Reporting Period: 1 March – 30 April 2020

UNICEF India

COVID-19 Pandemic Monthly Situation Report No. 1

unicef for every child

Highlights

- **Millions of children** and their families across India have been reached with the correct information on how to stay safe from COVID-19 through a mix of innovative and traditional mechanisms. Some 85 per cent of 1.25 million women frontline community health workers and auxiliary nurse/midwives have been trained on risk communication, while key influencers including media and faith leaders have supported awareness raising. UNICEF is leading the coordination for a government campaign addressing stigma.

- Close to **a million** healthcare facility staff and community health workers have been trained in Infection Prevention and Control. WASH assessments have been conducted for health care facilities and quarantine centers. UNICEF is working with state governments to adapt existing schemes during the lockdown to ensure that essential health and nutrition services continue.

- Around **23 million** children continue to learn through education initiatives launched by UNICEF and partners. More vulnerable families, including migrant families, are receiving social assistance and cash transfers from government as a result of additional social protection monitoring mechanisms supported by UNICEF.

- Over **53,000** children and their caregivers have been provided with psychosocial support as a result of UNICEF's support, including training of child protection functionaries and counsellors together with government.

- **A trusted partner** of the Government of India, with a proven track record in supporting health emergencies, UNICEF, together with WHO and other UN agencies, has activated its entire machinery to support the Government towards two key goals: reducing transmission and mitigating the impact of the pandemic on children, young people and their care providers, especially the most vulnerable.

Situation in Numbers

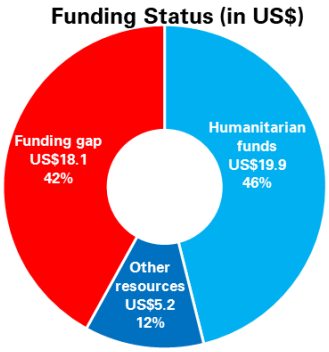
286 million
Children and adolescents affected by COVID-19 school closures

23, 651
Total laboratory-confirmed 2019-nCoV cases

1,074
Total COVID-19 deaths

UNICEF Appeal 2020

US$ 43.2 million



Situation Overview and Humanitarian Needs

The Government of India declared the COVID-19 outbreak a "notified disaster" on 14 March 2020 and has undertaken a pan-India approach towards addressing the situation. The crisis is unprecedented and has posed a whole set of new challenges for children's well-being and exacerbated existing vulnerabilities. COVID-19 is a health emergency that also risks evolving into a broader child-rights crisis. The bold step of a national lockdown was initiated from 25 March 2020 with a complete shutdown of all but essential services. The first case was reported on 30 January 2020 and as of now one in seven districts is affected across the Country. Some States began easing restrictions based on district-level profiling of infectious hotspots (a form of cluster containment) from 20 April 2020. Up until the end of April cases have been rising.

The escalation of reported cases, the severe slowdown of economic activity, and a social fabric strained by stigma and discrimination, have transformed the health emergency into a complex, protracted phenomena that risks unravelling key development gains. Much of the crisis is likely to continue and require response and recovery actions over the coming years.

A 1.7 trillion Indian Rupees (US$ 22 billion) relief package, amounting to about 1 per cent of India's GDP, was announced by the Finance Minister to offset the potential socio-economic shocks resulting from the nationwide lockdown. The package adds additional resources to the existing transfer schemes - food security entitlements, pensions, income support and insurance to health workers and targets the most vulnerable. Benefits include cash transfers direct to bank accounts, however, reaching all of those in need has been a challenge. In addition to this relief package, the Prime Minister has also set up "The Prime Minister's Citizen Assistance and Relief in Emergency Situations Fund" (PM Cares Fund) aimed at strengthening the fight against COVID-19 by furthering support for containing, combating and providing relief against COVID-19. The Fund has already received over US$ 1 billion in donations, including from the private sector and members of the public.

Health inequalities and socio-economic disparities have uncovered unique challenges. The spread of misinformation driven by fear, stigma, discrimination and blame have heightened the complexities. Stigmatization against health-care workers, of specific groups/communities, and of people with or suspected of having COVID-19, have all been reported, along with some cases of violence.

> *"Although the concerns over the coronavirus are understandable, the stereotypes and exclusion currently clouding society are not….It is imperative to see us in all our diversity and challenge the existing stereotypes. We are all at risk of getting sick, there is no one more or less worthy of health." – Paavani Arora,15, wrote on Voices of Youth.*

Every girl, every boy, every family, every caregiver and every frontline worker's experience of the COVID-19 Pandemic in India is different. Though, women remain at the forefront bearing the brunt of the increased caregiving responsibilities. The COVID-19 crisis poses new challenges to children's physical, emotional and psychosocial well-being. Hotlines and shelters for survivors of domestic violence report increased rates of violence against women and girls, even though many of them are not able to make phone calls or seek services in the presence of perpetrators.

[1] https://en.unesco.org/covid19/educationresponse accessed 30 April 2020.
[2] https://www.mohfw.gov.in/ accessed 1 May 2020.
[3] Ibid

From 20 March 2020 to 10 April 2020, CHILDLINE 1098 witnessed a 50 per cent increase in calls to 460,000 calls, resulting in 9,385 direct interventions. About 20 per cent of interventions responded to child protection issues such as preventing child marriage and physical, emotional and sexual abuse, trafficking, abandonment, neglect, and child labour. The Minister of Women and Child Development reported prevention of 898 child marriages by CHILDLINE since the lockdown. Many children living in childcare institutions have been discharged. Despite government and stakeholder efforts, there are concerns about the care and protection of these children. Some 61,804 children have been sent home according to data from nine states. Rates of child marriage, trafficking and school dropouts are expected to increase, especially of girls, as seen in earlier disasters.

Summary Analysis of Programme Response

UNICEF India's Response Plan was finalized in early April 2020 to support the Ministry of Health and Family Welfare and other line ministries involved in a pan-government response to COVID-19 in India. It is rooted in the context of effective collaboration among UN agencies and strong partnership with WHO. It builds upon agencies' collective strengths in supporting response to health emergencies, health systems strengthening, and risk communication and community engagement.

The Response Plan is based on the following guiding principles:

- The current COVID-19 outbreak is of unprecedented scale in recent history - *Prioritize and act fast.*
- The current knowledge on the virus and on its transmission is limited and evolving -*Learn and be flexible.*
- The epidemiology of COVID-19 is fast evolving on a global scale as well as in different states, cities and districts in India - *No one-stop solution. A Range of options to be considered in responding to the local needs.*
- COVID-19 is a health emergency with considerable potential effects on individual, family, social and economic life - *Health emergency, with a multisectoral response*
- Equity – *Ensuring that the most vulnerable, especially persons with disabilities and women and girls, are not left behind*.

UNICEF's unique advantage to respond to COVID-19, is through its presence of multisectoral teams in 13 field offices, operating extensively in the field of health in 23 states and union territories, and intensively in more than 100 districts. The 600-strong team of staff and consultants across India swiftly transitioned to remote working modalities while sustaining the strong intersectoral partnerships for an effective response to the pandemic.

UNICEF together with partners is focusing on results in the following six key pillars, as outlined in the Response Plan:

1. **Risk Communication and Community Engagement (RCCE)**
2. **Improve Infection and Prevention Control (IPC) and provide critical medical and water, sanitation and hygiene (WASH) supplies**
3. **Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management**
4. **Data collection social science research for public health decision making**
5. **Support access to continuous education, social protection, child protection and gender-based violence (GBV) services**
6. **Coordination, technical support and operational costs**

1. Risk Communication and Community Engagement (RCCE)

RCCE is a priority intervention in the COVID-19 response to inform decision making related to personal risk, to mitigate rumours and misinformation, to share information and advice between experts, communities and officials, and to effectively involve communities in the response to control the outbreak. UNICEF has prioritized addressing misinformation and communal tensions to ensure communities continue to observe physical and social distancing, and that discrimination does not become further entrenched.

More than one million, some 85 per cent of women frontline functionaries have been reached to increase knowledge on prevention and containment measures through UNICEF supported online training. These groups include health, sanitation and early childhood development teachers who help ensure that the support is reaching children and women right down to the village level. UNICEF supported a national pre-caller tune on "social distancing" which reached some 500 million by phone across all telecommunications networks across India.

Over 10 million people have been reached with targeted messages through a community engagement approach involving folk media, community radio and faith-based organizations. For example, more than five million people were reached across Uttar Pradesh through the digital community engagement platforms of 19 departments. In Telangana 270,000 women self-help group leaders are engaged. In Gujarat, audio visual collaterals adapted for COVID-19 are being disseminated through nearly 15 regional media outlets and are estimated to have reached at least half of the state's population. These traditional platforms and tools are effectively engaging communities to promote safe behaviours. Messages are informed by knowledge, attitude and practice surveys and vulnerability assessments conducted through U-Report. While general knowledge about COVID-19 is good overall, there are millions of people still to be reached with life-saving messages, especially those in urban slums and remote tribal communities.

A national-level public advocacy campaign is being developed to address prevailing stigma and discrimination, including supporting helplines to address negative attitudes, misinformation and violence against women and girls. UNICEF has leveraged the power of influencers to combat the threat posed by COVID-19. A range of influencers including celebrities, religious leaders, MPs and MLAs have lent their voice to promote appropriate preventive messages in mainstream national and local media (print, TV, radio) and social media. The polio-era SMNet [4] has also galvanized influential faith-based institutions and leaders to issue over 100 appeals urging people to offer prayers at home instead of congregating at places of worship, especially during festivals. These leaders are also sharing messages on protecting the rights of children and women.

Social media has been instrumental in countering misinformation with targeted messaging with a cumulative reach of more than 360 million till date. UNICEF digital channels promoted positive and anti-discriminatory behaviour and addressed stigma, based on careful social listening insights.

COVID Academy, a collaborative effort between UNICEF, Sphere India, WHO and Hindustan Computers Limited (HCL) Foundation, has mobilized civil society partners towards ongoing efforts on COVID-19 prevention and risk mitigation with the aim to strengthen the capacity of 35,000 individuals through digital platforms. This has resulted in intensified community engagement around safe behaviours and support to the most vulnerable.

[4] To address the extensive outbreak of polio cases in 2004, majority of which were to be found in the Muslim community, UNICEF create the Social Mobilization Network (SMNet) as part of its underserved strategy. SMNet partnered with over 300 institutions in Uttar Pradesh and developed culturally appropriate messaging through three leading universities - Aligarh Muslim University, Jamia Milia Islamia and Hamdard. These efforts helped in successfully ending polio in the State with the last polio case reported in April 2010.

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

UNICEF is prioritizing the establishment of IPC measures in health facilities and affected communities through provision of supplies and information to influence practices. At the request of the Ministry of Health and Family Welfare (MoHFW), UNICEF is providing assistance in the procurement of essential supplies such as personal protective equipment (PPE) supplies, oxygen concentrators and thermal scanners for airports.

WASH assessments have been conducted for health care facilities and quarantine centers in the states of Bihar, Chhattisgarh, Gujarat and Uttar Pradesh. Two states, Bihar and Jharkhand have installed 18 touch-free hand washing stations at health care facilities, in public spaces and quarantine facilities, but there are still millions across India that lack access to soap and water. In Uttar Pradesh, UNICEF's advocacy has led to three new piped water supply schemes and the disinfection of 1,819 hand pumps located around temporary shelters and quarantine centers.

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

Key to UNICEF's response strategy is the continuity of essential lifesaving maternal, neonatal and child health and nutrition services, and, to address the potential secondary impact of the outbreak on women, children and adolescents. The MoHFW continues to implement its Containment Plan for Large Outbreaks, adapting its response to COVID-19 and the provision of essential RMNCH+A services according to the severity of the outbreak at cluster level (districts). UNICEF is also working with UNFPA and other partners to ensure that reproductive health services, including to pregnant women, continue without interruption.

UNICEF along with WHO is providing technical support to national and state governments to develop guidelines and tools on continuing the delivery of essential services safely. This includes the development of guidelines and production of social and behaviour change (SBCC) tools and materials on healthy eating and breastfeeding in the context of COVID-19.

The focus is on the most marginalized and high-risk communities including elderly and people with special needs. Several states have now issued circulars on continuity of essential health and nutrition services including on restarting community-based vaccination, reopening of nutrition rehabilitation centres, replacing school-based iron folate supplementation with community-based ones or on replacing vitamin A supplementation mass campaigns with vaccination linked and door to door distribution. While dry rations are being distributed through government mechanisms (to replace hot meals provided at early learning centres and schools) according to newspaper reports, not all that need support, including migrants, are being reached consistently.

The potential to make a difference through UNICEF support to adapt existing mechanisms for the response is evident in Maharashtra State where 36 districts confirmed completion of take-home ration distribution in April 2020 for households with children aged six months to three years, pregnant women and lactating mothers. All auxiliary nurse midwives also established WhatsApp groups for households with these target groups and have been sharing messages with them about COVID-19 prevention, early childhood education and nutrition, to replace their regular household visits.

UNICEF, MoHFW and WHO teams have supported supervisory visits to COVID-19 facilities across the Country, to provide mentorship to health care providers and managers involved in the response. UNICEF has also supported the MoHFW to train health care providers in detection, referral and management of COVID-19 cases.

UNICEF specialists have been engaged in providing support to state level emergency coordination rooms in planning and implementing public health measures aimed at containing the spread of the outbreak, including the design, implementation and monitoring of testing and contact tracing strategies.

To support health care providers, UNICEF has also contributed to the design and implementation of various schemes aimed at providing psychosocial support services for doctors and nurses.

In addition, UNICEF is supporting a MoHFW initiative to orientate government helplines towards reducing stigma and discrimination and increasing social cohesion across communities.

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

A community-based monitoring mechanism is being set up in partnership with NGO and civil society networks to monitor the socio-economic impact of COVID-19 in 14 districts across eight states. It focuses on vulnerable populations who are at risk of being left behind to analyse the economic impact on livelihoods, workforce, food security and receipt of and access to direct benefit transfers/social protection, poverty, and the social impact on learning opportunities, support and care, social exclusion, gender, violence and abuse, child labour, child marriage and psychosocial effect. This mechanism engages community volunteers who serve as nods or a sentinel site to monitor the situation of communities and vulnerable families in the area. Monitoring will use RapidPro to send Interactive Voice Response (IVR) messages to select families and community volunteers. Responses will be used to inform programming.

5. Support access to continuous education, social protection, child protection and gender-based violence (GBV) services

Education

The COVID-19 emergency is having a huge impact on children's access to education, both girls and boys. As in many countries globally, all education institutions in India are temporarily closed to contain the spread of the COVID-19 pandemic. Closures have affected 286 million[5] learners across India from pre-primary through secondary. Currently it is not expected that schools will reopen before the end of the summer holiday in June or July 2020.

[5] https://en.unesco.org/covid19/educationresponse accessed 30 April 2020.

To provide a better learning environment for children, UNICEF along with its partners have launched several education initiatives to enable children to continue learning at home. These include online classrooms and radio programmes. An estimated 23 million children have been reached in 16 states.

UNICEF in collaboration with government has also rolled out a responsive parenting programme for young children in three states - Assam, Chhattisgarh and Odisha.

To support children, parents and caregivers to continue learning at home, *Chakmak* campaign was launched by UNICEF in collaboration with the Department of Women and Child Development and Media Collective for Child Rights in Chhattisgarh. The month-long campaign aims at helping children, parents and grandparents and caregivers to cope with the current situation offering fun-filled activities. *Chakmak* represents hope, joy, happiness, accomplishment and fulfilment.

In Odisha the Department of Women and Child Development produced a monthly activities calendar with worksheets, based on the state's early childhood education curriculum. In addition to age appropriate activities, like storytelling and play, the calendar promotes COVID-19 prevention such as handwashing, social distancing and correct use of masks.

Social Protection

UNICEF is supporting the development of additional social protection monitoring mechanisms to ensure that social assistance and cash transfers being provided by the government reach vulnerable families, such as families of migrant workers and other vulnerable daily-wage earners. These mechanisms will provide feedback loops for continuity of regular social protection delivery across 16 states, with a special emphasis on social protection packages. This includes cash transfers for students and girls to prevent child marriage and child trafficking. For example, the rapid assessment results in Uttar Pradesh led to expanding the availability of banking services through micro-ATMs[6].

Working with the state governments of Gujarat, Jharkhand and Madhya Pradesh, UNICEF supported the development of comprehensive modules for Panchayat Representatives (local councilors at the village level) in responding to COVID-19, and capacity development of local government to assess and respond to the crisis and the needs of deprived in the communities.

An analysis of revenue projection and impact on fiscal space was supported in Kerala, Odisha and Tamil Nadu aiming for greater fiscal space for the government's strategy of prevention and containment of the pandemic, and to address new needs in education, nutrition, WASH, child protection and social protection.

[6] Micro ATMs are handheld point of sale terminals used to disburse cash in remote locations without bank branches.

Child Protection

A nation-wide online training was conducted with the Minister of Women and Child Development for 16,000 child protection functionaries and counsellors. UNICEF also supported a training with the National Disaster Management Authority (NDMA), WHO and the Hindustan Computers Limited (HCL) Foundation for frontline civil society organizations.

UNICEF through its partners provided psychosocial support for 53,016 children and their caregivers. Together with the National Institute of Health and Neuroscience, a psychosocial support package for children under care (quarantine/isolated/hospitalized) and for health care providers was developed. CHILDLINE, a large helpline with outreach capacity across India, partnered with UNICEF to deliver psychosocial support, and jointly developed a manual for parents and caregivers.

UNICEF supported the response to migrant workers and labourers including through support to assessments and cross-state linkages of migrant workers in Bihar, Jharkhand, Madhya Pradesh, Maharashtra and Uttar Pradesh and COVID-19 prevention information reaching nearly 35,000 migrant workers, including children, in 83 relief camps and quarantine centres in Uttar Pradesh. More than 200,000 labourers received 1,000 Indian Rupees (around US$14) through bank transfer. Along with partners, advocated with the government in Madhya Pradesh to provide supplies to the most vulnerable and migrant families, resulting in supplies to over 3,000 families.

UNICEF advocacy led to the Supreme Court issuing Children in Need of Care and Protection Order, that asked children to be released from observation and detention centres after completing due diligence. National Guidance issued by the Ministry of Women and Child Development in March 2020 also emphasised the necessary measures to protect children. As a result, nearly 323,400 children and caregivers in institutions or foster care have received information on prevention and response to COVID-19, and 1,533 children have been placed in alternative care arrangements. In three States (Bihar, Kerala and Uttar Pradesh), 81 children have been released on bail from observation and detention centres.

With an increased exposure to online content during lockdown, online safety has emerged as a critical issue. According to the US National Centre for Missing and Exploited Children, a significant part of the reported child sexual abuse material online was uploaded from India (11.7 per cent of the global total). An advisory was issued by UNICEF with the National Centre for Protection of Child Rights and the Cyber Peace Foundation, for parents and caregivers on how to keep their child safe online during the COVID19 Pandemic. Partners are amplifying these messages.

Although UNICEF technical support to child protection interventions is strong, overall resources for child protection services and GBV are stretched, especially with regards to counselling, shelters, hotlines and accessing children and women who are experiencing violence., as the delivery of crucial services has been limited.

> *"The COVID-19 pandemic has disrupted the whole world and has impacted everyone's life. The most adversely affected from this situation is migrant workers. The inaccessibility of food and shelter forced them to walk miles just to reach their hometown where they can stay safe. After many efforts and help by government these workers are getting some support. There's still a long journey of recovery but small steps are making huge differences."*
> *- Namita Pathak, Sky Social (youth-led organization in Madhya Pradesh) volunteer*

Adolescent Development and Participation

A youth volunteer coalition is being convened by YuWaah! (India's Generation Unlimited) together with civil society partners and volunteer networks to ensure effective engagement of young people in the COVID-19 response. Across the country adolescent and young people are supporting the response efforts and sharing their challenges and solutions. A co-creation workshop was attended by over 85 volunteers and partners who came up with over 100 solutions of which 10 were shortlisted and pitched for scale up. Mental health has been highlighted as an area of concern to many adolescents and young people.

Overall, nearly 700,000 adolescents and youth have been reached across eight states with targeted messages on COVID-19 and engaged through youth clubs, the National Service Scheme (NSS) and Nehru Yuva Kendra Sangathan (NYKS) using online and offline mechanisms. More than 50 district and state-level office bearers of Youth Congress of Chhattisgarh (with 450,000 members) were oriented by UNICEF on COVID-19 to support in ensuring that government schemes and services reach women and children.

> "*As young people, it is our duty to take care of the vulnerable during this lockdown. I believe that we can be a great weapon against the spread of coronavirus. Together we can fight COVID-19."*
> *- Krunal Shah, 23, Ahmedabad, Gujarat*

Humanitarian Leadership, Coordination and Strategy

The UN inter-agency coordination in India is led by the UN Resident Coordinator, through the UN Crisis Management Team (UNCMT). The Resident Coordinator (RC)/Designated Official (DO), is supported by a Pandemic Coordinator and a Secretariat. The RC/DO and the Pandemic Coordinator are working in close coordination with the WHO, UNICEF and other relevant UN agencies. The World Bank and ADB are also engaged in discussions with relevant UN Agencies.

The UN coordination for COVID-19 focuses on three pillars - programmatic response to COVID-19, external and internal communication, and staff safety and security.

1. **Programmatic response**: The Pandemic Work Group, Crisis Management Team and UNCT have been activated to respond effectively to the government's priorities and UN response programme. This includes:
    - a joint health response plan led by WHO, with the participation of UNICEF, UNFPA, UNDP, UNAIDS, UNIDO and UNEP, in close collaboration with the Ministry of Health;
    - a joint socio-economic response plan focussing on Income Security, Safety Nets and Social Protection Systems; Food Security and Nutrition; Water Sanitation and Hygiene; Child Protection, Education; and, Environment. Across the sectors, the vulnerabilities of particular population groups and considerations of gender and stigmatization will be addressed and coordinated by existing UN Results Groups.

2. **External and internal communication** is coordinated by the RC Office and the UN Communication Group, in close consultation with WHO and UNICEF, guided by the UNCT. WHO provides technical oversight and UNICEF is in the lead for risk communication and community engagement.

3. **Staff safety, security and well-being** is coordinated through the Security Management Team, UNDSS, and UN Operations Management Team. Initiatives include the implementation of the contingency plan (that is a part of the UN security plan), issuing standard operating procedures and protocols, and regular communication on duty of care.

A High-level Committee for Engagement of Private Sector, International Organizations and Development Partners, has been constituted by the Government of India, under the leadership of the National Institution for Transforming India (NITI Aayog). UNICEF as part of the UN team is engaging with the High-level Committee in addition to liaison and coordination with relevant ministries and the National Disaster Management Authority. At the state level coordination mechanisms have been instituted between UN agencies, development partners and relevant government authorities.

With multi-sectoral teams in 13 field offices - covering over 100 districts across 23 states - the UNICEF team comprises experts in health, nutrition, water and sanitation, education, child protection, inclusive social policy, disaster risk reduction, communication for development and external communication and advocacy.

Funding Overview and Partnerships

The UNICEF India Response Plan to COVID-19 Pandemic funding requirement is US$ 43.2 million to help prevent the spread and minimize the impact of COVID-19 across India. To date, the appeal is 58 per cent funded with US$ 25.07 million available against the appeal, including US$ 5.16 million that has been re-programmed from existing UNICEF India resources.

UNICEF India expresses its sincere gratitude to the many Government, IFIs and private and public sector donors who have generously donated and pledged funding to the appeal. This includes the Asian Development Bank (ADB), USAID, Global Partnership for Education (GPE), DBS Bank, Hindustan Unilever (HUL), Netafin and the Bill & Melinda Gates Foundation (BMGF) and others.

The Response Plan is still in urgent need of $18.1 million that remains unfunded. Bridging the funding gap will ensure larger number of vulnerable children and their caregivers access essential services and supplies including healthcare, nutritional care, sanitation, education, protection and psychosocial support. To discuss partnership opportunities, see contact details below.

Human Interest Stories and External Media

Media: Coronavirus scare: Former Miss World Manushi Chhillar collaborates with UNICEF link
Media: COVID-19: NITI Aayog seeks help from UN agencies, pvt sector link
Media: Handwashing helps stop COVID-19. But in India, water is scarce link
Media: NIRDPR and UNICEF training community leaders online to combat COVID-19 link
Media: The writing's on the wall! Paintings bust COVID-19 myths in Raipur link
Media: UNICEF India ropes in faith leaders to fight pandemic link
Web: Young women overcome obstacles to help others link
Video: UNICEF India and partners on the ground COVID-19 Pandemic Response link

Next SitRep: 1 June 2020

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

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Annex A

Summary of Programme Results

Risk Communication and Community Engagement (RCCE)

Target for December 2020	Target for December 2020
1 billion	**16,779,000**
Number of people reached on COVID-19 through messaging on prevention and access to services	Number of people engaged on COVID-19 through RCCE actions
60% Progress as of 30 April 2020	**37%** Progress as of 30 April 2020

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

Target for December 2020	Target for December 2020	Target for December 2020
279,000	**18,000**	**1,491,000**
Number of people with critical WASH supplies (including hygiene items) and services	Number of healthcare workers within health facilities and communities provided with Personal Protective Equipment (PPE)	Number of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)
22% Progress as of 30 April 2020	**0%** Progress as of 30 April 2020	**64%** Progress as of 30 April 2020

Provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management

Target for December 2020

1,527,000

Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases

60%

Progress as of 30 April 2020

Target for December 2020

33,439,000

Number of children and women receiving essential healthcare, including prenatal, delivery and postnatal care, essential newborn care, immunization, treatment of childhood illnesses and HIV care in UNICEF supported facilities

10%

Progress as of 30 April 2020

Access to continuous education, social protection, child protection, and Gender-Based Violence (GBV) services

Target for December 2020

59 million

Number of children supported with distance/home-based learning

39%

Progress as of 30 April 2020

Target for December 2020

58,700

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

0%

Progress as of 30 April 2020

Target for December 2020

1,600

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

44%

Progress as of 30 April 2020

Target for December 2020

85,000

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

62%

Progress as of 30 April 2020

Target for December 2020

20,000

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

80%

Progress as of 30 April 2020

Annex B

Funding Status

Response Pillar	Total ICO BUDGET (US$)	Funds Available		TOTAL FUNDS Available	Funding GAP	% Gap
		Humanitarian/ COVID response funds received	Other Resources			
1. Risk Communication and Community Engagement (RCCE)	**2,900,000**	**1,221,420**	**100,000**	**1,321,420**	*1,578,580*	54%
2. Improve Infection and Prevention Control (IPC) and provide critical medical and water, sanitation and hygiene (WASH) supplies	**25,075,000**	**16,175,094**	**500,000**	**16,675,094**	*8,399,906*	33%
3. Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management	**5,100,000**	**300,000**	**1,875,000**	**2,175,000**	*2,925,000*	57%
4. Data collection and social science research for public health decision making	**650,000**	**175,435**	**-**	**175,435**	*474,565*	73%
5. Support access to continuous education, social protection, child protection and gender-based violence (GBV) services	**5,175,000**	**240,000**	**2,685,000**	**2,925,000**	*2,250,000*	43%
6. Coordination, technical support and operational costs	**1,100,000**	**340,315**	**-**	**340,315**	*759,685*	69%
Programable Amount	**40,000,000**	**18,452,264**	**5,160,000**	**23,612,264**	**16,387,736**	**41%**
Total Global Recovery cost	**3,200,000**	**1,463,179**	**-**	**1,463,179**	*1,736,821*	54%
Total Funding Requirement	**43,200,000**	**19,915,443**	**5,160,000**	**25,075,443**	**18,124,557**	**42%**