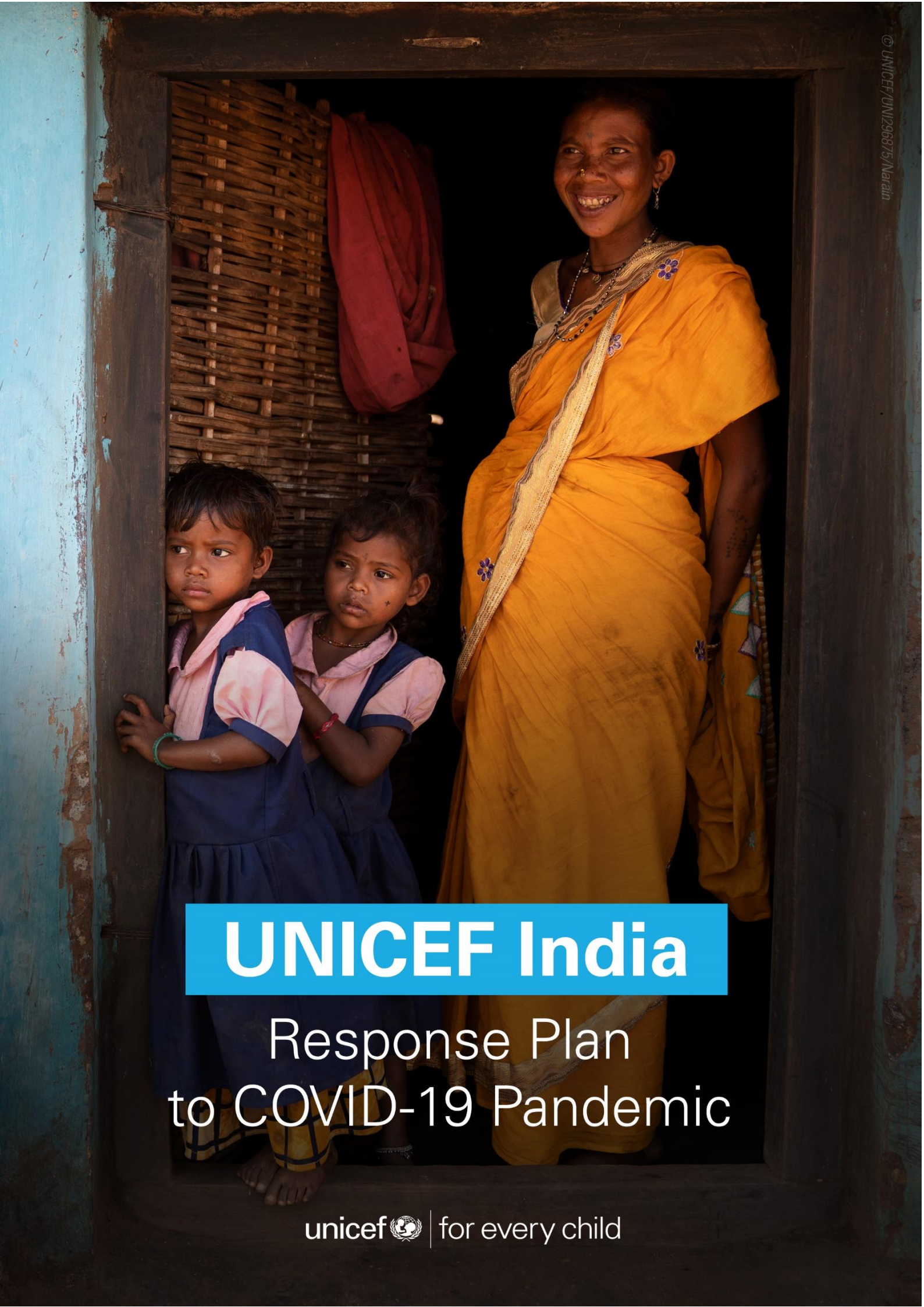

UNICEF India

Response Plan to COVID-19 Pandemic

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Table of Contents

List of Tables

I. SITUATION AND NEEDS

COVID-19, a disease caused by the virus SARS-Cov-2, was declared a pandemic by the World Health Organization[1] creating an unprecedented emergency worldwide. Globally, more than 570,000 cases have been reported with approximately 25,000 deaths[2].

The Government of India declared the COVID-19 outbreak a "notified disaster" on 14 March 2020 and has undertaken a pan-India approach to address the situation by involving relevant line-Ministries and all states and Union Territories (UTs). Some of the key actions undertaken by the Government of India in response to the crisis include:

- A 21-day national lockdown from 25 March 2020 to curtail transmission of COVID-19 infection;
- A US$ 22.3 billion package for the poor and a provision of Rs 15,000 crores (about US$ 2 billion) for strengthening medical treatment of COVID-19 infected patients;
- Preparedness vis-à-vis adequate quarantine facilities, isolation wards, training of health works, equipment, Personal Protective Equipment (PPEs), medicines etc. in all states and UTs;
- Facilitating states to enhance production capacity and supply chain by declaring masks and sanitizers as essential commodities (under the Essential Commodities Act) until June 2020;
- Provision of the Epidemic Diseases Act 1987 invoked in some states to stipulate temporary regulations to be observed by the public;
- Access for state government's access to additional funds from the State Disaster Response Fund;
- Expanding the network of 118 labs equipped to conduct tests for COVID-19, with a capacity to examine 12,000 samples a day.

A doctor after washing her hands at a health facility in Madhya Pradesh.

[1] World Health Organization (WHO) has declared COVID-19 a 'Pandemic' on March 11, 2020
[2] WHO Global Sitrep 68

II. MULTI-SECTORAL RESPONSE STRATEGY

The rapid escalation of COVID-19 cases is expected to have immediate and medium term social and economic consequences, severely impacting vulnerable communities. With this in mind, UNICEF has adopted a **multi-sectoral approach** to its response strategy, coordinating with relevant Ministries involved in the response, to enable policies that protect the rights of the most vulnerable, especially women and children. The UNICEF response plan has two major goals:

- Minimizing the spread and impact of the outbreak on the population, with a focus on women and children;
- Ensuring that essential services for women and children are safely made accessible during and after the pandemic.

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 communications and advocacy.

UNICEF also brings national and international experience from supporting response to emergencies such as measles, cholera, Zika, Acute Encephalitis Syndrome and floods. Strong partnerships with academia, professional bodies, government, and civil society organizations further enable UNICEF in effectively responding to emergencies. Building upon these strengths, UNICEFs efforts are focused on:

1. Risk communication and community engagement
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

It is envisaged that most support provided by UNICEF will be delivered as part of existing government initiatives.

III. UNICEF INDIA COVID-2019 RESPONSE

The UNICEF response is aligned with the 2020 WHO Global Strategic Preparedness and Response Plan and the 2020 UNICEF COVID-2019 Humanitarian Action for Children (HAC) appeal. UNICEF will work to support the Government of India in minimizing morbidity and mortality due to COVID -19 in the country, and to minimize the disruption of essential services for children, women and their families that may be caused by the outbreak. The multi-sectoral response will be built on the following key pillars:

1. Risk Communication and Community Engagement (RCCE)

The RCCE response will rely on the following key components:

1.1 **Development of risk communication and community engagement (RCCE and capacity building materials.** In close collaboration with the Ministry of Health and WHO, a set of risk communication and capacity building materials and modules will continue to be developed and adapted to increase awareness and knowledge of front-line functionaries, civil society networks. UNICEF will also facilitate development of digital tools, broadcast messaging and information on COVID-19 in support to Government of India through:

1.2 **Social mobilization through health frontline functionaries and multiple engagement platforms**. In view of their proximity with the community, frontline workers (such as Auxiliary Nurse Midwives, Anganwadi workers etc.) remain a major source of information. A set of social mobilization interventions will be developed which is envisioned to be scaled up to community level through partners and leveraging of govt. resources. Other platforms will include the Social Mobilization Network (SMNet established since Polio Eradication Programme), School Management Committees, Panchayati Raj Institutions (PRIs), tribal collectives, youth associations and a coalition of humanitarian NGOs which will be crucial to reduce panic and educate communities on the do's and don'ts related to COVID-19. This intervention will also strengthen infection, prevention and control interventions in schools, health facilities, markets and other public spaces. Another important category of celebrities and influencers such as film/ Bollywood personalities actors, sportspersons, faith leaders, policymakers, media persons and medical fraternity will also be engaged across the board to raise awareness on key behaviours.

1.3 **Capacity building and orientation of state/district workforce** including WASH personnel to ensure response, infection prevention and control in communities Virtual capacity building and/or face to face trainings will be organized among a select cadre of health promotion/education, district officers, local government members, municipal officers, public health engineering department, and water and sanitation department to increase their knowledge and skills on risk communication, infection prevention and control in communities and high risk public spaces in UNICEF-supported states. These capacity building measures will be linked to the existing Behaviour Change Communication (SBCC) cells for the overall goal of Health Systems Social strengthening in Risk Communications – a particularly weak area at the district level. This capacity development and mobilization will not only be limited to health networks but will include other important stakeholders such as Swachhagrahis/Sanitation workers, National Disaster Management Authority workforce, youth groups etc.

1.4 **Gender-responsive local and folk media**: Local and Community Radio with their community listening clubs play a pivotal role in disseminating information, dispelling myths, influencing public opinion, and documenting change at the local level. Over 200 radio stations (including local FM radio) will be engaged to provide regular "credible" messaging and engagement with the community. Folk media such as street theatre,

Pico projector screenings on key practices will be implemented targeting the rural communities.

1.5 **Public Communication, Advocacy and Social Media Plan** that does not perpetuate gender stereotypes on caregiving will be implemented, which includes promotion of positive messages, official information across digital media channels; engagement with influencers including Members of Parliament and faith leaders across religions, through informative roundtables and online panel discussions in the media; developing innovative content in multiple languages towards raising awareness and facilitating behaviour change; utilization of social listening tools to gather insights on misinformation and public enquiries to further inform content production and counter misinformation and social stigma; capacity building of media professionals to produce informed content; engaging adolescents and young people to raise awareness, where the most positive actions will be amplified across platforms and developing content to highlight COVID-19 related issues that affect children, including those related to their health, hygiene, education, protection, nutrition.

1.6 **Monitoring and documentation of the communication interventions** will be conducted in partnership with WHO and partners as per state RCCE plans adapted in line with National RCCE strategy. Open source platforms such as Rapidpro (mobile-based communication feedback mechanism) will be used to generate awareness and organize quick assessments of people's knowledge and perceptions about COVID-19. Sophisticated social listening, surveys through social media channels and detailed analytics reports will be produced to track and monitor effectiveness.

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

2.1 **Improve IPC in health care facilities by:**

- Supporting assessment, planning, implementation and monitoring of IPC measures in isolation wards, quarantine facilities and high-risk health facilities, using National Centre for Disease Control checklists;
- Capacity building of state, district and block level stakeholders to emphasize the criticality of the WASH and IPC practices in response to COVID -19.

2.2 **Ensure critical medical and WASH supplies and services by**:

- Supporting procurement services of essential supplies for COVID-19 testing, management and personal protection when required by state or central Governments;
- Enabling continuity of WASH services in high risk communities including safe water for drinking for personal and household hygiene, and access to functional latrines and safe waste management;
- Supporting data collection and analysis to inform WASH service delivery in the most affected communities;
- Supporting IPC practices in communities through facilitation of social distancing around communal water points and community toilets, handwashing with water and soap and installation of hand washing stations in high-risk high traffic locations;
- Enabling provision of critical supplies such as hand sanitizers, soaps, PPEs, handwashing stations. UNICEF will also assist the Government in mapping regions of urgent requirement; leverage resources for provision of these supplies and facilitate in-kind donation of such supplies by corporates;

- Informing and equipping solid waste pickers/contractors/professionals for continued, but safe, waste removal/disposal and ensure that they are equipped with PPEs.

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

3.1 Support healthcare facilities for COVID-19 response by:

- Exploring mechanisms for psychological support of HCWs and community members;
- Surveillance and management of suspected cases from communities to facilities;
- Ensuring hospital preparedness and clinical management of confirmed cases, with focus on pregnant women and children;
- Promoting involvement of professional associations, private sector partners, CSOs and NGOs in the COVID-19 response;
- Advocating for implementation of gender-based violence SOPs in health centres

3.2 Support continuity of essential Reproductive, Maternal, New-Born, Child and Adolescent Health (RMNCH+A) and Nutrition services by:

- Advocating with national and state level authorities for strategies and investments to continue these services during emergency response;
- Developing guidelines and toolkits for adaptation and delivery of essential services, based on principles of respectful maternal care;
- Enabling focus on integrated services (emergency and RMNCHA) in state and district level plans;
- Analyzing data to document the impact of COVID-19 and its response on RMNCHA services;
- Ensuring nutrition care in context of CoVID-19 and enabling functional Nutrition Rehabilitation Centers and inclusion of breastfeeding practices in training of health care providers caring for COVID-19 patients;
- Monitoring nutrition response by tracking service delivery, developing guidelines and producing monthly reports to support states and partners.

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

4.1 Measure socio-economic impact on vulnerable and marginalized households by:

- Developing a rapid dip stick analysis to assess the likely impact, including loss or reduction of income, limited availability or higher costs of essential goods such as food, pharmaceuticals.

4.1.1 Assess impact on the economy and ensuring advocacy by:

- Rapidly assessing public finances;
- Tracking publicly available key economic indicators (e.g. revenues and disbursements against targets, food CPI, critical commodity stocks);

- Advocating to safeguard social sector spending so that the response to crisis remains focused on children.

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

5.1 Ensure continued access to education during school closure and when schools reopen by:

- Supporting state-specific strategies for access to and use of flexible and remote/ home-based learning, focusing on the most vulnerable;
- Informing state education planning so that students are brought back to schools that are ready to support students learning, given the altered academic calendar;
- Supporting a safe and healthy learning environment for students and teachers with infection prevention and control measures after schools reopen and education on COVID 19 prevention.

5.2 Support unhindered Early Childhood Development by:

- Promoting responsive parenting practices. This includes educating parents/caregivers on creating a positive home environment and ensuring that children between 0 and 7 years learn through play.

5.3 Support child protection and prevention of Gender-Based Violence by:

- Enabling psychosocial/mental health support services;
- Training statutory bodies such as Childline and other Child Care Institutions about COVID-19 prevention and associated protection risks;
- Supporting vulnerable children, especially children on the move, street children, children without parental care (in institutions or foster care) and/or those separated from their families, orphaned, or quarantined;
- Continuing initiatives for prevention and response to Gender-Based Violence and include this within the preventive messages.

5.4 Ensure communities' financial capacity to meet essential needs by:

- Advocating for continuity of social protection delivery and review existing cash transfer and social protection programmes for scale up to meet emerging needs;
- Advocating for local governance intervention by incorporating response action in Gram Panchayat Development Plans.

5.5 Strengthen Adolescent Development and Participation (ADAP)3 by:

- Strengthening partnership with adolescent and youth networks and fostering adolescent and youth engagement through U-report, mass media, and social media;
- Generating data, evidence for advocacy and mobilization of key stakeholders.

6. Coordination, technical support and operational costs

This involves enhanced risk reduction and in-country preparedness, operations and cross cutting support to programmes including:

- Advocating for timely sharing of information and advice to affected populations;

[3] Adolescents Development and Participation is a cross-cutting area within UNICEF

- Increasing visibility and resource mobilization to ensure affected and at-risk children and communities have access to diagnostics, care and treatment services;
- Supporting the dissemination of COVID-19 guidelines, and training/refresher training of partners;
- Promoting national and inter-agency COVID-19 response coordination and support integrated, multi-sectoral response;
- Building capacity of civil society organizations to deliver support at community.
- Support to UNICEF operations including enhancements to office premises in the area of hygiene and services; ensuring business continuity; Staff counselling and medevac services; Enhanced security guard services; PPE for staff, Support to supply procurement, finance, administration and ICT.
- Cross cutting support to reporting, monitoring, visibility, and Knowledge Management;

IV. INTER-AGENCY COORDINATION, GOVERNMENT ENGAGEMENT AND PARTNERSHIPS

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 WB & ADB are also engaged in discussions with relevant UN Agencies.

In view of the situation arising from the COVID-19, a High-level Committee for Engagement of Private Sector, International Organisations, Development Partners, has been constituted by Government of India, under the Chairmanship of CEO, NITI Aayog (National Institution for Transforming India), an apex policy setting entity. The UN team is engaging with the High-level Committee in addition to liaison and coordination with the relevant Ministries and the National Disaster Management Authority. Similarly, at the state level, coordination mechanisms have been instituted between UN agencies, development partners and relevant Government authorities.

V. MONITORING AND EVALUATION

Monitoring and Reporting

The monitoring framework for the COVID Response Plan is aligned with Humanitarian Performance Matrix (HPM) indicators, which will be used to monitor progress on different programmatic interventions across state offices and India. UNICEF India has a decentralized automated system for monitoring and reporting (RAM-India) that will be used for collecting data from the states and consolidating at the national level. The system will also generate periodic reports on progress made towards the achievement of targets against the planned results, constraints and mitigation measures undertaken. In addition, the system also has a dashboard that allows for visualization of progress against indicators. The consolidated reports will then be used for national and regional level reporting.

This harmonized process of monitoring and reporting mechanism at all levels (field offices and Delhi) is envisaged to strengthen COVID-19 programme implementation, routine tracking of progress, which would be extremely crucial for strategic management decisions during this emergency.

COVID PRIME

The aim of COVID PRIME is to capture, prioritize, coordinate and provide technical support to all evidence generating activities currently planned and initiated as part of UNICEF India's COVID-19 response programming. This includes rapid needs/situation assessments, comprehensive desk/evidence reviews to develop programming recommendations, monitoring and evaluation activities of any COVID-19 initiatives taken by partners/government.

Evaluations

There are two activities that are proposed in order to evaluate UNICEF COVID response. The first is a Lessons Learned Review guided by a set of key evaluation questions. Key sources of data will be analyzed and presented, including analysis of monitoring indicators to date, compiled lessons learned from each programme team and State, and independent observation/conversations held by the Research and Evaluation Specialists.

The second activity is a more formal Real-Time Evaluation (RTE) based on a formative evaluation design undertaken by an external evaluation team. In the initial lock-down phase, the evaluation team will conduct a desk review and likely use phone-based KIIs to better understand the relevance, effectiveness and efficiency of UNICEF programming. Once movement becomes possible, the intention is to supplement this data collection with community-based data collection.

VI. SUPPLY AND LOGISTICS

Supporting procurement services of critical medical supplies and equipment required by state and/ or the central Government remains an important part of the response. On 7 April 2020, the Ministry of Health and Family Welfare of the Government of India requested UNICEF's support to procure 10 million personal protective equipment (PPE) kits, 10,000 ventilators, and 100,00 test kits (Xpert CoV 2 Assay) on an emergency basis before 31st May 2020. Clarification and clearance of the specifications for the supplies has been agreed and aligned to the global UNICEF Supply division specification. The Government of India has submitted the forecasted requirements and quantity for inclusion in the global open tender issued by the UNICEF Supply division based on forecasted demand for the period of April – December 2020. The tender will remain open until June and bids will be continuously evaluated on a rolling basis.

The global demand for PPE has soared to unprecedented levels and demand and supply is shifting as the outbreak spreads with particularly severe constraints for raw materials on N95 masks, surgical masks and coveralls where the highest demands are seen. Procurement of ventilators and testing kits is also seeing an ever-increasing demand. Multiple government bans on exports including on raw materials, financial impact from economic disruptions complicates the supply situation. The availability of the products is limited and will be subject to allocations and manufacturers lead time. The Government of India has requested UNICEF support for procuring critical items and will be making funding available either directly or through agreements with other donors. Funding is urgently required to initiate orders once the tender process permits.

VII. HUMAN RESOURCES

The UNICEF India Country Office implements through a workforce of over 450 staff and over 280 consultants that operate from 13 field offices and Delhi and support programmes across 23 states. In addition, UNICEF supports the Government of India in managing the Social Mobilization Network (SMNet), a pool of social mobilizers who work in most underserved, marginalized, and at-risk communities in Uttar Pradesh and Bihar. In terms of COVID-19 preparedness and response, it is envisaged that the teams in Delhi and Field offices, including specialists, will be supported by the Operations team and the UNICEF senior management will be involved in overall coordination, planning, BCP and logistic/HR activities.

A family in Telangana.

VIII. STAFF WELLBEING AND DUTY OF CARE

Responding to the evolving crisis in a context of nationwide lock-down, UNICEF has quickly adapted to put in place measures that support remote working in order to support the psychological wellbeing of the personnel and their families. An important part of the COVID-19 response has been the routine update and engagement with personnel on the COVID-19 situation and UNICEF's response, regardless of employment modality. The office mobilized a network of 29 Peer Support Volunteers (PSVs) across 14 states to serve as first line of counselling support. Beyond the PSVs, the Office has contracted seven external counsellors for supporting personnel in need, in a group setting or individual one-on-one sessions. An additional six counsellors are being contracted.

The Office has procured PPE for staff, with priority distribution to essential staff and ancillary workers reporting to offices and/or at risk or exhibiting symptoms. Protocols have been developed should any personnel be suspected/confirmed of infection.

The BCP and the Pandemic Flu Contingency plan has been updated. The related communications tree is routinely tested through an Integrated Voice Response (IVR). As a backup to the IVR system, the warden communications tree, based on traditional voice calls, is also routinely tested. Necessary measures to facilitate remote working and conferencing are in place as is a system for remote IT support. Finally, the Office has developed a COVID-19 intranet site as the one source of truth; it contains situation reports, guidance notes and advisories, e-training, programme priorities and dashboards among other useful links and FAQs.

IX. BUDGET/FUNDING REQUIREMENTS

The total funding requirement for March to December 2020, is $43.2 million against which some $5.16 million has been re-programmed from existing resources. As at 30 April, the appeal was 56 percent funded with $23.9 million available. The funding status is updated on an on-going basis with the latest status shared regularly as part of Situation reports.

Table 1: Budget Requirements

Sector	Total ICO BUDGET (US$) as of 6 May
1. Risk Communication and Community Engagement (RCCE)	**2,900,000**
2. Improve Infection and Prevention Control (IPC) and provide critical medical and water, sanitation and hygiene (WASH) supplies	**25,075,000**
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**
4. Data collection and social science research for public health decision making	**650,000**
5. Support access to continuous education, social protection, child protection and gender-based violence (GBV) services	**5,175,000**
6. Coordination, technical support and operational costs	**1,100,000**
Programable Amount	**40,000,000**
Total Global Recovery cost	**3,200,000**
Total Funding Requirement	**43,200,000**

Handwashing and social distancing in Chhattisgarh.

Table 2: Humanitarian Performance Monitoring (HPM) Indicators

Strategic Pillar	Indicators	Targets (March -Dec'20)
Risk Communication & Community Engagement	Number of people reached on COVID-19 through messaging on prevention and access to services	1 billion
	Number of people engaged on COVID-19 through RCCE actions	16.8 million
	Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms	800,000
Improve Infection and Prevention Control (IPC) and provide critical medical and water, sanitation and hygiene (WASH) supplies	Number of people reached with critical WASH supplies (including hygiene items) and services	278,500
	Number of healthcare workers within health facilities and communities provided with Personal Protective Equipment (PPE)	18,000
	Number of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)	1.5 million
Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management	Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases	1.5 million
	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	33 million
	Number of children (6-59 months) admitted for treatment of SAM	363,000
Support access to continuous education, social protection, child protection and gender-based violence (GBV) services	Number of children supported with distance/home-based learning	59 million
	Number of schools implementing safe school protocols (COVID-19 prevention and control)	59,000
	Number of children without parental or family care provided with appropriate alternative care arrangements	1700
	Number of children, parents and primary caregivers provided with community based mental health and psychosocial support	119,000
	Number of UNICEF personnel and partners that have completed training on GBV risk mitigation and referrals for survivors	21,700