



Vidhya Jain (centre), a frontline nutrition worker and Anganwadi worker trained by UNICEF, is providing counselling for pregnant women and young mothers at the community level.

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Humanitarian Action for Children

India

HIGHLIGHTS¹

- Further waves of COVID-19 are anticipated to affect millions, including the most vulnerable socio-economically deprived, women and tribal communities, and 286 million children facing disruptions in education and learning.
- UNICEF and partners will support the Government-led response to children's needs, addressing the direct and indirect impacts of COVID-19 and other disease outbreaks and natural disasters including earthquakes, droughts, cyclones and floods.
- UNICEF requires US\$76.6 million to address the humanitarian needs of children and their families in India in 2022. This includes US\$30 million for health systems response to COVID-19 and continuity of healthcare services, US\$11.8 million to support delivery of safe water, sanitation and hygiene services, US\$11.6 million to support 960,000 children with severe acute malnutrition, and \$6.6 million to support continuity of learning. US\$6 million for child protection will benefit 1.5 million women, girls and boys through interventions to prevent and respond to gender-based violence, and US\$10 million is allocated for natural disasters.

IN NEED

664 million people²

286 million children³

TO BE REACHED

77.8 million people⁴

32.8 million children⁵

KEY PLANNED TARGETS



30 million

children and women accessing health care



7.8 million

people reached with critical WASH supplies



19 million

children accessing educational services



45 million

people reached through messaging on prevention and access to services

FUNDING REQUIREMENTS

US\$ 76.6 million

2021

2022

HUMANITARIAN SITUATION AND NEEDS

India continues to face the immediate health impacts of COVID-19 and the wider effects of the pandemic. Learning from the devastating second wave in 2021 (with a daily caseload over 400,000 at the peak), UNICEF India is anticipating future waves alongside the seasonal cyclones and floods⁶ that impact over 65 million people (including 24 million children)⁷ annually, significantly increasing with the changing climate.

Future waves of COVID-19 will impact the marginalized, including tribal, migrant, slum-dwellers and socio-economically deprived communities, whose vulnerabilities are exacerbated by inadequate access to health and social service entitlements and limited reach of media.

Even before the pandemic, India accounted for half of the world's wasting burden, leaving millions of children predisposed to the adverse impacts of emergencies. The pandemic, through lower health-seeking behavior due to fear of COVID-19, reduced access to income and nutritious food and increased food costs, presents a perfect storm for increased severe acute malnutrition in India.

The combined effects of COVID-19 and the increasingly frequent and intense natural disasters due to the impacts of climate change are significantly impacting water, sanitation, and hygiene (WASH) service delivery, especially for populations on the move, millions of school-going children, and community spaces and households. Poor access to WASH services increases the risk of life-threatening disease outbreaks, especially among over 6 million children under 5 years of age living in flood-and cyclone-prone areas.

Since April 2020, 286 million children aged 3 to 18 years of age (49 per cent girls) have remained out of school. Schools have begun reopening in 26 out of 28 states, with only one state reopening early childhood development centers. Continuity of learning remains a challenge, especially for the most disadvantaged children during floods and cyclones, putting many children at increased risk of dropout, learning loss and exploitation.

COVID-19 has exacerbated violence and other protection risks, with families resorting to negative coping mechanisms including child marriage and child labor. The proportion of gender-based violence among the total reported crimes against children has increased from 32.4 per cent in 2019 to 36 per cent in 2020.⁸ More than 110,000 children have lost one or both primary caregivers to the pandemic.⁹ This is likely to be under-reported.

36.8 million jobs have been lost due to the pandemic, with migrant/daily wage laborers among the most affected.¹⁰ Food insecurity affects 7 million households.¹¹ Disruptions in social services adversely impact disadvantaged social groups, with almost 6.7 million pregnant women excluded from maternity benefit entitlements.

SECTOR NEEDS¹²



5.7 million
U-5 children (severe wasting) in need of services¹³



21 million
newborns in need of quality care at birth¹⁴



30.6 million
People in need of access to WASH services¹⁵



12.5 million
at-risk children need protection services¹⁶



286 million
children's access to quality education disrupted¹⁷

STORY FROM THE FIELD



The Yuvodaya, a unique partnership between the Bastar district administration, local youth, and UNICEF, has created a cadre of over 6,000 volunteers trained to respond to COVID-19 risk reduction for the marginalized groups and communities where literacy level is low. "Yuvodaya programme came as a big opportunity when we were very worried. The village is now confident about COVID safety", says Buvnesh Bakde a 26-year-old youth in village Pusal. In the eight months since the initiative began, over 200,000 people have been reached with information on COVID-19 appropriate behaviour and vaccine safety. Over 30,000 people have been vaccinated.

[Read more about this story here](#)

Youth volunteers in the tribal districts of Bastar in the state of Chhattisgarh focus on community engagement for COVID-19 risk reduction.

HUMANITARIAN STRATEGY

The core strategy to respond to COVID-19 and frequent floods, cyclones¹⁹ and other natural disasters is to support a Government-led systemic response, complemented by direct response in partnership with local civil society organizations, platforms or youth in hard-to-reach areas. UNICEF will support strengthening systemic preparedness and response capabilities among front-line workers and partner platforms to ensure social sector services in emergencies, with a strong commitment to inclusive and gender-sensitive humanitarian action.

Sustained support to the health system for containment of COVID-19 outbreaks and action for minimizing disruptions in access to basic health services for children drives the health response. A blend of community and health system strengthening, including provision of surge²⁰ and essential COVID-19 equipment and supplies to front-line workers and health facilities, will enhance community outreach services and strengthen pediatric care.

Provision of life-saving WASH supplies and services, promotion of youth leadership for WASH and WASH sectoral coordination will contribute to infection prevention and control and application of safety protocols in schools at-scale. Gender-sensitive, child-friendly, participatory design of WASH facilities will enable safety of women and girls.

Continuity of high-impact nutrition services through existing delivery platforms informed by a sentinel surveillance mechanism and a supportive community outreach will be key to respond quickly and effectively to severe acute malnutrition in children.

The key change-strategy is risk communication and community engagement (RCCE), focusing on marginalized communities for uptake of COVID-19 appropriate behaviours (CAB and CAB plus).²¹ Community engagement will improve access to and acceptance of information, entitlements, services and feedback channels, resulting in social and behaviour changes.

In collaboration with state and local governments, UNICEF will support continued safe school reopening and capacity development for teachers to ensure children's access to quality learning. Inclusive and gender-sensitive, child-friendly spaces will provide relevant learning and life skills for girls and boys during emergencies.

Capacity of front-line workers and young people will be leveraged to provide mental health and psychosocial support for children, adolescents and caregivers to improve quality of preventive and rehabilitation services²² to address gender-based violence in emergencies. Family-based models will address the needs and vulnerabilities of children without parental care.

Provision of technical assistance to the Government²³ on humanitarian cash transfers and civil registration will improve the social protection system's shock-responsiveness.

Strong learning and feedback loops embedded within Government systems will contribute to improving humanitarian action by line-departments (linking humanitarian and development). Provision of 'information as aid' will improve uptake of social protection entitlements during emergencies.

Progress against the latest programme targets is available in the humanitarian situation reports: <https://www.unicef.org/appeals/india/situation-reports>

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

2022 PROGRAMME TARGETS



Nutrition

- **960,000** children aged 6 to 59 months with severe acute malnutrition admitted for treatment²⁴
- **29,500,000** pregnant women receiving preventative iron supplementation



Health

- **30,000,000** children and women accessing primary health care in UNICEF-supported facilities
- **505,000** health care providers trained in detection, referral and management of COVID-19 cases



Water, sanitation and hygiene

- **11,507,860** people reached with hand-washing behaviour-change programmes²⁵
- **7,785,970** people reached with critical WASH supplies²⁶
- **204,640** healthcare workers and providers trained on infection prevention and control



Child protection and GBViE

- **690,270** children and parents/caregivers accessing mental health and psychosocial support
- **1,538,150** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- **25,000** unaccompanied and separated children accessing family-based care or a suitable alternative



Education

- **19,000,000** children accessing formal or non-formal education, including early learning
- **54,100** schools implementing safe school protocols (infection prevention and control)



Social protection

- **4,250,000** households benefitting from new or additional social transfers from governments with UNICEF technical assistance support



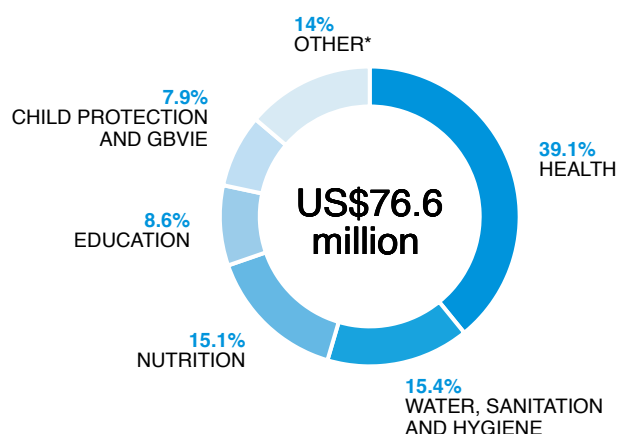
Cross-sectoral (HCT, C4D, RCCE, AAP and PSEA)

- **45,000,000** people reached through messaging on prevention and access to services²⁷
- **1,000,000** people engaged in risk communication and community engagement actions
- **6,460,000** adolescents and youth engaged to access services through UNICEF-supported programmes, including COVID-19 response
- **1,500,000** people with access to established accountability mechanisms
- **1,500,000** people with access to safe and accessible channels to report sexual exploitation and abuse by aid workers

FUNDING REQUIREMENTS IN 2022

UNICEF requires US\$76.6 million to respond to the humanitarian needs of children in India in 2022. This includes US\$66.6 million for COVID-19 response and US\$10 million for other emergencies, such as cyclones and floods. 2020 and 2021 saw strong investment in system strengthening, hence there is a reduction in funding requirement for 2022²⁸ in sectors such as WASH, health and social protection, while the requirement for C4D has increased as COVID-19 appropriate behaviour (CAB and CAB plus) remains the key change strategy to address the COVID-19 risk. The 2022 HAC requirement considers gender-sensitive and youth-driven humanitarian programming, and includes US\$30 million for health systems response, US\$11.8 million for WASH services in school and disaster-affected communities, and US\$11.6 million for provision of therapeutic care for children with severe acute malnutrition. The requirements cover strategic focus on multi-sectoral programming to address gender-based violence in emergencies, which complements a package of preventive and rehabilitation services through the child protection program with an outlay of US\$6 million. The requirements also include the necessary adaptations to mitigate emerging risks and vulnerabilities in the context of COVID-19.

Without adequate funding, UNICEF will be unable to reach millions of crisis-affected, most vulnerable children and adolescents in India with life-saving assistance. These funds are critical for UNICEF's ability to strengthen essential systems in the context of COVID-19 and facilitate the intensive efforts needed to promote hand and respiratory hygiene along with water and sanitation in urban slums and other vulnerable populations in areas worst hit by emergencies.



Sector	2022 requirements (US\$)
Nutrition	11,600,580 ²⁹
Health	29,976,720
Water, sanitation and hygiene	11,805,900
Child protection and GBVIE	6,032,302 ³⁰
Education	6,622,761
Social protection	2,320,116
Emergency preparedness	3,593,100 ³¹
Cross-sectoral (HCT, C4D, RCCE, AAP and PSEA)	4,640,232
Total	76,591,711

*This includes costs from other sectors/interventions : Cross-sectoral (HCT, C4D, RCCE, AAP and PSEA) (6.1%), Emergency preparedness (4.7%), Social protection (3.0%).

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ENDNOTES

1. UNICEF's public health and socioeconomic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.
2. Calculated on the number of people who lack access to safe water according to the India Ministry of Jal Shakti Department of Drinking Water and Sanitation, JalJeevan Mission, Integrated Management Information System, 2017.
3. Calculated on the total number of children impacted by school closures, according to the United Nations Educational Scientific and Cultural Organization(UNESCO), 2020.
4. Calculated using 45 million adults to be reached multiple times through COVID-19 risk communication and community engagement actions; and 32.8 million children to be reached with education interventions and continued access to health and nutrition services. Forty-eight per cent of the population to be reached are women and girls, based on the 2011 census. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
5. The total number of children to be reached was calculated based on 50 per cent of PHC plus education (19 million minus 1.2 million 3 to 6 years old children) 17.8 million. Therefore, children to be reached are $17.8 + 15 = 32.8$ million. The total includes 16.86 million girls and 724,880 children with disabilities.
6. In May 2021, India was impacted by two cyclones. Cyclone Tauktae on the west coast damaged more than 30,000 dwellings and Cyclonic Yaas on the eastern coast flooded 450 habitations in the low-lying and ecologically sensitive Sundarbans delta. Within a span of 10 days, two cyclones, affected over 7.3 million children leaving them exposed to the upcoming monsoon season and the ongoing COVID-19 pandemic.
7. This is a 10-year average of disaster impact collated by UNDMT in India from various government documents that record the impact of floods, droughts, cyclones, landslides and various other hazards.
8. National Crime Records Bureau, 2020.
9. Over 110,000 Indian children lost a parent during the COVID-19 pandemic, Lancet study.
10. <https://www.cmie.com/kommon/bin/sr.php?kall=warticle&dt=2021-06-07%2015:17:54&msec=740>
11. Ministry of Consumer Affairs, Food and Public Distribution. PIB, 2021. <https://pib.gov.in/PressReleasePage.aspx?PRID=1729646>
12. UN Office for Disaster Risk Reduction (UNDRR), report on the Human Cost of Disaster 2000 – 2019.
13. Source: nutritionindia.info, CNNS 2016-2018.
14. This is a UNICEF estimate based on the total number of births in the UNICEF programming states in India. Sample Registration System, 2018.
15. Approximately 30.6 million people have their access to safe water, sanitation and hygiene affected by disasters every year. Source, Human Cost of Disaster 2000-2019 a UNDRR report.
16. UNICEF estimate based on the total number of children affected by disasters (24 million). Central Water Commission and National Disaster Management Institute, 2018.
17. Calculated on the total number of children impacted by school closures, according to UNESCO, 2020.
18. UNICEF India has a strong presence from the national to the grassroots level through its 13 field offices covering 17 states where 90 per cent of India's children live. UNICEF has strong linkages with the Disaster Risk Management System along with all the social sector line ministries, department and institutions to influence linkage between humanitarian and development systems. UNICEF works closely with the accountability systems on AAP as well as with the coalition of humanitarian agencies (80 plus CSO with 400 local NGOs) for sector coordination and to enable PSEA practices. UNICEF works predominantly in the marginalized communities both in urban and rural contexts of disaster-prone states.
19. According to the National Disaster Management Authority, around 40 million hectares of land in India are exposed to floods (around 12 per cent of the total land area of India), 68 per cent of landmass is exposed to droughts, landslides and avalanches, 58.6 per cent landmass is earthquake-prone, and, tsunamis and cyclones are a regular phenomenon for 5,700 kilometres of the 7,516-kilometre long coastal line. Such vulnerable conditions have exposed children in India to multiple cyclic and seasonal climate hazards. According to the Global Climate Risk Index report 2019, India is the 14th most vulnerable country in the world, due to extreme weather-related events.
20. As done during 2021, UNICEF will provide technical surge capacity during any future COVID-19 wave to states where health systems are weak.
21. COVID-19 appropriate behaviours and COVID-19 appropriate behaviours plus.
22. All the specialized services offered to child survivors of violence, exploitation, abuse and neglect in terms of medical, emotional, legal support as well as access to safe place, etc.
23. Technical assistance to inform inclusive, child and gender sensitive, and shock responsive social protection measures – from existing government social protection schemes, in particular, to scaled-up services, including people affected by secondary impacts of COVID-19 (migrants, children in need of care and protection); in addition to awareness among at-risk population groups on their entitlements. Significantly, technical and programmatic assistance from UNICEF India includes interventions to build resilient civil-registration, to ensure minimum standards during emergencies, and to address the huge gap due to a reduction in service during the pandemic.
24. Due to investments made in the past two years in system strengthening, the increased capacity of government institutions will help to reach a higher number of at-risk-children, with UNICEF technical assistance.
25. This target includes reach-through key advocacy days supporting safe behaviours related to hygiene, including menstrual health and hygiene during emergencies.
26. This includes distribution of menstrual hygiene and dignity kits for menstruating women.
27. 45 million people to be reached multiple times.
28. Important to note that the UNICEF India humanitarian strategy is to support a government led response. In this context, compared to the 2021 HAC appeal, in the 2022 appeal, WASH outlay is reduced by 63 per cent, health is reduced by 46 per cent, and social protection is reduced by 47 per cent – partly due to a major investment in system strengthening during the past two years. Against the reduction in several sectors, the communications for development budget has increased by 56 per cent to ensure multiple contact with at-risk population groups to change key behaviours to reduce COVID-19 risk.
29. UNICEF has been supporting government systems to manage SAM children as part of regular programmes. This has enabled the increased geographic coverage of programme implementation with systems in place to address SAM. For 2022, the complementarity of intervention and resources through these government systems allows for reaching a larger target with a relatively lesser per-child cost.
30. The funding requirement for this sector has decreased, while the size of the target has increased, because major work was done in 2021 to build the foundation and capacity of frontline workers. Therefore, we expect to scale up activities and reach higher targets with less cost in 2022.
31. Multi-sectoral preparedness is for COVID-19 as well as seasonal hazards. Some preparedness priorities include coordination mechanism for various actors to work with the government on forecasting-based preparedness, the PSEA channel, sectoral standard operating procedures for line departments, and the child functioning module.