour. This included regular research, building national alliances, non-traditional partnerships, harnessing all media platforms, and targeted campaigns in poor coverage districts. UNICEF engaged 70 million people in person through a network of 1,300 social mobilizers and 41 partnerships during the emergence of the Omicron variant.

UNICEF's investment in the national oxygen response through the procurement and distribution of 14,340 oxygen jumbo cylinders to 33 health institutions across 29 states sustained critical lifesaving oxygen healthcare of women, new-borns, and paediatric age children. It has also contributed to and sustained emergency response to COVID-19 and critical care management, increasing the health system's capacity to respond to respiratory illnesses and pandemics.

UNICEF sustained access to Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCHA) by utilizing investments made in paediatric and maternal health resource centres, human resource capacity, and logistics and essential supplies related to RMNCHA. UNICEF in India played a critical role in improving maternal and child health and reducing maternal and neonatal deaths by procuring and distributing 908 mannequins for midwifery training institutes in 9 states. In 2022, 714 of these mannequins were distributed, training nearly 300 healthcare workers in active management of third stage labour. This was a crucial step towards ensuring access to healthcare services during the COVID-19 pandemic and the larger goal of improving care quality and reducing maternal and neonatal deaths.

UNICEF also supported India's laboratory systems to contain the COVID-19 pandemic's wider health impact through the procurement of 300 RT-PCR testing machines in 282 labs, which increased India's testing capacity by 141,067 tests per day. Furthermore, UNICEF procured nine new generation sequencing platforms, enhancing India's national surveillance network and increasing the national capacity to monitor genomic variations in the SARS-CoV-2 virus.

In response to the measles outbreak across multiple states, UNICEF partnered with civil society organizations (CSOs) for community engagement in Haryana and Maharashtra. The Community Radio Association engaged 195 broadcasters across 22 states, reaching an estimated 30 million listeners with over 183,600 hours of programming on childhood acute illnesses, vaccination, and nutrition.

In 2022, UNICEF exceeded the Humanitarian Appeal for Children (HAC) target by supporting access to primary healthcare for 50.6 million women and children in UNICEF-supported facilities. This was achieved through evidence-based advocacy and increased partnerships with organizations such as the Federation of Obstetric and Gynaecological Societies of India (FOGSI), Administrative Staff College of India (ASCI), Indian Academy of Paediatrics (IAP), and National Neonatology Forum (NNF). It is important to note that UNICEF contributes to the health program in India, but does not explicitly implement it, and the Government of India (GOI) and state governments have also invested in increasing the utilization of health services.

Overall, UNICEF's efforts in India in 2022 were focused on transitioning from pandemic response to recovery and systems-strengthening, ensuring continuity of access to essential health services, and increasing the capacity of the health system to respond to respiratory illnesses and pandemics. These efforts contributed to a reduction in active cases, a decrease in the case fatality rate, increased testing capacity, sustained critical lifesaving oxygen healthcare, and improved maternal and neonatal care quality.



Cook Bimla Devi serves mid day meal to the students during lunch. Village: Turisot, Block: Chandwa, District: Latehar, State: Jharkhand.

## EVERY CHILD SURVIVES AND THRIVES (NUTRITION)

KEY RESULTS*	TARGET	ACHIEVEMENT
# Children aged 6 to 59 months with SAM admitted for treatment	960,000	831,524
# Pregnant women receiving iron and folic acid supplementation	29.50 M	27.9 M
*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.		

The combination of climatic change, the COVID-19 pandemic, the socioeconomic fallout, and the global impact of the war in Ukraine has had a significant adverse impact on household income, food security, and child nutrition. In India, malnutrition remains a critical issue, and it is associated with a high percentage of child mortality. The situation is further exacerbated by the prevalence of severe wasting and anaemia, which significantly increases the risk of death among children.

Despite the challenging circumstances, in 2022, UNICEF's interventions in India have contributed to considerable progress in improving child nutrition. Thanks to humanitarian funding received, infants, young children, adolescent girls, and mothers have more equitably benefited from high-impact nutrition interventions. UNICEF has also played a critical role in restoring and strengthening systems for the delivery of quality nutrition services in the 12 UNICEF-supported states in the four priority intervention areas: growth monitoring and promotion, infant and young child feeding, prevention and management of wasting, and anaemia prevention.

The efforts have led to a significant increase in the proportion of children with severe wasting enrolled in facility- and community-based programmes for their management. The number of children enrolled has jumped from 447,739 in 2021 to 831,534 in 2022. UNICEF's advocacy, financial, and technical support has also contributed to the expansion of community-based services, which have increased from 238 districts in 2021 to 314 districts in 2022. Additionally, facility-based care for the management of complicated severe wasting cases is now available in 454 districts, covering 98 per cent of the districts in India.

UNICEF has also provided technical guidance and financial support for the implementation of the Home-Based New-born Care (HBNC) programme and scale-up of the Home-Based Young Children (HBYC) programme, with a focus on infants discharged from Sick New-born Care Units, low-birth weight, and preterm babies. Furthermore, community-based events such as group counselling on infant feeding have been re-established in 89 per cent of community early child development centres (Anganwadi centres).

There has been a renewed focus on complementary feeding during major national-scale Social and Behavioural Change (SBC) events actively supported by UNICEF. As a result, the coverage of Iron-Folic Acid supplementation has significantly improved among school-going adolescent girls and pregnant women, from 23 per cent in 2017 to 50 per cent in 2022 and from 77 per cent in 2017 to 95 per cent in 2022, respectively.

Despite the challenges posed by the triple shocks of climatic change, the COVID-19 pandemic, and the economic stress, UNICEF's interventions in India have led to considerable progress in improving child nutrition. However, sustained efforts are needed to maintain the gains achieved and accelerate progress further. UNICEF remains committed to supporting the government of India in restoring and strengthening systems for the delivery of quality nutrition services to vulnerable populations.

Progress against the Humanitarian Action for Children (HAC) appeal has been on track, with 87 per cent of the targeted children with severe wasting successfully admitted for treatment, and 95 per cent of the targeted pregnant women receiving iron and folic acid supplementation, achieving their respective targets. The number of children with severe wasting admitted for treatment has almost doubled from the previous year, reflecting an upward trend in addressing severe malnutrition. Furthermore, there has been a remarkable improvement in the coverage of iron and folic acid supplementation for pregnant women, which increased from 82 per cent in 2021 to 95 per cent in 2022, indicating a significant stride towards improving maternal and child health.





A class in progress at Kempalinganahalli Government Higher Primary School in Bangalore Rural district. MoE-NCERT Foundational Learning Study was conducted across all states in India

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### EVERY CHILD LEARNS (EDUCATION)

KEY RESULTS*	TARGET	ACHIEVEMENT
Children accessing formal or non-formal education, including early learning from most vulnerable groups	19.00 million	5.74 million
Boys accessing formal or non-formal education		2.75 million
Girls accessing formal or non-formal education		2.98 million
*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.		

As a result of UNICEF's support in designing and developing guidelines for safe school reopening, conducting back-to-school campaigns, providing learning resource materials on responsive parenting, and implementing learning recovery programs across 11 states, 5.74 million children, including 48 percent girls, were able to benefit from a learning environment that began to address learning loss due to extended school closures.

Through UNICEF's support in the design and development of guidelines on safe reopening of schools, back to school campaigns, learning resource materials on responsive parenting and learning recovery programmes in 11 states, 5.74 children (48 per cent girls) benefitted from a learning environment which began to address learning loss due to extended school closure. For example, in Maharashtra, 3.26 million elementary aged children (49 per cent girls) benefited from a reading campaign to promote 'reading for joy' planned initially for two districts then scaled up across the state. In Assam, Bihar, and Chhattisgarh, 444,598 children (46 per cent girls) have been reached through learning recovery programmes. In Jharkhand, 56,000 children (47 per cent girls) continued learning, through mobile learning vans and community learning camps with support from trained teachers, volunteers, and community mobilizers and in Odisha around 110,000 children (55 per cent girls) were reached through an innovative School Sanjog programme (school in a van/through bike) for continuity of learning of vulnerable communities.



Due to the extended school closures caused by the COVID-19 pandemic, an estimated 19 million children have been directly or indirectly affected by learning loss. This has disproportionately impacted disadvantaged children who have limited or no access to online learning resources, widening the education gap. UNICEF advocated for the safe reopening of schools, while ensuring that necessary measures are in place to protect the health and safety of students and staff.

UNICEF supported in the design and development of guidelines for safe school reopening and provided learning resources and recovery programs in 11 states, benefiting a total of 5.74 million children. The state of Maharashtra launched a reading campaign for 3.26 million elementary-aged children with significant impact on their literacy and academic achievement. In Assam, Bihar, and Chhattisgarh, 444,598 children who had fallen behind their studies due to the disruption caused by the COVID-19 pandemic were supported through learning recovery programs. In Jharkhand, 56,000 children continued learning through mobile learning vans and community learning camps to bridge the learning loss.

The School *Sanjog* program in the state of Odisha supported 110,000 children through a flexible and accessible way to continue their education, where access to traditional schools and resources are limited for continuity of learning. These intervention specifically targeted children from vulnerable who were at risk of dropping out of school. Emergencies create a critical need for quality learning resources in local languages, as well as resources that are accessible to children with disabilities. The COVID-19 pandemic has underscored this need, as schools have been closed or disrupted leading to significant learning loss.

Even though various learning recovery and accelerated learning programs have been initiated, it is essential to have a nuanced understanding of the learning needs of affected children and youth. This includes extending catch-up programs that address learning loss, as well as implementing teaching strategies that are appropriate to the learners' levels and abilities.

In addition, socio-emotional aspects must be integrated into the learning process, particularly for marginalized or disadvantaged children who may be experiencing heightened levels of stress, anxiety, and trauma. This can include incorporating activities that promote emotional regulation, mindfulness, and social connection, as well as providing access to mental health and psychosocial support services.

A comprehensive and flexible approach to learning recovery is crucial in emergency situations, considering the unique needs and circumstances of each community and individual learner. This can involve a range of strategies, including digital resources, home-based learning, catch-up programs, and supportive learning environments that prioritize the holistic well-being of learners.

Interventions were operationalized based on the size of funds received and framed within UNICEF regular programming to ensure immediate response but also sustainability of the interventions on a longer-term perspective.

The education response to ensure learning recovery in targeted states in India requires availability of multi-years funding to address complex gaps on a longer-term perspective.



5th grade students use the hand washing area designated for junior students at the Rawatpar Amethia Composite School in Laar block of Deoria district in Uttar Pradesh.

## EVERY CHILD LIVES IN A SAFE AND CLEAN ENVIRONMENT (WASH)

KEY RESULTS*	TARGET	ACHIEVEMENT
People reached with handwashing behaviour change programmes	11.5 million	9.9 million
People reached with critical water, sanitation, and hygiene supplies (including hygiene items) and services	7.78 million	3.27 million
Number of health care facility staff and community trained in infection prevention and control	204,640	98,530
Schools implementing safe school protocols	54,100	23,075

\*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

UNICEF's direct implementation and support to government agencies and partners has been responsible for almost 3.3 million people being reached with critical WASH supplies (including hygiene items) and services in communities so far this year. 23,075 schools are currently implementing safe school protocols (COVID-19 prevention and control) and 98,530 community level service providers have been trained in infection prevention and control all over India. 10 million people were reached with handwashing behaviour change programmes, with a large share of the contribution coming from the celebration of Global Handwashing Day on a large scale all over the country with involvement of various government departments supported by the UNICEF state offices.

UNICEF supported government, partners, and civil society to enhance institutional capacity to provide critical WASH services and IPC and supported social and behaviour change communication linked to WASH and IPC, helping the most deprived households and communities to access and use WASH services in selected states.

Media outreach and campaigns were also used to promote safe hand hygiene practices and address barriers linked to infection prevention and control and handwashing practices, reaching pregnant women, lactating mothers, and marginalized sections of society through various media platforms and building the capacities of volunteers, *Swachhagrahis*, *Jalsahiya*, Ward members, Panchayati Raj Institutions (PRIs), SHGs, faith and natural leaders.

In 2022, 150,941 people were provided appropriate drinking water services and 165,399 people were provided appropriate sanitation services in humanitarian contexts through direct UNICEF supported programmes. In the state of Assam, UNICEF supported the setup of four water treatment units, of which two were mounted on a boat to ensure access to portable drinking water in Silchar city in collaboration with District Disaster Management Authority (DDMA). UNICEF, in partnership with Lixil<sup>11</sup> and other partners, also provided handwashing stations to camps, schools and community centres which acted as temporary settlements for persons who were displaced due to COVID-19, cyclones and flood events. As a result, 1,177,686 people gained access to basic hygiene services in humanitarian settings. Menstrual Health and Hygiene needs of 147,488 women and girls were addressed in humanitarian settings with the direct support of UNICEF. In partnership with the state education departments, 23,075 schools were supported to implement safe school protocols (COVID-19 prevention and control) and 98,530 community level service providers were trained on Infection Prevention and Control all over India. UNICEF also supported in the rehabilitation of toilets, handwash basins, water pipelines, fixed and portable handwashing stations in schools to enable a safe learning environment for children.

Approximately 4,000 healthcare facilities in humanitarian settings in Odisha, Gujarat, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Tamil Nadu, Telangana, West Bengal, and Karnataka were provided basic WASH services through direct support from UNICEF. Of these, 3,210 were reached with a handwashing/hand hygiene facility. Outreach efforts were made at vaccination sites and included sensitization of frontline health staffs on hand hygiene and other aspects of WASH in health care facilities.

Almost 10 million people were reached with handwashing behaviour change programmes. This was done through strategic technical support provided to the Central and State governments, and partnerships with local NGOs/CSOs engaged in humanitarian response.

UNICEF also supported in the rehabilitation of toilets, handwash basins, water pipelines, fixed and portable handwashing stations in schools to enable a safe learning environment for children.

UNICEF has been providing technical assistance to several State governments in India to improve water, sanitation, and hygiene (WASH) conditions. For example, UNICEF Rajasthan provided technical support to the state School Education Department as part of the Swachh Vidyalaya Puraskar (Clean School Award) roll-out. The support included state and district-level capacity building, field assessments, and analysis, which led to the implementation of safe school protocols in 4,500 schools. UNICEF also helped in the rollout of various government WASH initiatives, such as the reopening of schools in Jharkhand. UNICEF Jharkhand supported the government in assessing WASH infrastructure in schools and implementing its Standard Operating Procedure (SoP), leading to 528 schools implementing safe school protocols.

In addition, UNICEF distributed critical WASH supplies to schools and public health care facilities to strengthen infection prevention, control measures, and protect people from COVID-19 infection. UNICEF also installed improved handwashing facilities in several states and districts across the country, including foot-operated handwashing stations in vaccination centres. Hygiene kits and WASH supplies like liquid handwash, masks, and calendars with key messages on sanitation and hygiene were distributed to health care centres.

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<sup>11</sup> LIXIL makes pioneering water and housing products that solve everyday, real-life challenges, making better homes a reality for everyone, everywhere.

UNICEF provided basic WASH services to 4,008 healthcare facilities in humanitarian settings across several states, including Odisha, Gujarat, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Tamil Nadu, Telangana, West Bengal, and Karnataka. Of these, 3,210 were reached with a handwashing/hand hygiene facility. UNICEF also made outreach efforts at vaccination sites, including sensitization of frontline health staffs on hand hygiene and other aspects of WASH in health care facilities.

Finally, UNICEF supported WASH disaster response activities in several states, including Andhra Pradesh, Assam, Chhattisgarh, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Telangana, and West Bengal. For example, UNICEF set up four water treatment units in Assam, two of which were mounted on a boat to ensure access to portable drinking water in Silchar city in collaboration with the District Disaster Management Authority (DDMA).





Reception at Panchayat Mission Shakti Office for the Steering Committee members, Karadakana Village, Sheragada Block, Ganjam, Odisha

## 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	1.5 million	1.85 million
Children and caregivers accessing mental health and psychosocial support	690,270	918,978
Unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services	25,000	62,227
*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.		

In partnership with government and other stakeholders, UNICEF facilitated the training and development of 617,908 child protection and allied functionaries. Of these, 51 per cent were women. The goal was to improve the quality of preventive and rehabilitation services to address gender-based and other forms of violence against women and children, child labour, child marriage, promote family-based alternative care and provide mental health and psychosocial support services (MHPSS).

As a result of these efforts, 62,227 (29,380 girls and 28,808 boys) unaccompanied and separated children were provided with family-based alternative care services. In addition, 918,978 children and caregivers received MHPSS services. Moreover, 1,858,034 individuals, including 820,098 women and 1,037,936 children, accessed gender-based violence prevention or response interventions.



UNICEF also reached 3,909,379 adolescents and youth with targeted messages and information on preventing COVID-19. Moreover, UNICEF provided technical support for the development of specific schemes for COVID-19 affected children in 16 states, with a focus on education and health. Furthermore, UNICEF supported child protection functionaries in linking affected children with these schemes, with PM Cares for Children Fund, and placement of children in family-based alternative care to prevent their institutionalization.

In 2022, UNICEF worked closely with national and state governments across 17 states to enhance formal and informal structures and systems to address gender-based and other forms of violence against women and children, child labour, child marriage, and promote family-based alternative care and MHPSS services. As part of this effort, 617,908 child protection and allied functionaries were trained to provide better quality protection services, with a particular focus on a multisectoral approach through community engagement, school platforms, primary health care workers, District Child Protection Units, One-Stop Centers, 181 Women Helpline, 1098 CHILDLINE, police, and legal services authorities.

Through these initiatives, 1,858,034 women and children accessed gender-based violence prevention or response interventions. To provide emergency services to children in distress, UNICEF also supported the CHILDLINE services through the capacity building of 12,000 functionaries.

UNICEF worked to provide family-based alternative care services to 62,227 unaccompanied and separated children and protective services to 130,163 children on the move, including those engaged in child labour. The organization also supported the government in identifying and linking over 350,000 at-risk children and their families with social protection schemes to prevent risks of child labour, unsafe migration, and trafficking.

In 17 states, UNICEF provided MHPSS services to adolescents, parents, and caregivers to address mental health concerns exacerbated by the COVID-19 pandemic. To mitigate risks of child marriage, violence, school drop-out, and loss of livelihoods due to COVID-19, the organization focused on strengthening community-based linkages to facilitate access to social protection, education, mental health, and other services. UNICEF also provided targeted messages and information on COVID-19 prevention to 3,909,379 adolescents and youth and 10.2 million community members through public advocacy, including social media, and community-based structures like village child protection committees, self-help groups, panchayats, and adolescent and youth groups.

In partnership with the National Institute of Mental Health and Neuroscience, Tata Institute of Social Sciences, and other CSO partners, UNICEF strengthened services in 17 states to ensure that 918,978 children and caregivers were provided with mental health and psychosocial support. UNICEF also launched online counselling platforms and AI-assisted Social Emotional Learning Platforms that provided services to 1248 young people (788 women) in partnership with the Ministry of Youth Affairs and Sports and YuWAAH.

UNICEF, in partnership with the End Violence Lab, initiated a national-level study on drivers of VAC in India and deep dived into evidence-based interventions which demonstrate positive impact. The findings will support further advocacy towards strengthening systems and structures to end violence against women and children in the country.

Despite a 63 per cent funding gap for the Child Protection, UNICEF was able to achieve all planned targets for emergency response through repurposing and integrating regular resources towards emergency response, leveraging resources from government and other counterparts including CSO networks. However, the limited resources affected the results in two critical ways; first, capacity building through online mode had limited impact, and second, UNICEF had to limit the evidence agenda as some of the planned resources for evidence generation had to be reprogrammed towards emergency response. UNICEF has planned to build a strong evidence base to support interventions and programmatic decisions to achieve results in the future.

The Child Protection successfully achieved all its emergency response targets by reprogramming or reprioritizing activities for emergency preparedness, response, and recovery, and by leveraging resources from the government and other stakeholders.



## EVERY CHILD HAS AN EQUITABLE CHANCE IN LIFE (SOCIAL PROTECTION)

KEY RESULTS*	TARGET	ACHIEVEMENT
# of households benefitting from new or additional social transfers from governments with UNICEF technical assistance support	4.25 million	1.34 million
*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.		

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 affected<sup>12</sup>. Food insecurity added to the woes of children from seven million households<sup>13</sup>. Disruptions in social services adversely impacted disadvantaged social groups, with almost 6.7 million pregnant women excluded from maternity benefit entitlements<sup>14</sup>.

In 2022, India experienced the fallout of the global poly-crisis, resulting in a continued rise in food inflation, poorer incomes, and the ongoing casualization of labour. The most affected groups are households with low monetary means, migrant families, pregnant women, children requiring optimal nutrition, marginalized populations, and children with disabilities. The decrease in the government's budget allocation for social programs is having an additional impact on the extent of coverage of social protection measures.

<sup>12</sup> <https://www.cmie.com/kommon/bin/sr.php?kall=warticle&dt=2021-06-07per cent2015:17:54&msec=740>

<sup>13</sup> Ministry of Consumer Affairs, Food and Public Distribution. PIB, 2021.

<sup>14</sup> MWCD, GOI, 2021

UNICEF through its local partners assisted women and children who were adversely impacted by the socioeconomic consequences of the COVID-19 pandemic. This support included promoting child participation in local government planning by providing technical expertise, building capacity, and advocating for children's rights. Additionally, UNICEF assisted disaster-prone communities in enhancing their social protection measures through the Humanitarian Coordination Team (HCT) pilot in Assam, in collaboration with the District Disaster Management Authority (DDMA). Across ten states, UNICEF established feedback loops through Community-Based Monitoring to ensure effective implementation of social protection programs. Strong technical support informed the development of Shock-Responsive Social Protection programs to address the challenges faced by vulnerable communities.

The Social Policy and Social Protection programme had set a goal to provide aid to 4.25 million households in accessing government social protection programmes. However, the estimated reach during the reporting period was only 1.34 million households, which included children. In addition, the programme was able to directly provide cash assistance to 1000 vulnerable households who were affected by floods in Assam through Humanitarian Cash Transfer (HCT).

The programme encountered several challenges in achieving its target, primarily due to large funding gaps and measurement gaps. These measurement gaps prevented a comprehensive understanding of reasonable attributable coverage at the household level through policy level work. Additionally, the programme had to navigate the trade-off between improving equity gaps versus scaling up programming efforts.

The Social Policy and Social Protection programme is strategically aligned with the humanitarian risk management cycle. This is achieved by internalizing adaptive social protection, strengthening local governments, and advocating for key policies that prioritize climate-resilient and shock-responsive interventions.

The programme had a targeted approach that aimed to reach families with inadequate social protection. Specifically, the programme focused on households with undernourished children aged three years and below, families affected by migration, and adolescent girls. The interventions for adolescent girls specifically aimed to improve their school attendance and retention.

The programme contributed to reducing multidimensional child poverty by improving household incomes. Specifically, the programme supported families in accessing critical social protection programmes, including Public Distribution System (PDS) for food security, Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) for rural income guarantees, Pradhan Mantri Matru Vandana Yojana (PMMVY) for maternity benefits, and Humanitarian Cash Transfers (HCTs).

Furthermore, the programme provided technical assistance for the portability of social services to support families on the move. These efforts helped to enhance families' overall access to social protection, reducing multidimensional child poverty.

UNICEF provided capacity building support to grassroots social protection and social services cadres, including local government officials, for child-sensitive, adaptive, and shock-responsive social service delivery. This support was provided in partnership with various ministries, including the Ministry of Panchayati Raj, Government of India, across four states.

Furthermore, UNICEF provided technical assistance on social protection design across national and state programmes, including child grants. This assistance was provided in partnership with national and state governments, civil society, and research partners. Through these efforts, UNICEF aimed to improve social protection design and delivery, benefiting vulnerable children and families.





Rekha Kumari, master trainer, takes sessions with parents of adolescent girls at Guru Sharan high school to spread awareness on menstrual hygiene

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# RISK COMMUNICATION & COMMUNITY ENGAGEMENT, AND ACCOUNTABILITY TO AFFECTED POPULATIONS

KEY RESULTS*	UNICEF 2022 Target	Achievement
People participating in engagement actions for social and behavioural change	1 million	71 million
# people reached through messaging on prevention and access to services	45 million	284.7 million
Number of people who shared their concerns and asked questions/clarifications to address their needs through established feedback	250,300	12,38,705
# of people with access to established accountability mechanisms	1.5 million	800,000
Number of adolescents and youth engaged to access services through sectors like health/education/ protection and take action for COVID-19 response'	6.46 million	3.9 million
*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.		

UNICEF has been actively engaged in communication and social mobilization efforts to eliminate COVID-19 vaccine hesitancy and increase vaccine uptake among eligible age groups in India. Through face-to-face community engagement actions, 71 million people were reached, while messaging on prevention and access to services reached 284 million

people. Higher achievement was possible due to exceptional public and private partnerships, and a vast network of Civil Society Organisations. In addition, 1.2 million people accessed community feedback mechanisms to share their concerns related to the pandemic and health and social protection services, informing course correction of the response strategy and implementation.

This included the establishment of community feedback mechanisms in two districts of Chhattisgarh and Uttar Pradesh.

Furthermore, a mobile application with a grievance redressal system and dashboard was made available with the District Administration of Bastar and Disaster Management Authority of Gorakhpur, which helped to strengthen the capacities of youth and government officials to collect and act on community feedback. This model is now being scaled up in other districts of Chhattisgarh.

An assessment of perception and practices among priority groups was conducted in August 2021 and repeated in August 2022 in 11 states. The aim of the study was to gain insight into the impact of COVID-19 on vulnerable communities and to tailor emergency programs to meet their needs. The study shows that RCCE (Risk Communication and Community Engagement) activities have had a positive impact. During the first round, 74% of respondents expressed a willingness to receive the COVID-19 vaccine, and by the second round, 72% had received the vaccine. The vaccine refusal rate declined from 18% to 8% between the two rounds. Children's vaccination continued to be a challenge. In around 12% of the surveyed households, no child has been vaccinated against COVID-19. 57% of the respondents noted in August 2022 that they intend to get children vaccinated.

Despite these efforts, COVID-19 vaccination of children continued to be a challenge, with no child vaccinated in approximately 12 percent of surveyed households. However, 57 percent of respondents noted in August 2022 that they intend to vaccinate their children. Comprehensive social research informed the RCCE actions, with a total of 10 rounds of research conducted in 2022. Additionally, partnerships with India's Community Radio Association and video storytelling helped to mobilize health workers, local influencers, and volunteers, reaching an estimate of 30 million listeners.

In October 2022, an edutainment TV show called *Duur Se Namaste* was launched through national TV and YouTube. By December 2022, it had been viewed by 3.9 million people on TV and 200,000 times on the web. UNICEF's efforts in communication and social mobilization have significantly contributed to reducing vaccine hesitancy and increasing vaccine uptake in India. However, continued efforts are needed to ensure that all eligible age groups, particularly children, are vaccinated.





## COMMUNICATION, ADVOCACY, AND PARTNERSHIPS

UNICEF's efforts in promoting COVID-19 awareness and positive behaviour change have been highly effective, with a wide reach across India. The sustained engagement with media and the development of creative campaigns demonstrated UNICEF's commitment to fighting the pandemic and bringing about positive change.

UNICEF made significant strides in supporting COVID-19 risk communication and generating vaccine awareness and trust in 2021-2022. Donor-supported funding enabled UNICEF to establish a 24/7 National Media Rapid Response Cell, which resulted in sustained engagement with media and training on Critical Appraisal Skills. As a result, UNICEF achieved high outreach through media and social media channels.

In 2022, the media reported 3,586 COVID-19 stories, reaching an overall audience of 695 million. Out of 2,513 tracked UNICEF stories, 2,034 were related to COVID-19. UNICEF's COVID-19 digital content had an impressive overall reach of over 135 million, with almost 500 million impressions, generating over 3.7 million engagements and almost 130 million video views.

UNICEF's 'Zero2Hero' campaign was successful in countering COVID-19 message fatigue, with ten films and 2,880 spots across 21 TV channels aired on social media and TV. The campaign reached over 121 million people across 15 Indian states. Additionally, a social media music video promoting COVID-19 vaccination and appropriate behaviour, featuring UNICEF Global Goodwill Ambassadors and other celebrities, was released in 2022.

UNICEF continued its work with Meta India (Facebook), conducting online studies to determine the impact of COVID-19 messages and their effectiveness in bringing about behaviour change.

Based on its support for the Assam floods, UNICEF developed more than 15 communication products reflecting on-ground situations and UNICEF's actions for media and fundraising. UNICEF engaged with individual supporters to raise funds for the Assam floods in 2022. The engagement resulted in the collection of over USD 65,000, which helped facilitate the first-ever humanitarian cash transfer in Assam through the Government. UNICEF's efforts and the funds raised helped provide critical support to those affected by the floods. Media holding lines were established to highlight UNICEF's support to ASDMA, Government of Assam.

Furthermore, during the Assam floods, UNICEF coordinated with the National Service Scheme (NSS) Director to deploy over 300 NSS volunteers to support district administration. The volunteers helped communicate essential services to affected populations, aiding in relief efforts during the floods. UNICEF also served as the focal point for coordination with the state NSS Director for deploying NSS volunteers to support district administration during the Assam floods.





Yuvodaya, a volunteer-based program led by the Bastar district administration and supported by UNICEF to help people belonging to backward and marginalized communities. Yuvodaya is a bridge program between the government and the people

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## ADOLESCENT DEVELOPMENT AND YOUTH ENGAGEMENT

UNICEF's YuWaah (Generation Unlimited India) is a youth-led public-private partnership platform, focusing on career guidance, 21st-century skills, volunteering, and economic opportunities such as jobs and entrepreneurship. In response to the adverse effects of the COVID-19 pandemic on the learning and employment prospects of young people, YuWaah launched the Young Warrior NXT program (YWN) in 2021, which concluded in 2022. The YWN program interventions collectively reached ~88,000 young people across 12 states of India.

YWN brought together over 30 partners for one year to develop and test evidence-based, scalable models for delivering impactful life skills training. These models encompassed a wide range of approaches, including in-school, at-home, digital, physical, and phygital (a combination of physical and digital) models for delivering life skills training.

YuWaah has responded to the unprecedented challenges posed by the COVID-19 pandemic by providing mental health and employment support services, as well as launching the P2E platform to help young people build essential skills for their future.

In response to the increased mental health concerns of adolescents, parents, and caregivers in 17 states in India, UNICEF provided Mental Health and Psychosocial Support Services (MHPSS). These services were aimed at addressing the negative impacts of the pandemic on mental health. Additionally, UNICEF integrated Ending Violence against Children and Women (EVACW) with MHPSS and built community-based linkages and partnerships to carry out these priorities at community level. Through these interventions, five million adolescent girls at risk of school dropout and child marriage were linked to social protection schemes on child marriage prevention and education support, mitigating the impacts of the prolonged pandemic.

Moreover, close to two million adolescent boys and girls were reached with COVID-19 prevention and appropriate behaviours, and vaccination messages via youth networks and platforms in Jammu & Kashmir, Jharkhand, Madhya Pradesh, Uttar Pradesh, and West Bengal. In Rajasthan, UNICEF envisaged and enabled CSO alliances and youth platforms in institutionalizing adolescent and child protection issues within the COVID-19 context, while in Kerala, COVID-19 sensitive resource packages were adapted for frontline workers and community structures to deliver on child protection and adolescent priorities.

In 2022, YuWaah launched the Passport to Earning (P2E) platform, a multi-partner technology platform to integrate skilling with job opportunities. The P2E platform was a collaborative effort between UNICEF, Generation Unlimited, Microsoft, Accenture, Unilever, and Dubai Cares. The platform enabled 53.9 million young people to build 21st-century skills, including key life skills for employability and wellbeing, entrepreneurship skills and mindsets, and specific areas of digital, financial literacy, and entrepreneurship. Under this initiative, UNICEF supported building skills for life capacities of 52.85 million students aged 11-16, including 48.2 per cent girls across eight states.

YuWaah is leveraging the P2E platform and partner resources like TrustCircle's mental health platform to support the integration of the Ministry of Youth Affairs and Sports (MoYAS)'s National Service Scheme and Nehru Yuva Kendra Sangathan with an initiative pipeline of skilling, wellbeing, volunteering, and career opportunities. This integration aims to provide young people with access to a variety of resources that will help them build essential skills for their future careers and enhance their mental wellbeing.

## EMERGENCY PREPAREDNESS, RESPONSE AND DISASTER RISK REDUCTION

India is highly susceptible to the effects of climate change, and marginalized communities are disproportionately affected by frequent extreme weather events. It is essential to integrate climate change adaptation, mitigation, and disaster risk resilience across all sectors and levels of governance.

In response to the COVID-19 pandemic, UNICEF has leveraged the lessons learned and opportunities provided by the crisis to enhance institutional capacity for integrating pandemic preparedness into existing Disaster Management plans. UNICEF has also strengthened systemic preparedness and response capabilities with a strong commitment to inclusive and child-sensitive humanitarian action.

In 2022, India experienced widespread flooding, affecting 310 districts across 22 states, which is about 40 percent of the total land area of the country. According to government reports, about 3,006 lives were lost due to monsoon-related incidents in 2022. UNICEF, along with its local partners such as Oxfam, Caritas India, Andhra Pradesh Social Service Forum, and other CSOs, provided support to about 220,000 flood-affected people from Andhra Pradesh, Assam, Odisha, Madhya Pradesh, and Telangana.

In Assam, 1,200 children received psychosocial support through District Child Protection Units. In Andhra Pradesh and Telangana, 28,780 households, including 6,821 children under 15 years of age from 273 villages, benefited from flood recovery interventions in schools, Anganwadi Centres, and Primary Health Centres.

The joint initiative between UNICEF and the National Institute of Disaster Management (NIDM), the Child Centric Disaster Risk Reduction (CCDRR) Centre, has trained 1,440 officers from various departments on system strengthening for child-centred disaster preparedness and response, particularly to climate change-induced shocks and stress. Twenty-two online training programs have reached 10,443 officers from various line departments across multiple states on child-centred emergency preparedness and response.

UNICEF has extended technical support to 14 state governments to firm up critical service delivery systems to prepare for and respond to predictable shocks and stresses and strengthen the resilience of children. Intensive flood preparedness campaigning has reached three million people in these fourteen states, significantly improving the capability of line departments and communities in their preparedness for floods. Five states have established real-time monitoring mechanisms to stimulate demand for child-centred disaster risk reduction actions. Additionally, 2,600 families with differently abled children have been linked with social protection schemes of the Government. About 314,496 trained adolescents and youth are actively engaging at the community level as change agents on DRR and climate resilience across 12 UNICEF-supported states.

## RESULTS ACHIEVED FROM HUMANITARIAN THEMATIC FUNDING

In 2022, UNICEF utilized flexible thematic funds to procure essential health supplies, support capacity building for healthcare workers, promote education, and protect vulnerable children and women in India. The funds allowed for the procurement of next-generation sequencing platforms to detect new COVID-19 variants, and mannequins for training nurses and midwives. UNICEF also supported the reopening of schools and learning recovery programs, provided strategic support to the India Newborn Action Plan, and collaborated with the government and other stakeholders to facilitate capacity building for child protection. The humanitarian thematic funding reached 12.5 million children and community members, mitigating increased risks of child protection vulnerabilities. Additionally, thematic funding enabled faster delivery of assistance, strengthened emergency helplines, and facilitated cash-based programming. Overall, the generous support from donors and partners significantly contributed to UNICEF India's response to COVID-19 and the well-being of children and their families.

In 2022, thematic funding was crucial to UNICEF's timely procurement of key health supplies and extended health technical assistance to national and state governments in response to COVID-19. Thematic funding was also essential in procuring and installing two next-generation sequencing (NGS) platforms, which enabled rapid genetic material extraction and sequencing to promptly detect the emergence of new COVID-19 variants. These machines were crucial in January 2023, with the spread of the most recent BA.6, XBB.1.1/ BA.1.1 variants in India, and the need to test international travellers arriving from far-east Asia. The machines can also detect other diseases beyond COVID-19.

UNICEF's thematic funding has enabled the procurement of 256 mannequins for the capacity building of staff nurses and Auxiliary Nurse Midwives (ANM) in Active Management of Third Stage of Labour (AMTSL). This training has had a direct impact on reducing maternal and neonatal deaths and stillbirths, while also imparting skills for compassionate care to mothers and babies beyond the COVID-19 pandemic. Additionally, UNICEF's support of the "India Newborn Action Plan" has aimed to strengthen the health system in the country and contribute to a decline in preventable maternal and newborn deaths.

Through UNICEF's strategic support in designing and developing guidelines on safe reopening of schools, back to school campaigns, learning resource materials on responsive parenting and learning recovery programs, over 5.74 million children (48 per cent girls) benefitted from a learning environment that began to address learning loss due to extended school closures. This included targeted campaigns in Maharashtra and Assam, Bihar, and Chhattisgarh, where hundreds of thousands of children were reached through learning recovery programs and mobile learning vans.

UNICEF's thematic funding has also contributed to reaching 5,747,615 children with learning support, of whom 2,988,760 were boys and 2,758,855 were girls. In collaboration with government and other stakeholders, UNICEF facilitated capacity building of child protection and allied functionaries to improve quality of preventive and rehabilitation services to address gender-based and other forms of violence against women and children, child labour, child marriage, promoting family-based alternative care, and providing mental health and psychosocial support services.

Using humanitarian thematic funding, UNICEF collaborated with government and other stakeholders to improve the quality of preventive and rehabilitation services for child protection and allied functionaries in India. As a result, more than 617,908 child protection functionaries, including 51 per cent women, were trained to address gender-based violence, child labour, child marriage, family-based alternative care, and mental health and psychosocial support services. The initiative resulted in providing family-based alternative care services to 62,227 unaccompanied and separated children, MHPSS services to 918,978 children and caregivers, and gender-based violence prevention or response interventions to 1,858,034 women and children. In addition, 3,909,379 adolescents and youth were reached with targeted messages and information on COVID-19 prevention.



The humanitarian thematic funds contributed to reaching 12.5 million children and community members in India to mitigate increased risk of child protection vulnerabilities including violence, abuse, exploitation, family separation, child marriage, and negative mental health impact. The initiative strengthened systems and structures for child protection towards preparedness and response to increase protection issues during humanitarian situations. Additionally, UNICEF engaged in public fora, invested in evidence building, strengthened alliances with civil society organizations, and collaborated with other sectors to ensure the multidimensional nature of child protection risks.

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



Navli Kumari Grasia (right) and Manju Kumari (left) have been using folk music and theatre to promote COVID-19 vaccination in the tribal areas and among her community - Abu Road, Sirohi District, Rajasthan



Huji bai is 106 years old and now an icon due to getting her first vaccine ever in her whole life a year ago. Now she has received two doses of vaccine for COVID-19 vaccine – Abu Road, Sirohi District, Rajasthan

## Thematic Case Study: SM 210294

### From Folklore to Immunization: Using Traditional Songs to Bridge the Gap in Vaccine Acceptance Among Rajasthan's Tribal Populations

As UNICEF focuses on bringing immunization to zero-dose children, frontline workers like Navli are fighting

misinformation and vaccine rejection among tribal communities.

**Background and Issue:** The Garasiya tribe of Sirohi district in Rajasthan has traditionally viewed body piercings, except tattoos, as taboo. The resistance to needles posed a challenge for frontline workers as community members refused to vaccinate their children during government-run immunization programs. According to the WHO UNICEF National Estimates of Immunization Coverage, more than 30.2 lakh children in India missed essential vaccines through routine immunization services during the COVID-19 pandemic. However, the Government of India's Intensified Mission Indradhanush (IMI) 4.0, launched in February 2022, aims to cover partially vaccinated and unvaccinated children.

**Resources Allocated:** Although resources are required and allocated, it is important to handle tribes such as the Garasiya with sensitivity and provide additional support throughout the process. In order to address the resistance to vaccinations within the community, UNICEF collaborated with a local civil society organization called Jan Chetna Sansthan. The Sansthan then enlisted the help of Navli, a public health volunteer who comes from the Garasiya community, to work alongside Sharmi Bai, a community leader who previously served as the president of the panchayat (village council) of Nichalagarh in the Sirohi district. Navli utilized the Garasiya's familiar folk songs and dances to raise awareness about the benefits of vaccinations among the indigenous community.

**Results:** Frontline workers played a crucial role in educating the community about the long-term health benefits of vaccinations, including for their children. The main obstacle faced by the frontline workers was overcoming misinformation and myths surrounding vaccination and needle resistance. Despite the challenges, almost everyone in the village has now received the COVID-19 vaccine, indicating the success of the efforts of the frontline workers in raising awareness and dispelling myths.

With the support of Sharmi Bai and 106-year-old Huji Bai, who became an icon for the community after getting her first-ever



*Riyanishi (18 months) with her mother Narayani Devi are at the sub health centre Amthala for vaccination to the child at the Sub Health Centre in Amthala Sirohi, Rajasthan*

vaccine against COVID-19, Navli was able to convince many community members to take their doses of the COVID-19 vaccine. By adapting the lyrics of popular local songs to communicate the advantages of vaccination, Navli was able to turn the tide against vaccine hesitancy and misinformation.

**Criticality and Value Addition:** Community leader Sharmi Bai and 106-year-old Huji Bai, both from the Garasiya community, joined Navli. Huji Bai became an icon for the community after getting vaccinated against COVID-19, setting an example and encouraging others to take the vaccine. Her safety and health after vaccination helped demolish fears and change mindsets.

**Challenges:** The community initially hesitated to get vaccinated during the COVID-19 pandemic, but Navli adapted local songs to communicate the advantages of vaccination. Now, almost everyone in the village has taken the COVID-19 vaccine. Navli is leveraging this trust to convince parents to immunize their children.

**Way Forward:** Navli is utilizing the trust built in the community to encourage parents to immunize their children. Using traditional songs, which carry information through generations orally, Navli is gradually reversing the trend of vaccine hesitancy. Local NGOs, such as Jan Chetna Sansthan, backed by UNICEF, have played a significant role in supporting Navli and other women to create awareness on immunization and dispel the myths and taboos surrounding vaccination in this isolated village.

## PARTNERSHIPS FOR RESULTS

UNICEF has been actively involved in strengthening India's healthcare system, especially during the COVID-19 pandemic. In partnership with the Ministry of Health and Family Welfare (MoHFW) and the Asian Development Bank, UNICEF has transitioned the national Oxygen Programme Management Unit (PMU) - also known as Oxygen Cell - to UNICEF's management. The Oxygen PMU plays a critical role in implementing the National Oxygen Strategy and related operational plans. UNICEF has provided technical guidance and supportive supervision to the eight consultants deployed at the Oxygen PMU, covering planning, capacity building, monitoring implementation of oxygen-related supplies, and advocating for the use of available oxygen equipment for maternal, newborn, and child healthcare.

Under its programming partnerships, UNICEF has contributed to over 50 million women and children accessing primary healthcare in UNICEF-supported facilities. It has also supported states to improve antenatal care (ANC) registration and follow-up for pregnant women and mentored labour rooms, maternity operating theatres, and special newborn care units for improving quality of care services.

UNICEF has engaged private sector and professional organizations across different states for advocating and promoting COVID-19 vaccination and routine immunization. It has rolled out communication strategies supporting state priorities across 16 states and deployed temporary social mobilizers and district coordinators for campaigns like IMI and Newborn Week. UNICEF has partnered with CSOs such as Alliance for Immunization and Health, Voluntary Health Association of India, and Self-Employed Women's Association for routine immunization promotion.

Additionally, UNICEF's Risk Communication and Community Engagement (RCCE) interventions have supported 89 tribal blocks across 16 states with megaphones, projectors, and jukeboxes for RMNCH+A activities towards the end of 2022. These interventions have helped in overcoming social and cultural barriers to child and maternal healthcare services.

UNICEF has established effective partnerships at national and subnational level with government, NGOs and CSOs and strengthened institutional mechanisms to enhance its emergency response and preparedness in all sectors of interventions. Nutrition joined the Health, WASH and Emergency & Disaster Risk Reduction teams in a collaboration with the National Centre for Disease Control (NCDC), for the control of communicable diseases. Under the Ministry of Health and Family Welfare's National Programme on Climate Change and Human Health (NPCCHH), UNICEF now provides technical assistance to the Government to shape the health system's response to climate change in the country with the goal to reduce morbidity, mortality, injuries, and health and nutrition vulnerability to climate variability and extreme weather events.

In partnership with the Public Health Foundation of India (PHFI), UNICEF facilitated and supported financially the joint publication by development partners of a report "Nutrition situation in India during COVID-19 pandemic: synthesis of evidence" to document the Indian experience during the pandemic and to draw lessons for future emergency preparedness.

In social protection, UNICEF developed models for partnerships among local stakeholders and implemented systematic improvements in coordination and institutionalization of feedback mechanisms at the local government level to enhance the overall effectiveness and sustainability of the program. In Assam, UNICEF established a humanitarian partnership with a local NGO, CASA, to implement its first Humanitarian Cash Transfer (HCT) program in support of the Cachar District Disaster Management Authority (DDMA). In response to floods, an Inter-Agency Group (IAG) was established through this partnership to coordinate various agencies' efforts.

As part of UNICEF's efforts to build partnerships for youth development, the Young Warrior NXT program brought together more than 30 partners for a period of one year. The primary objective of the initiative was to generate evidence on scalable and impactful models for delivering life skills education to children, using a mix of both digital and physical methods.

As a partner in this initiative, UNICEF YuWaah provided technical assistance and co-founded the program, in collaboration with other key partners, including the Michael and Susan Dell Foundation and Samagra. By working together, these partners were able to create innovative and effective approaches to support the education and well-being of young people, helping them to build the skills and knowledge needed for a brighter future.

Additionally, UNICEF partnered with the Centre for Social Equity and Inclusion (CSEI), which oversees more than 100 local NGOs across 19 districts and 10 states, along with 364 community mobilisers. UNICEF also collaborated with the National Institute of Urban Affairs (NIUA) to support data analysis and data collection exercises. During the process, local NGOs and community mobilisers were trained on digital data collection tools (e.g., ONA) and community feedback and engagement approaches. Furthermore, UNICEF provided technical assistance to the governments of Kerala and Assam through the Regional Office for South Asia (ROSA) Shock-Responsive Social Protection (SRSP) and Humanitarian Cash Transfer (HCT) consultancy.

In education, UNICEF utilized its positive rapport with state government and experience in improving capacity for delivering quality education to operationalize the emergency response. UNICEF worked closely with state and district administrations, utilizing existing systems and human resources to reach children with education services. First responders, including CHILDLINE functionaries, frontline health workers, police, and child protection functionaries, were trained on preparedness, response, and coordination.

UNICEF, with the support of WHO, UNWOMEN, and UNHCR, has collaborated with national and state government counterparts and implementing partners to provide technical and financial assistance for child protection. In 2022, UNICEF focused on generating evidence and addressing the mental health needs of children and adolescents, while also



facilitating digital solutions for services during the pandemic. Through partnerships with Hope and Homes for Children, Miracle Foundation, and Udayan Care, UNICEF has strengthened the capacity of child protection functionaries and implemented family-based alternative care and aftercare programs.

In the WASH sector, UNICEF contributed through a range of interventions, including direct provision of WASH supplies during emergencies, technical assistance to state governments and district administrations, and partnerships with local NGO/CSO players. For instance, UNICEF provided technical assistance to several state governments, such as UNICEF Rajasthan supporting the state School Education Department for the Swachh Vidyalaya Puraskar (Clean School Award) roll-out through state and district level capacity building, field assessments, and analysis leading to implementation of safe school protocols in 4,500 schools. UNICEF also helped in the rollout of various government WASH initiatives, such as supporting the Government of Jharkhand in the assessment of WASH infrastructures in schools and implementation of its SoP.

UNICEF distributed critical WASH supplies to schools and public healthcare facilities to strengthen infection prevention, control measures, and protect people from COVID-19 infection. Additionally, UNICEF, in collaboration with the health department and district administration, installed improved HWWS facilities in several states and districts across the country, including foot-operated handwashing stations in vaccination centres. UNICEF also distributed hygiene kits at healthcare centres and provided them with WASH supplies like liquid handwash, masks, and calendars with key messages on sanitation and hygiene.

## LOCALIZATION AND WORKING WITH THE FIRST RESPONDERS

In 2022, UNICEF carried out a range of initiatives aimed at strengthening the COVID-19 response in India. The organization partnered with the Ministry of Health and Family Welfare and health departments in 23 states to support the capacity building of 54,366 healthcare workers on COVID-19 case management protocols. This effort benefited 4.41 million active discharged cases as of December 31, 2022. UNICEF also conducted webinars in partnership with FOGSI and ASCI, benefitting 3,933 participants for quality care during labour and postpartum period.

To address adolescent health, UNICEF facilitated training of adolescent health counsellors, capacitating 119 master trainers who supported cascade training in states. Over 200,000 frontline health workers were trained on IPC skills using BRIDGE module, while UNICEF supported IMI rollout through community engagement in priority districts across 16 states. This effort resulted in the recovery and immunization of an average of 840 children a month through CSO partnerships.

UNICEF also worked closely with state and district administrations to strengthen the institutional mechanisms for capacity building of first responders, including CHILDLINE functionaries, frontline health workers, police, and CP functionaries on preparedness, response, and coordination. Additionally, the organization provided water treatment units and handwashing stations to camps, schools, and community centres that served as temporary settlements for persons displaced due to COVID-19, cyclones, and flood events. As a result, 1,177,686 people gained access to basic hygiene services in humanitarian settings, while 147,488 women and girls in humanitarian settings received support for menstrual health and hygiene needs.

UNICEF's long-standing rapport with state governments and vast experience in improving the capacity of duty bearers to deliver access to quality education helped operationalize the response at the state level. The organization developed models for partnerships among local stakeholders and implemented systematic improvements in coordination and institutionalization of feedback mechanisms at the local government level. These initiatives have been crucial in enhancing the overall effectiveness and sustainability of the program.

## COMMUNITY ENGAGEMENT, TWO-WAY COMMUNICATIONS AND OR FEEDBACK AND COMPLAINT MECHANISMS

UNICEF has implemented various community feedback mechanisms to enhance immunization strategies and COVID-19 response efforts for marginalized and vulnerable populations. In partnership with 15 states, UNICEF has executed tailored immunization strategies for marginalized populations, with a focus on tribal immunization, resulting in increased access to life-saving vaccines for infants, children, and pregnant women. Through demand-side immunization efforts, community mobilization, capacity building of health workers, program monitoring, and intersectoral convergence, UNICEF and its partners have reached 30 million people under the RMNCHA initiative.

To reach vulnerable populations with accurate vaccine information and COVID-19 Appropriate Behaviours (CAB) messages, UNICEF has engaged social mobilizers and local partnerships. Over 646,600 people have been reached, including 371,600 women who received face-to-face information on the second dose, booster shot, and children's vaccination. Handwashing demonstrations, vaccination orientation, and counselling sessions have also been organized to promote child feeding practices.

In addition to these efforts, UNICEF has established feedback mechanisms in various states, such as Bihar and Gorakhpur District, to monitor progress against preparedness indicators and improve emergency response mechanisms. Feedback received from more than 10,000 Self Help Group (SHG) members/families has been used to improve flood preparedness and response. UNICEF has also developed an online community-based feedback system aligned with accountability to affected populations, which has enabled affected communities to provide feedback on emergency preparedness and response. This has contributed to improving the effectiveness of emergency responses and enhancing the accountability of humanitarian actors to affected populations.

In 2022, UNICEF conducted assessments of 537 partners to ensure their compliance with our prevention of sexual exploitation and abuse (PSEA) safeguarding policy. These partners include Civil Society Organizations (CSOs) working with us to protect women, children and men in need around the world.

The assessment revealed that 66 CSOs were identified as High Risk, 325 CSOs as Moderate, and 146 CSOs as Low Risk partners. UNICEF acknowledges the critical role of our partners in delivering humanitarian assistance and development programs, hence we provide support to the moderate risk partners to enhance their policies and plans, including the establishment of safe reporting systems for beneficiaries to report sexual exploitation and abuse.

Through these 537 partners, it is expected that around two million women, children, and men will have access to safe channels to report sexual exploitation and abuse by aid/development workers. This integrated system aims to ensure that beneficiaries are protected and empowered, and that perpetrators are held accountable for their actions. UNICEF remains committed to preventing and responding to sexual exploitation and abuse in all our programs and partnerships, to uphold the safety and dignity of all those we serve.

UNICEF has collaborated with youth organizations and civil society partners to engage young people and gather their perspectives on gender-based stereotypes, violence against women and girls, and other child protection priorities. This collaboration has helped to empower adolescents and youth and enable them to play an active role in addressing the challenges that affect them. UNICEF has supported the development of strategies for youth engagement, provided young people with resources and tools to take action, and raised awareness about the importance of addressing these issues. Overall, the initiative has promoted adolescent empowerment and advanced the UNICEF mandate related to child protection.

Through these community feedback mechanisms, UNICEF has been able to improve health practices, increase access to life-saving vaccines, and better address the needs of vulnerable populations. Additionally, UNICEF's collaboration with youth organizations and platforms has been a vital community engagement initiative that has helped to promote adolescent empowerment and advance the UNICEF mandate related to child protection. By engaging young people and amplifying their voices, UNICEF has been able to work towards a future where all children and young people can realize their full potential and enjoy their rights.

## ACHIEVING LONG TERM RESILIENCE

UNICEF's efforts in achieving longer-term resilience in India are wide-ranging and focused on key sectors such as healthcare, child protection, WASH, nutrition, and social protection. Through its support of healthcare facilities, UNICEF has improved the resilience of the national public health system and strengthened maternal, newborn, and child health care, which has helped fight against COVID-19. UNICEF has also made significant contributions to child protection by training first responders and developing communication materials to reach community members.

In the WASH sector, UNICEF has reached almost 3.3 million people with critical WASH supplies and services, implemented safe school protocols for COVID-19 prevention and control, and trained community-level service providers in infection prevention and control. Additionally, UNICEF has rehabilitated toilets, handwash basins, water pipelines, and fixed and portable handwashing stations in schools to provide a safe learning environment for children.

UNICEF also prioritizes systemic improvements and capacity building to ensure the sustainability of social protection initiatives. In nutrition, capacity building and system strengthening achieved under the humanitarian response contribute to longer-term resilience and preparedness for response.

UNICEF's education program invested in enhancing the capacity of the existing system to reach all girls and boys, particularly in emergency situations. The program serves as a model for supporting government systems to deliver quality education in the long term. The program invested in training focal points at the SCERT, District Institute of Education and Training, and school levels to strengthen the system and provide more learning opportunities for children. The collaboration, technical assistance to state education departments, work with teachers, and community institutions helped in securing sustainability and human resources for continuing the project innovations, mechanisms, and processes beyond the emergency response.

During 2022, UNICEF India and its partners across India redoubled their efforts in building capacities of social-sector line departments and Civil Society Organisations to strengthen the resilience of children, communities, and critical service delivery systems at the national and subnational level. UNICEF extended technical support to 14 state governments to apply and integrate risk-informed planning in their social sector programs and services to strengthen the resilience of children, communities, and development systems to natural hazards, climate change, and civil strife.

UNICEF's interventions have brought positive changes to the situation of children in 17 states. They have strengthened child protection structures and provided capacity building to 603,462 functionaries, resulting in enhanced gender-sensitive protective services for 1,858,034 women and children, an impressive 60 per cent increase from the previous year. The organization has also expanded Mental Health and Psychosocial Support (MHPSS) services to reach 918,978 children and caregivers, a 3.5 per cent increase from the previous year. These interventions have helped improve the well-being of vulnerable children and families in the region.

Overall, UNICEF's interventions in India have contributed significantly to building resilience in various areas and improving the lives of people in the country. By focusing on capacity building and systemic improvements, UNICEF has helped to ensure that these improvements are sustainable over the long term, ultimately strengthening India's ability to withstand future challenges and crises.

## INNOVATIONS TO ACHIEVE RESULTS FOR CHILDREN

UNICEF India has implemented several innovative strategies to achieve better outcomes for children. One of these is the partnership with the Ministry of Health and Family Welfare to develop and enhance the Reproductive and Child Health (RCH) portal, now known as RCH 2.0, which provides maternal and child health resources and information. UNICEF engaged with stakeholders to identify health system barriers and facilitators, conducted interviews with key personnel, and improved the portal's operational and ICT infrastructure to improve its quality and availability.

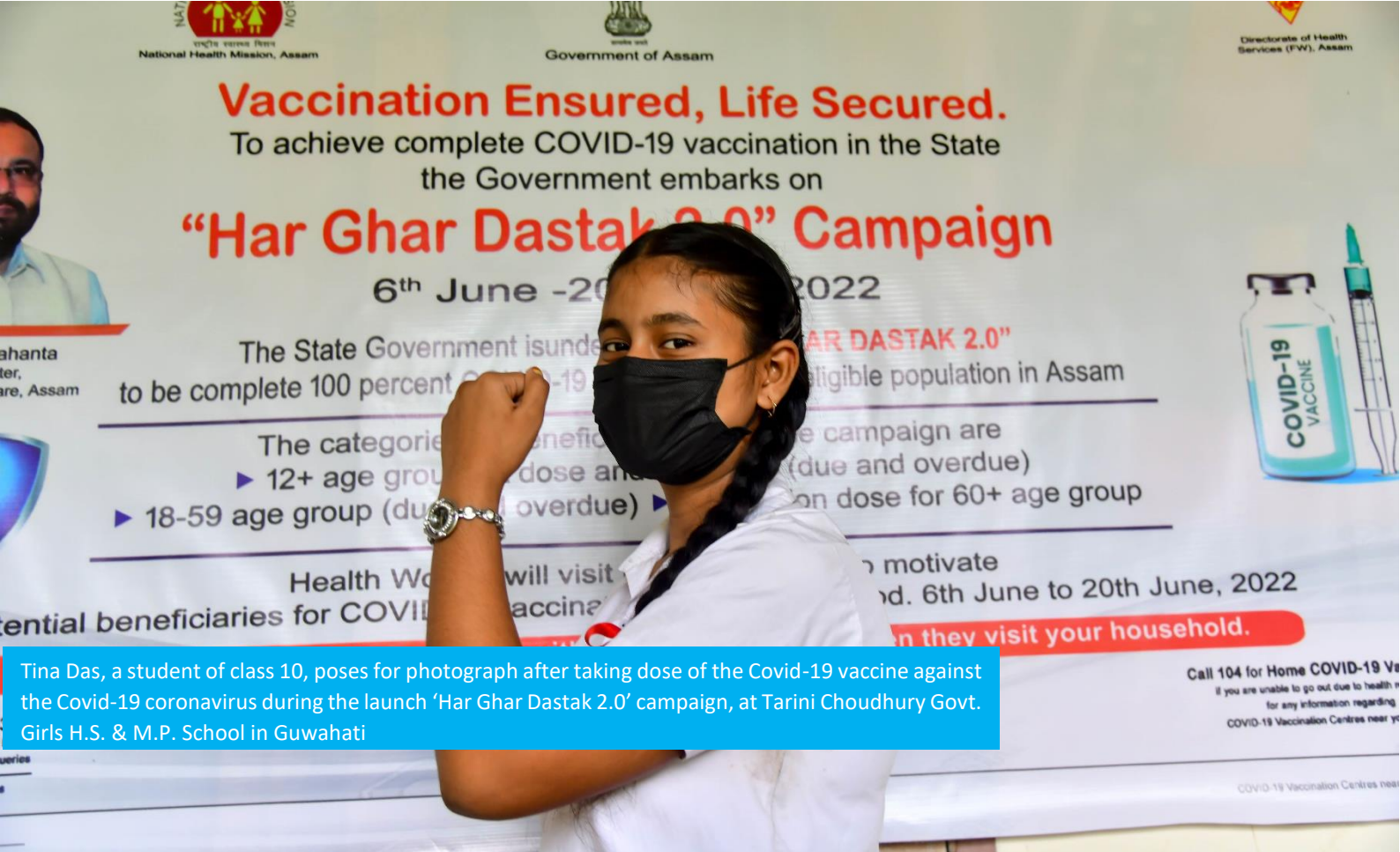
Another key innovation is the Young Warrior NXT program (YWN), which delivers life skills education to young people through a range of innovative models that cater to different levels of technology access. UNICEF has leveraged non-tech approaches like IVRS and DIY kits, low-tech channels like WhatsApp chatbots, and high-tech channels like web applications to reach more young people and provide them with essential life skills.

UNICEF has also demonstrated its commitment to enhancing disaster preparedness by developing and implementing flood preparedness scorecards in Bihar and Assam. These scorecards consist of preparedness indicators and sub-indicators and allow UNICEF and the government to monitor preparedness levels and evaluate preparedness efforts. By empowering communities and supporting governments in improving disaster preparedness strategies, UNICEF helps vulnerable communities respond to natural disasters and other emergencies.

UNICEF has also leveraged digital tools and platforms to engage adolescents and provide them with access to crucial services, such as mental health support and sexual and reproductive health services. Additionally, UNICEF has used social media and digital tools to mobilize communities and children to respond to child protection risks and provide capacity building and consultation to its staff and partners through e-learning tools.

Despite the success of these innovations, UNICEF acknowledges that a gender divide still exists in access to digital tools and platforms, which may limit the benefits that girls and young women can derive from these innovations. UNICEF recognizes the importance of addressing this gender divide to ensure that all children can benefit equally from these innovative strategies.





Tina Das, a student of class 10, poses for photograph after taking dose of the Covid-19 vaccine against the Covid-19 coronavirus during the launch 'Har Ghar Dastak 2.0' campaign, at Tarini Choudhury Govt. Girls H.S. & M.P. School in Guwahati

## Lessons Learned

UNICEF India's emergency response programming provided several lessons for future emergency response efforts, with a focus on achieving sustainable development goals and Core Commitments to Children. Key lessons include the need for mentoring support and regular reviews to maintain the quality of care in health institutions, prioritizing catch-up immunization activities to prevent outbreaks of vaccine-preventable diseases during disruptions in routine immunization, and expanding the network of nutrition services to reach those furthest left behind.

Furthermore, grounding the child protection system in subdistrict and community-based structures with a functional case management system, the availability of quality learning resource materials in local languages for education, and the innovative use of technology and behaviour change messaging for WASH. Additionally it is necessary to consolidate government efforts in response to the socio-economic crisis created by COVID-19 into long-term and regular social security mechanisms and investing in evidence-based interventions design and revisions. Other lessons include leveraging social capital, platforms, and partnerships for meaningful engagement of population groups, engaging faith leaders to influence communities, and providing training for frontline workers and community influencers on social media engagement and fighting misinformation. Finally, it is of utmost importance to focus on mainstreaming Mental Health and Psychosocial Support (MHPSS) across sectors in development and humanitarian work, engaging adolescents through participatory social media platforms and school health-based programming, and tailored approaches to tackle vaccine hesitancy in closed communities through community-based organizations (CSOs).

## Assessment, Monitoring and Evaluation

In August 2021 and August 2022, an assessment of perception and practices among priority groups was conducted in 11 states to understand the impact of COVID-19 on vulnerable communities and adapt emergency programming to meet their needs. The study highlights the positive impact of Risk Communication and Community Engagement (RCCE) activities. In the first round of assessment, 74 per cent of respondents showed a positive intent towards COVID-19 vaccination, and in the second round, 72 per cent had taken the vaccine. The vaccine refusal rate decreased from 18 per cent to 8 per cent between the two rounds. However, children's vaccination remained a challenge, with no COVID-19 vaccine administered to children in around 12 per cent of surveyed households. In August 2022, 57 per cent of respondents expressed an intention to vaccinate their children.

The RCCE interventions were informed by comprehensive social research, which included ten rounds of research in 2022, combining offline social listening and community rapid assessments. Large-scale social mobilization was carried out through 1,300 temporary social mobilizers and 297 consultants across 426 districts, supported by over 500,000 trained frontline workers and influencers engaged in the pandemic response.

Evaluation of BRIDGE capacity building program of frontline workers (FLWs) found that over 72 percent of those trained (at least 200,000 in 2022 – 90 percent females) have designed village-based communication plans. 89 percent reported using IPC skills for improving community confidence in vaccines, compared to 80.8 percent of those untrained. 87 percent of the FLWs reported a positive influence of the capacity-building activities' impact when interacting with caregivers.

## Financial Analysis

In 2022 UNICEF in India required US\$ 76.6 million to deliver critical life-saving services to 77.8 million people including 32.8 million children impacted by the COVID-19 pandemic, back-to-back with hydrometeorological hazards and lingering socio-economic stress caused by the pandemic. By the end of December 2022, the total funds available for the year 2022 was US\$ 31.47 million, which included US\$ 16.42 million humanitarian funds and US\$ 15.04 million rephased from 2021 with a funding gap of US\$ 45.12 million (59 per cent).

UNICEF India was able to achieve higher results with limited funding by adopting a strategy of investing in catalytic partnerships with states and professional associations. By leveraging these partnerships, UNICEF was able to achieve greater access and on-ground programming, which enabled a refocus on community reach. Additionally, UNICEF was able to leverage government flagships to enable greater reach. Despite a funding gap of 69%, UNICEF was able to achieve results exceeding its targets across sectors, due to extensive partnerships across states. These exceptional partnerships included those with public, private, and civil society organizations, which enabled UNICEF to achieve higher results with limited funding.

For the year 2023 UNICEF requires US\$15.7 million to address the vulnerabilities and needs of 6.7 million children impacted by emergencies and to build systemic capacities to provide multisectoral humanitarian responses at scale. Contrary to 2022, the 2023 appeal does not include responses to COVID-19, which have been mainstreamed into regular programmes.

UNICEF India has effectively utilized both thematic and non-thematic funds to address the multifaceted challenges posed by the COVID-19 pandemic in India. This has included a comprehensive response to the health implications of the pandemic, as well as the provision of support to other social sectors in response to the pandemic's indirect effects. The

flexibility of thematic funds has enabled UNICEF to respond quickly and efficiently to natural disasters such as the five major floods that occurred in India in 2022.

UNICEF acknowledges the significance of humanitarian funding, especially flexible funds, in addressing the evolving socio-political development context in which it operates. Using these funds, UNICEF has been able to tailor its responses to meet humanitarian needs, maximize commitments and results for children, and increase efficiency and cost-effectiveness by converging programming across multiple sectors.

UNICEF India has made significant contributions to global goals, including the Sustainable Development Goals, by grounding its programming in thorough situation analyses and concentrating on pressing issues affecting children. With its extensive outreach and influence, UNICEF India is positively transforming the lives of countless children.

## Funding status against the appeal by sector

Sector	Requirements	Funds Available		TOTAL FUNDS Received*	Funding GAP	
		Humanitarian/ COVID-19 response funds received in 2022	Resources available from 2021 (Carry-over)		\$	per cent
Health	29,976,720	8,069,206	7,892,286	15,961,492	14,015,228	47 %
Nutrition	11,600,580	676,335	1,313,874	1,990,209	9,610,371	83 %
Water & Sanitation	11,805,900	2,213,147	1,170,585	3,383,732	8,422,168	71 %
Child Protection	6,236,942	1,550,781	731,567	2,282,348	3,954,594	63 %
Education	6,622,761	1,444,110	1,212,054	2,656,164	3,966,597	60 %
Social Protection	2,320,116	574,265	840,911	1,415,176	904,940	39 %
Preparedness and Risk Reduction	3,593,100	1,451,720	464,540	1,916,260	1,676,840	47 %
Communication for Development/ Social behavioral Change (SBC)	4,435,592	444,392	1,417,936	1,862,328	2,573,264	58 %
<b>Total Funding Requirement</b>	<b>76,591,711</b>	<b>16,423,956</b>	<b>15,043,753</b>	<b>31,467,709</b>	<b>45,124,002</b>	<b>59 %</b>

Funding Received and Available by 31 December 2022 by Donor and Funding type (in USD)

**Table 2 - Funding Received and Available by 31 December 2022 by Donor and Funding type (in USD)**

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
<b>I. Humanitarian funds received in 2021</b>		
<b>a) Thematic Humanitarian Funds</b>		
United States Fund for UNICEF	SM2299300100	599,164
UNICEF-United Arab Emirates	SM2299300200	17,293
UNICEF-United Arab Emirates	SM2299300205	177,247
UNICEF-India	SM2299300201	84,163
UNICEF Ireland	SM2299300199	47,079
Portuguese Committee for UNICEF	SM2299300102	24,246
Finnish Committee for UNICEF	SM2299300017	11,621
Danish Committee for UNICEF	SM2299300028	11,293
<b>Total Thematic Humanitarian Funds</b>		<b>972,106</b>
<b>b) Non-Thematic Humanitarian Funds</b>		
UNICEF-India	SM210021	1,393,457
USA USAID	SM210273	1,053,380
United States Fund for UNICEF	KM210135	806,496
German Committee	SM2102450004	531,648
UNICEF-India	SM210954	506,914
United States Fund for UNICEF	SM2102450003	468,594
UNICEF-India	KM210053	257,600
Australian Committee	SM210223	115,937
UNICEF-India	KM210121	105,200
Spanish Committee	SM2102450001	103,274
Swiss Committee	SM2102450018	87,267
Luxembourg Committee	SM2102450017	52,462
Norwegian Committee	SM2102450013	51,273
Canadian UNICEF Committee	SM2102450009	34,886
United States Fund	SM211011	10,780
UNICEF-India	KM220010	2,243
UNICEF-THAILAND	SM2100080010	620
<b>Total Non-Thematic Humanitarian Funds</b>		<b>5,582,031</b>



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<b>c) Pooled Funding</b>		
<b>(i) CERF Grants</b>		
<b>(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.</b>		
German Committee	SM2102450004	531,648
United States Fund	SM2102450003	468,594
Spanish Committee	SM2102450001	103,274
Swiss Committee	SM2102450018	87,267
Luxembourg Committee	SM2102450017	52,462
Norwegian Committee	SM2102450013	51,273
Canadian UNICEF Committee	SM2102450009	34,886
UNICEF-THAILAND	SM2100080010	620
<b>Total Pooled Funds</b>		<b>1,330,024</b>
<b>d) Other types of humanitarian funds</b>		
United States Fund	KM210135	806,496
UNICEF-India	KM200132	338,611
UNICEF-India	KM210053	257,600
UNICEF-India	KM210121	105,200
UNICEF-India	KM220010	2,243
<b>Total Other types of humanitarian funds</b>		<b>1,510,150</b>
<b>Total humanitarian funds received in 2022 (a+b+c+d)</b>		<b>9,394,312</b>
<b>II. Carry-over of humanitarian funds available in 2022</b>		
<b>e) Carry over Thematic Humanitarian Funds</b>		
Thematic Humanitarian Funds	SM229930	925,815
<b>Total carry-over Thematic Humanitarian Funds</b>		<b>925,815</b>
<b>f) Carry-over of non-Thematic Humanitarian Funds</b>		
UNICEF-India	SM210021	907,103
Consolidated Funds from NatComs	SM210424	2,775,009
The United Kingdom	SM170463	4,547
Consolidated Funds from NatComs	SM210328	510,794
Hong Kong Committee for UNICEF	SM210619	92,390
GAVI The Vaccine Alliance	SM220603	762,239
GAVI The Vaccine Alliance	SM220771	1,000,000
British Government (DFID)	SM200514	11,832
USA USAID	SM210738	239,745
Asian Development Bank	SM210531	511,146
USA USAID	SM210384	2,426
USA USAID	SM210273	9,696
<b>Total carry-over non-Thematic Humanitarian Funds</b>		<b>6,826,927</b>
<b>Total carry-over humanitarian funds (e + f)</b>		<b>7,752,743</b>

**III. Other sources (Regular Resources set -aside, diversion of RR - if applicable)**

Nil

**Total other resources**

\* 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.

**Table 3 Thematic Humanitarian Contributions Received in 2022**

Thematic Humanitarian Contributions Received in 2021 (in USD): Donor	Grant Number <sup>15</sup>	Programmable Amount (In USD)
United States Fund for UNICEF	SM2299300100	599,164
UNICEF-United Arab Emirates	SM2299300200	17,293
UNICEF-United Arab Emirates	SM2299300205	177,247
UNICEF-India	SM2299300201	84,163
UNICEF Ireland	SM2299300199	47,079
Portuguese Committee for UNICEF	SM2299300102	24,246
Finnish Committee for UNICEF	SM2299300017	11,621
Danish Committee for UNICEF	SM2299300028	11,293
<b>Total Thematic Humanitarian Funds</b>		<b>972,106</b>

<sup>15</sup> International Aid Transparency Initiative (IATI) requires all grants to be listed in reporting. <http://iatistandard.org/>

## Future Work Plan

In 2023, UNICEF's main priority is to boost emergency preparedness and provide immediate assistance to vulnerable populations facing humanitarian crises in India. The continuity of services will be ensured, government-led responses will be scaled up, and resilience-building interventions will be invested in. UNICEF

will work in partnership with local civil society organizations, partner platforms, and youth volunteers to reach the most vulnerable in hard-to-reach areas.

To promote equitable access to high-quality healthcare services, UNICEF will strengthen government systems and provide access to primary healthcare for 8.9 million vulnerable women and children in UNICEF-supported facilities. UNICEF will prioritize continuity of interventions, including antenatal care, institutional deliveries, and routine immunization, while also institutionalizing community engagement mechanisms in UNICEF-supported districts and urban areas.

UNICEF will also focus on building government preparedness and response systems to address climate-related challenges. This will include strengthening government systems for health and nutrition interventions, providing life-saving WASH services, promoting community engagement, supporting inclusive and safe quality learning, and expanding social protection and humanitarian cash systems.

In addition, UNICEF's nutrition approach aims to improve the nutritional status and respond to wasting and anaemia among children, adolescents, and women. Additionally, UNICEF will also enhance the education system by supporting inclusive, safe, and gender-sensitive learning in remote areas and promoting mental health and well-being for children and adolescents during emergencies. Finally, UNICEF will address the needs of unaccompanied children through family-based alternative-care and reunification services.

UNICEF will support the government's social protection and humanitarian cash transfer systems to expand coverage for vulnerable populations during crises. Partnerships will be formed with government, civil society, and academic institutions to advocate for public investments benefiting children. UNICEF aims to promote equitable access to high-quality healthcare services, nutrition, education, WASH, and social protection for vulnerable populations, with a strong commitment to inclusive and gender-sensitive humanitarian results.

UNICEF will use evidence-based insights to improve demand generation for health services. UNICEF will prioritize continuity of interventions, including antenatal care, institutional deliveries, and routine immunization, for vulnerable women and children in 17 states, including those from tribal, urban-rural poor, and internally displaced populations. Community engagement mechanisms will be established and used in UNICEF-supported districts and urban areas to promote routine immunization and other key health behaviours. Evidence-based social and behaviour change strategies will be implemented to engage vulnerable communities and generate demand for quality primary health care services.

To further strengthen government systems and promote access to key high-impact services, UNICEF will work closely with national and local health authorities to develop and implement policies and strategies that prioritize quality and coverage. This will involve providing technical assistance, capacity building, and advocacy support to help build the necessary institutional and regulatory frameworks.

UNICEF will implement costed evidence-based SBC (Social and Behaviour Change) strategies/plans that are tailored to the specific needs of vulnerable communities. This will involve engaging community members and stakeholders to co-create and implement programs that promote quality primary health care services and increase demand for routine immunization and other priority health behaviours.

The Young Warrior NXT program (YWN) conducted 15 pilots for life skills delivery. UNICEF will select five impactful models from these pilots for further scale-up support. The chosen models will receive additional support and guidance from the Yuwaah team to enhance adolescent life skills development for future-readiness and well-being.

Overall, UNICEF's goal is to provide immediate lifesaving and life-sustaining assistance to vulnerable populations, promote government preparedness and response systems, and enhance the education system in alignment with the new country programme 2023-2027.



## ANNEX A

### CASE STUDIES AND COMMUNICATION

#### HELPING CHILDREN FIND THEIR WAY BACK TO SCHOOL IN A POST-PANDEMIC ERA

**Background:** When COVID-19 hit India, the government implemented a phased lockdown, causing schools to close and students to switch to online learning. However, this move neglected several children who did not have access to digital devices or the internet. As a result, only 33.52 per cent of children in Subarnapur, an administrative district in western Odisha, were able to attend online classes, leading to a decline in academic aptitude.

#### RESOURCES REQUIRED/ALLOCATED AND PROGRESS AND RESULTS



To address this issue, UNICEF partnered with ActionAid and mobilized resources to provide community-based free coaching classes for three months. The team engaged 25 volunteers who mobilized resources for 344 children, who received free education at community centers for three months.

Multiple assistance and scholarship programs were initiated to encourage children to return to school, and bicycles were provided

to over 8,500 children. With the support of UNICEF, parent-teacher meetings and district review meetings were held, and a task force was established to enrol out-of-school children.

**Criticality and Value Addition:** The intervention was critical for all children who had fallen out of the school system and were having trouble returning to school, especially those facing various challenges due to COVID-19, such as the loss of parents, psychological distress, and financial difficulties. The intervention engaged local governments and stakeholders to encourage parents to send their children back to school as the schools reopened.

**Challenges and Lessons Learned:** Many children lost touch with learning during the pandemic due to prolonged lockdowns and school closures. The task force team for out-of-school children had to visit homes to counsel parents to enroll their children in school or attend educational courses. One such student, Barsha Bagh, was planning to get married, but the headmaster was able to persuade her parents to let her continue her studies. The task force plans to focus on enrolling and linking the remaining children to educational schemes.

**Moving Forward:** The intervention was successful in bringing children back to school and providing them with the necessary resources and assistance. Going forward, the task force team will continue to focus on enrolling more out-of-school children in educational courses and schemes, and the district administration will continue to organize parent-teacher meetings to encourage parents to send their children back to school.

One such student was Barsha Bagh, "I am thankful to my headmaster and District Administration who convinced my family to continue my education. Now, I have joined 10th standard, and I am happy that I can continue my studies, complete my education, and become independent."

## THE ROAD AHEAD FOR CHILDREN ORPHANED BY COVID-19

**Background:** Since the untimely passing of their mother and father during COVID-19, sisters Vidya\* (16) and Rekha\* (15) are trying to rebuild their lives. They live in the southern state of Karnataka and have moved in with the family of their maternal aunt while they cope with their grief and figure out their next steps. The girls received regular counselling from trained community-level workers and have been linked to social mechanisms that help to ensure that they are safe in their home environment and to help them foster their aspirations.

**Resources Required/Allocated:** Children like Vidya and Rekha, and others who have been orphaned by the pandemic, are tracked using the COVID Orphan Tracker and supported by child protection officers (CPOs) and local anganwadi workers (AWWs) who leverage the tracker to ensure that social protection schemes reach these children. They can avail of the benefits of schemes like PM Cares and the CM Bala Seva Yojana, that are intended to keep families together and to reduce the number and the need for institutionalisation. Under the state's scheme for children who have been orphaned by COVID-19, these young girls are eligible to Rs. 3500 every month. Child protection personnel linked Vidya and Rekha with sponsorships sequestered for those facing economic insecurities, under which they receive Rs. 2000 per month until they turn 18 years. The purpose of these funds is to enable young girls like Vidya and Rekha to stay in school and continue their education.

**Progress and Results:** Upon moving into their aunt's house, Vidya and Rekha received regular counselling and their home



Headmaster Babulal Sahu and Barsha Bagh

environment was monitored regularly, along with active handholding from community-level workers to expedite the linkages to social mechanisms. As soon as the sisters' names appeared on the COVID Orphan Tracker, CPOs at the block and village level, along with local AWWs, joined forces to ensure that the sisters were getting the necessary support from the state. These functionaries proved to be a crucial bridge that connected the beneficiaries to the District Child Protection Unit. They helped to identify children that needed support, care and protection, and strengthened last-mile reach that linked them to benefits under schemes like PM Cares and CM Bala Seva Yojana. The community-level workers also helped generate the death certificates, below poverty line (BPL) cards, and other documentation necessary for availing social security benefits. Supported by UNICEF, the district child protection teams have facilitated the identification of children orphaned due to COVID-19 across the state. Additionally, with enhanced technical expertise, knowledge, and strategic linkages with civil

society organizations (CSO), they have also developed a practical blueprint for family-based alternative care in Karnataka.

**Criticality and Value Addition:** It is critical for children who have lost their parents or caretakers, to be linked with the appropriate social protection or support systems and schemes. This can ensure that they stay on in a familiar environment and continue their education instead of being sent to a childcare institution. In this regard, UNICEF, supported by the humanitarian thematic funding, was able to provide technical support to the

Karnataka government to prioritize identifying children who have lost their parents to COVID-19, supporting them and creating a system around family-based alternative care.

**Way Forward:** To amplify the work of UNICEF and the child protection functionaries, consolidation of the necessary documents needs to be expedited so that the children can avail benefits and entitlements in a timely manner. The intervention needs to be closely monitored to ensure the appropriate utilization of funds. It is also imperative for awareness and sensitization to go hand-in-hand when extending care and protection to children affected by COVID-19 so that central- and state-allocated funds for vulnerable groups are made accessible for them.

**\*Names changed**

## MENTAL HEALTH INITIATIVES TAKE CENTERSTAGE IN THE AFTERMATH OF COVID-19

**Background:** The Aao Baat Kare (Come, Let's Talk!) initiative focused on improving mental health and raising awareness on mental health across four districts of Chhattisgarh. This initiative focused on mental health issues, including prevention of violence, early detection of signs of distress, primary care, and access to referral services. For this intervention, UNICEF partnered with the District Women and Child Department (DWCD), Chhattisgarh Agricon Samiti, the National Service Scheme, and adolescent groups.

**Resources Required/Allocated:** Supported by the humanitarian thematic funding, the team was able to mobilize government and local stakeholders to engage in mental health initiatives which provided group sessions and community-level trainings on mental health and child protection issues. Considering the age groups of the participants and the various cohorts that face mental health challenges, the community members were divided into groups like mother and child, children including adolescents, youth, adults, and the elderly. The funding was also extended to conduct workshops for students under the Hum Honge Kamyab initiative. The activities included meditation, dance and supported the recruitment of human resources and supplies.

**Progress and Results:** The Aao Baat Kare (Come, Let's Talk!) initiative, successfully reached 688 volunteers, which included frontline worker (FLWs), local governance body members, youth volunteers, community influencers, and traditional healers were engaged to participate in village-level mental health groups and conducted regular trainings on community mental health and child protection. This initiative was combined with the Hum Honge Kamyab (We will be Successful), an intervention that was implemented in high schools and higher secondary schools with a focus on students in the final year who face stress due to examinations. The initiative has successfully reached more than 5,000 students in 400 schools.

**Criticality and Value Addition:** As many children and adolescents, as well as caretakers, experienced various mental health challenges during the COVID-19 pandemic, interventions that focus on mental health and wellbeing were needed to help them cope with stress and lead a healthy life physically and mentally. The reach of these two key initiatives, supported by the humanitarian thematic funds, benefitted a number of children and adolescents, their caretakers, and community members who attended group sessions, workshops, and trainings on mental health and child protection.



## "Establishment of Breastfeeding Corners Brings Relief to Flood-Affected Mothers"



*Breastfeeding corners are a vital component of the child-friendly spaces in relief camps that UNICEF India has advocated with the Assam State Disaster Management Authority*

**Background:** In June 2021, a UNICEF team visited a flood relief camp in Solmara Bazar Griha in the Nalbari district of Assam, India. Many mothers, including Dulu Das, were facing difficulty in breastfeeding their babies due to overcrowding in the camp, preventing privacy for lactating mothers to feed their babies.

"It was difficult to feed my daughter as the camp is crowded. There are people everywhere. Sometimes, I had to sit near my relatives and request them to cover me while I fed her. I am thankful that a breastfeeding corner has been set up in the camp now," said Dulu Das.

**Resources required:** Mrinal Das, the relief camp supervisor, took upon herself to set up a breastfeeding corner in the camp with the support of UNICEF. Additionally, a two-storied

building was converted into a relief camp, housing 1,189 individuals with a dedicated space for breastfeeding.

**Progress and results:** With UNICEF's support, a breastfeeding corner was set up in the Solmara Bazar Griha relief camp which provided significant relief to Dulu and other mothers in the camp. Breastfeeding corners have been advocated by UNICEF in child-friendly spaces in relief camps and are now included in official relief camp management SOPs.



*Nilamshi Das with her mother, Dulu Das, flood survivors, benefiting from breastfeeding corner in a government relief camp for flood in northern Indian state of Assam*

**Criticality and value addition:** UNICEF has been working with the Assam State Disaster Management Authority and the Government of Assam since 2017 to strengthen the relief camp management process. This includes assessing and analyzing the situation of women and children in camps, piloting innovations through model relief camps, and training duty bearers based on the learning. The breastfeeding corners now feature in the official relief camp management Standard Operating Procedures (SOPs).

**Way forward:** The breastfeeding corner in the Solmara Bazar Griha relief camp is a significant step towards creating child-friendly spaces in relief camps. UNICEF will continue to work towards improving relief camp management processes and advocating for child-friendly spaces in relief camps.

## HUMAN INTEREST STORIES AND EXTERNAL MEDIA

### Significant media coverage mentioning UNICEF on COVID-19

- <https://www.unicef.org/india/stories/adb-unicef-install-61-new-thermal-scanners-screening-passengers-ports-and-airports-0https://www.unicef.org/india/stories/school-sanjog-reaching-most-vulnerable-tribal-students-educationSupport to PLHIV in protecting against COVID – 19 by Mrs. Geetaben patel in Vadodara>
- [Promoting COVID-19 vaccine uptake in remote Indian state of Mizoram](#)
- [Strengthening routine immunization – Nashik Municipal corporation](#)
- [Solar Direct Drive technology, equipping cold chain points to deliver the vaccines closer to the communities in remote parts of Tripura](#)
- [Gujarat gears up for Cold chain Expansion with new Walk-in Cooler and Walk-in Freezer](#)

### Human interest stories:

- <https://www.unicef.org/india/stories/oxygen-generation-plants-saving-lives-beyond-covid-19>
- <https://www.unicef.org/india/stories/not-all-heroes-take-center-stage-some-work-background-lab>
- <https://www.unicef.org/india/stories/adb-unicef-install-61-new-thermal-scanners-screening-passengers-ports-and-airports-0>
- <https://www.unicef.org/india/stories/baby-amisha-survives-and-thrives>
- [Vaccine stories](#)
- <https://www.unicef.org/india/stories/using-traditional-folk-songs-tackle-fear-vaccines-among-tribal-communities-rajasthan>
- <https://twitter.com/UNICEFIndia/status/1467803505645686786?s=20&t=KcZLeImv2kMr6mpOy0V1MA>
- <https://twitter.com/UNICEFIndia/status/1465266788250226689?s=20&t=KcZLeImv2kMr6mpOy0V1MA>
- <https://twitter.com/UNICEFIndia/status/1464451415045292040?s=20&t=KcZLeImv2kMr6mpOy0V1MA>
- <https://twitter.com/UNICEFIndia/status/1466716339872038912?s=20&t=gWjAP8bhZVwvHJb-YpiCOW>
- <https://www.unicef.org/india/stories/vaccinating-unreached-faster-speed>
- <https://www.unicef.org/india/stories/no-more-excuses-schools-must-open>
- <https://www.unicef.org/india/stories/zero2hero-campaign-peoples-campaign-fight-covid-19>
- <https://www.unicef.org/india/stories/school-sanjog-reaching-most-vulnerable-tribal-students-education>
- <https://twitter.com/yuwaahindia/status/1575756900896890882?s=46&t=Sp4SAQfHHbFBHLgRt1yEdQ>
- [https://www.linkedin.com/posts/yuwaahindia\\_ywnxt-lifeskills-wysd2022-activity-6953601231424471040-rs2l?utm\\_source=share&utm\\_medium=member\\_ios](https://www.linkedin.com/posts/yuwaahindia_ywnxt-lifeskills-wysd2022-activity-6953601231424471040-rs2l?utm_source=share&utm_medium=member_ios)
- [https://www.instagram.com/p/Cbz4vJHvOP\\_/?igshid=YmMyMTA2M2Y](https://www.instagram.com/p/Cbz4vJHvOP_/?igshid=YmMyMTA2M2Y)

## ANNEX B

### EXPRESSION OF THANKS: LIST OF PUBLIC AND PRIVATE DONORS

Government of Japan, Government of Germany (BMZ/KFW), Asian Development Bank (ADB), USAID, Centers for Disease Control and Prevention (CDC), USA, Global Partnership for Education (GPE), Admiral Insurance, Adobe Foundation, Ambika Paul Foundation, Amdocs, Ansell Limited, ATE Chandra Foundation, American Express Foundation, Bill and Melinda, Gates Foundation, Bloomberg, Brenda and Stéphane Bancel, Bumble, Bupa Health Foundation, Burberry, Capgemini, Cedar Street Charitable Foundation, Chellaram Foundation, ClIFF, CIBC, Clarios Foundation, LTI, CLP, Coles, Commonwealth Bank of Australia, Cognizant, Cricket Australia, IN COVID SUPPORT FZE LLC , Danaher, DBS Bank India Limited, Deutsche Bank, DSM, Elara Technologies. Elizabeth and Michael Keeley, Ericsson,, Employees of SAP in India, Estee Lauder Company, Ethical Tea Partnership, European Investment Bank, Eva Ahlström Foundation, Family Insurance, FamPay Solutions, Foxtel Group, Fidelity Charitable Gift Fund, GEMO, GMX, Google, Georgia Pacific Cellulose, Grofers, GPay, HDFC, Hitachi, HPE Foundation, HSBC Holdings, Hydro, Ikea India Private Limited, IMC Foundation, International Council of Community Churches, IONOS, Islamic Relief, Islamic Relief Canada, James Family Charitable Foundation, Johnson & Johnson, Jonathan Gray, JP Morgan Charitable Giving Fund, Julius Bär, Kearney, Kimberley Clark, Liebherr, Lixil, LSEG LVMH, Maisons Du Monde, McKinsey Knowledge Centre, MicroGo, Microsoft, Nayara Energy, NTT Data and NTT Corp, NCR Foundation, Nord Anglia Education, 1&1, Olympus, Oracle , Otis Elevator Co., Power of Nutrition, PwC, Primark, Purvi Padia and Pooja Bhandari, PVR, REA Group, ReNew Power, Rockefeller Foundation, Renaissance Charitable Foundation, Rohini Nilekani Philanthropies, Rusy and Purviz Shroff Charitable, Sam Simon Charity, SAP Global SC Johnston, Service Now, Silicon Valley Community Foundation, Sony Group Corporation, South Asian Bar Association, Specsavers, Stanley Black & Decker, Sulzer AG, Swiss Re Foundation, Stephen A. Schwarzman, Target, Teck Resources, The Giving Back Fund, The San Francisco Foundation, Tide, The Schwab Fund for Charitable Giving, Twinings, United Internet, UPS, Vanguard Charitable Endowment, Vodafone Aotearoa Foundation, WEB.DE, WSP, Xylem Watermark, Yes Bank, Ahresty Corporation, Tamura Corporation, Nippon Filcon, Shimizu Corporation.