Contents

Acronyms 003

Foreword by the UN Resident Coordinator 004
The UN in India 011
The Government of India and UN SDF 016

Poverty and Urbanization 017

Health, Water, and Sanitation 026

Education 049

Nutrition and Food Security 059

Climate Change, Clean Energy and Disaster Resilience 068

Skilling, Entrepreneurship, and Job Creation 083

Gender Equality and Youth Development 097

© 2021 United Nations Resident Coordinator’s Office. All rights reserved.
Cover Photo Credit: UNICEF/UNI342645/Panjwani
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>APCTT</td>
<td>Asian and Pacific Centre for Transfer of Technology</td>
</tr>
<tr>
<td>CSO</td>
<td>Civil Society Organization</td>
</tr>
<tr>
<td>DRM</td>
<td>Disaster Risk Management</td>
</tr>
<tr>
<td>FAO</td>
<td>Food and Agriculture Organization</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender-based Violence</td>
</tr>
<tr>
<td>GoI</td>
<td>Government of India</td>
</tr>
<tr>
<td>HCFC</td>
<td>Hydrochlorofluorocarbons</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
</tr>
<tr>
<td>IFAD</td>
<td>International Fund for Agricultural Development</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organization</td>
</tr>
<tr>
<td>IOM</td>
<td>International Organization for Migration</td>
</tr>
<tr>
<td>IPC</td>
<td>Infection Prevention and Control</td>
</tr>
<tr>
<td>JRP</td>
<td>Joint Health Response Plan</td>
</tr>
<tr>
<td>LGBTI</td>
<td>Lesbian, Gay, Bisexual, Transgender and Intersex</td>
</tr>
<tr>
<td>MCH</td>
<td>Mother and Child Health</td>
</tr>
<tr>
<td>MHPSS</td>
<td>Mental Health and Psychosocial Support</td>
</tr>
<tr>
<td>MoEFCC</td>
<td>Ministry of Environment, Forest and Climate Change</td>
</tr>
<tr>
<td>MoHandFW</td>
<td>Ministry of Health and Family Welfare</td>
</tr>
<tr>
<td>MSMEs</td>
<td>Micro, Small and Medium Enterprises</td>
</tr>
<tr>
<td>NCD</td>
<td>Non-communicable Disease</td>
</tr>
<tr>
<td>NCDC</td>
<td>National Centre for Disease Control</td>
</tr>
<tr>
<td>NIMHANS</td>
<td>National Institute of Mental Health and Neuro Sciences</td>
</tr>
<tr>
<td>NTD</td>
<td>Neglected Tropical Diseases</td>
</tr>
<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
</tr>
<tr>
<td>RCCE</td>
<td>Risk Communication and Community Engagement</td>
</tr>
<tr>
<td>RMNCH+A</td>
<td>Reproductive, Maternal, Newborn, Child and Adolescent Health</td>
</tr>
<tr>
<td>SDGs</td>
<td>Sustainable Development Goals</td>
</tr>
<tr>
<td>SERF</td>
<td>Socio Economic Response Framework</td>
</tr>
<tr>
<td>TPDS</td>
<td>Targeted Public Distribution System</td>
</tr>
<tr>
<td>UHC</td>
<td>Universal Health Coverage</td>
</tr>
<tr>
<td>UN Women</td>
<td>United Nations Entity for Gender Equality and the Empowerment of Women</td>
</tr>
<tr>
<td>UN-Habitat</td>
<td>United Nations Human Settlement Programme</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
</tr>
<tr>
<td>UNCT</td>
<td>United Nations Country Team</td>
</tr>
<tr>
<td>UNCTAD</td>
<td>United Nations Conference on Trade and Development</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UNEP</td>
<td>United Nations Environment Programme</td>
</tr>
<tr>
<td>UNESCAP</td>
<td>United Nations Economic and Social Commission for Asia and the Pacific</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
</tr>
<tr>
<td>UNIDO</td>
<td>United Nations Industrial Development Organization</td>
</tr>
<tr>
<td>UNODC</td>
<td>United Nations Office on Drugs and Crime</td>
</tr>
<tr>
<td>UNOPS</td>
<td>United Nations Office for Project Services</td>
</tr>
<tr>
<td>UNRC</td>
<td>United Nations Resident Coordinator</td>
</tr>
<tr>
<td>UNSDF</td>
<td>UN Sustainable Development Framework 2018-2022</td>
</tr>
<tr>
<td>UNV</td>
<td>United Nations Volunteers Programme</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>WFP</td>
<td>World Food Programme</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
The COVID-19 pandemic upended the world as we knew it. This report tells the story of how the UN in India mobilized its resources and capabilities, and stood with India in her fight against the pandemic through 2020. We were on the ground – with the Government, civil society, communities, private sector and the people of India – working relentlessly to help save lives, protect the most vulnerable and to build back better.
The COVID-19 pandemic upended the world as we knew it. This report tells how the UN in India mobilized its resources and capabilities, and stood with India in her fight against the pandemic through 2020. We were on the ground – with the Government, civil society, communities, private sector and the people of India - working relentlessly to help save lives, protect the most vulnerable and to build back better.

India confirmed its first case of COVID-19 in February 2020 and has been grappling with the devastating health and socio-economic fallout of the pandemic ever since. The United Nations in India, led by the World Health Organization (WHO), quickly developed a Novel Coronavirus Disease Joint Health Response Plan (JRP), working with the central government and Indian Council of Medical Research (ICMR), as well as task forces and control rooms at the state and district levels.

Our immediate response was focused on stopping transmission, protecting frontline workers and reducing mortality.

Protecting Frontline Workers and Communities

In the initial months of the pandemic, when supplies of Personal Protective Equipment (PPE) were critically short, the UN procured over 4 million pieces of PPE to ensure the safety and adequate protection of frontline workers and communities.

This included procuring masks, gloves and hand sanitizers, and helping repurpose an existing digital system for tracking COVID materials, ensuring that stocks were delivered where they were needed most.

The UN Children’s Fund (UNICEF) installed thermal scanners in eight international airports. We provided over 3,000 oxygen concentrators, and facilitated support for the building of more than 30 plants to produce life-saving medical oxygen for COVID-19 patients.

Surveillance and Containment Measures

The UN worked closely with the Ministry of Health and Family Welfare (MoHFW) in developing robust surveillance measures to monitor and contain the spread of the virus, including rapid case detection, strengthening contact tracing, adapting risk communication materials and developing state preparedness and response.
plans. WHO repurposed over 2,600 of its field personnel, deploying them to support COVID-19 preparedness and response activities in hot spots as local transmission rose throughout the country. Through a training of trainers and a cascade training approach, WHO’s module on limiting transmission and surveillance reached healthcare workers in more than 90% of districts and blocks in India. MoHFW, with WHO India’s technical support, also developed and implemented a health information system, the Integrated Health Information Platform (IHIP), allowing for real-time disease surveillance and response.

Expanding Laboratory Capacity and Prevention Measures

As cases surged, materials and new laboratories were vital to meet demand and make testing widely available. We provided materials for over 1.6 million testing kits during the initial acute shortage, and supported the Indian Council of Medical Research (ICMR) and the MoHFW in strengthening lab capacity - developing lab protocols, procedures, and quality assurance.

We also supported the MoHFW, state and local governments and communities in training health and other frontline workers in responding to COVID-19. Technical guidelines on Infection Prevention and Control (IPC) were disseminated to thousands of medical facilities, and over 2.5 million frontline health care and community care workers were trained in IPC with UN support. This included thousands of Safai Sathis (waste pickers) and sanitation workers risking
their lives to keep their communities clean and safe. We also provided an estimated 4.3 million people with critical WASH supplies and services such as handwashing stations, soap, hand sanitizers, water supply and sanitation services, and and sensitized around 80 million people on hand hygiene through media communications.

**Risk Communications**

Our COVID-19 response prioritized risk communications - enabling people to make informed decisions to protect themselves. Working closely with MoHFW, the UN, led by UNICEF, supported the development of a comprehensive COVID-19 messaging matrix and the State Risk Communication and Community Engagement (RCCE) strategy. A training module on risk communication and community engagement was translated into 14 regional languages, with over 1.3 million frontline health functionaries, including ANMs and ASHA, receiving training, as part of our outreach to communities.

Social media, television shows, mass media and radio spots spread COVID-19 prevention and mitigation messages throughout India, reaching an estimated 600 million people.

parents, teachers, youth and vulnerable groups nationwide. Social media, television shows, mass media and radio spots spread COVID-19 prevention and mitigation messages throughout India, reaching an estimated 600 million people. These included messages targeted at some of the most vulnerable, who were reached with critical information on safety during the crisis.

**The Fight Against Stigma**

The world did not just face a pandemic in COVID-19, but in the words of UN Secretary-General António Guterres we were also threatened by an “infodemic”. The same technology used to keep people informed, productive and connected during social distancing also enabled the spread of misinformation. For instance, dangerous messages circulated about miracle cures, and worse, sinister conspiracy theories accused minority groups of spreading the virus.

We battled the tide of misinformation together with the Government, supporting the national campaign on Stigma and Discrimination, and supporting state governments in launching innovative anti-stigma and discrimination campaigns.

We battled the tide of misinformation together with the Government, supporting the national campaign on Stigma and Discrimination, as well as supporting state governments in launching innovative anti-stigma and discrimination campaigns.
Mental Health Services

While COVID-19 has had a profound impact on people’s physical health, the stress of the pandemic has also had a significant impact on mental well-being. We supported over 460,000 children, students, parents, healthcare workers and caregivers with community-based mental health and psychosocial support services, including helplines, webinars, manuals for mental health professionals and training for functionaries from CHILDLINE and other CSOs.

Maintenance of Essential Health Services

We also worked to ensure that health gains made in the past did not backslide and that essential health services continued to function. The UN and its partners supported the Government in resuming essential services, including childhood immunization, providing people living with HIV and TB life-saving medications and the resumption of Neglected Tropical Disease services. A particular focus was ensuring continuity in maternal healthcare. We helped train over 270,000 medical doctors and nurses on the continuation of sexual, reproductive and maternal health services. 19.7 million children and women received essential healthcare, including prenatal, delivery and post-natal care, essential newborn care, immunization and HIV care in UN-supported facilities.

Supporting to the National Socio-economic Response

The United Nations team in India repurposed a large portion of its budget and approximately 80 percent of the planned activities towards the COVID-19 response in 2020. But COVID-19 is as much a socio-economic challenge as it is a health emergency - and our COVID-19 response also confronted the human crisis that the pandemic inflicted on India’s society and economy, cutting across every priority area of the Government of India and the United Nations Sustainable Development Framework, the UN’s framework for cooperation with the
Government of India. This was reflected in the UN’s second COVID response planning instrument, the Socio-Economic Response Framework, that presents the UN’s collective medium and long-term support to the Government of India’s recovery effort, especially for the most vulnerable groups.

One of the greatest impacts of the crisis was on the education of children. An estimated 247 million children suffered from the closure of India’s 1.5 million schools - with devastating consequences for their learning and well-being, threatening to roll back decades of progress. The most vulnerable children and those unable to access remote learning are at an increased risk of never returning to the classroom, and even being forced into child marriage or child labour. The UN in India, led by UNICEF, worked hard to ensure that all children, especially the most disadvantaged and excluded, had their right to an education fulfilled.

We supported parents with home-schooling and supported the safe reopening of schools - reaching an estimated 44 million children across 17 states.

We also focused on other vulnerable groups. UN initiatives distributed rations and food to migrant workers, and helped them access social protection through digital apps that reached over 4.3 million people. We combated malnutrition and strove to ensure food security, through initiatives like World Food Programme’s (WFP) Jan Aapart, automated dispensing machines for minimal contact access to food rations. We reached 7,000 MSMEs and nearly 4 million workers with help and information for accessing relief measures and safe return to work, trained entrepreneurs and aided business continuity. We trained over 47,000 functionaries on responding to gender-based violence, ensured access to psychosocial support for survivors, aided the formation of 16 District Task Forces focused on ending child marriage and worked to ensure women’s access to menstrual and hygiene products through the crisis.

**Disaster Management**

During the course of the pandemic we innovated new ways to operate - when India’s Disaster Risk Management (DRM) system threatened to be overwhelmed at the state level, the UN stepped forward to offer technical support and constructive engagement for systems strengthening, helping develop COVID-19 responsive standard operating procedures (SOPs). The SOPs helped the DRM system improve and coordinate civil society organizations and others for planning, learning, and action - leading to the engagement of over 31,000 plus volunteers to support flood-displaced people in Assam and Odisha. Likewise, ‘Multi Agency Platforms’ convened by the UN, pioneered through the Jeevan Rath platform, convened some 55 development organizations to support migrants in need of urgent help.

The UN in India, led by UNICEF, worked hard to ensure that all children, especially the most disadvantaged and excluded, including refugees, had their right to an education fulfilled.
The 2030 Agenda

The UN in India also continued to support India in her efforts to achieve the Sustainable Development Goals overall. We started 16 civil society-led national consultations with vulnerable population groups that informed India’s Voluntary National Review report presented at the 2020 High Level Political Forum of the General Assembly in July. This involved over 1,000 NGOs across the country. The first National SDG Index and the state vision documents received strong support from many UN agencies, and this went a long way towards institutionalizing the SDGs at the Centre and subnational levels. Furthermore, as India redoubled its climate leadership, we were privileged to offer critical support on plastic and biomedical waste management and renewable energy-linked livelihood activities.

2020 – A Year Like No Other

2020 will be remembered as a tragic year for the thousands of people in India who lost their lives. I want to pay tribute to them and acknowledge the tremendous debt of gratitude to India’s frontline workers, who are the true heroes of this pandemic, providing selfless service at the frontlines of the COVID-19 response at great personal cost. I would also like to pay tribute to the losses that our UN family suffered, as COVID-19 impacted our personnel and their loved ones as well.

I am humbled by the thousands of generous-hearted Indians who selflessly reached out to help those in need, inspiring the whole country with their goodness. Their personification of humanity, solidarity and brotherhood moved and inspired us all, lifting our spirits during very difficult times. The UN in India captured some of their touching stories of kindness in a television series, Bharat ke Mahaveer, in partnership with NITI Aayog and Discovery Channel.

As we transition to a new normal, it is vital that the basic ideals of the UN Charter be at the heart of the global recovery: fundamental human rights, the dignity and worth of the human person, and better standards of living for all. We must prepare ourselves and the world for the next global shock, whether it be another pandemic, or climate change. The Secretary-General has already urged countries to declare a Climate Emergency in the run up to COP26 in 2021.

As we transition to a new normal, the fundamental ideals of the UN charter must lie at the heart of global recovery: fundamental human rights, the dignity and worth of the human person, and better standards of living for all. We must prepare ourselves and the world for the next global shock, whether it be another pandemic, or climate change. The Secretary-General has already urged countries to declare a Climate Emergency in the run up to COP26 in 2021.

We are convinced India has all the prerequisites to emerge from this pandemic crisis stronger and better. The UN in India, with its teams of technical specialists, operations staff, young volunteers, frontline project personnel and support personnel, is proud to be an active and dynamic part of this noble endeavour.

RENATA DESSALLIEN, UN Resident Coordinator in India
The United Nations provides strategic support to India to help the country achieve its aspirations to end poverty and inequality and to promote sustainable development in line with the globally agreed Sustainable Development Goals. The United Nations has a long history of close cooperation with the Government of India, and today the United Nations system in India includes 26 organizations that have the privilege to serve in the country.
Country Context

With a population of 1.38 billion people, India is the world’s largest democracy and is expected to become the world’s most populous country in 2022. India is the third-largest economy in the world in purchasing power parity terms with annual output in 2020-21 of INR 195.86 lakh crores (or 8.9 trillion USD, PPP). India has been among the world’s fastest-growing major economies in recent years, but although hundreds of millions of Indians have moved out of extreme poverty over the last three decades, as of 2018, some 377 million Indians (27.9%) still lived in multidimensional poverty. Over 90% of Indian workers are also informally employed, and thus lack formal working arrangements and social insurance.

In 2020, India was ranked 131st out of 189 countries on the Human Development Index, with an HDI value of 0.645 putting the country in the medium human development category.

India has experienced declines in recent years in child and maternal mortality as well as improvements in access to sanitation. Yet, India still remains home to approximately one-quarter of the world’s undernourished people (189 million) and one-quarter of the world’s children under 5 years old affected by stunting (40 million). Less than one quarter of working-age women in India participate in the labour force and nearly one-third of women aged 15-49 in have experienced some form of gender-based violence. While female literacy has improved in recent years, as of 2018, there was still a significant gap between female literacy at 70.3% and male literacy, which stood at 84.7%.

Even though India’s carbon emissions per capita remain below that of other major economies, India is the world’s third-largest carbon emitter overall. In 2019, IQAir found that 21 out of the 30 most polluted cities in the world were in India. India also remains one of the most disaster-prone countries in the world. It is estimated that 60 percent of the country is prone to earthquakes and 70 percent to floods.
UN India has offices in 18 States & Union Territories

1. Assam
   UNDP Guwahati
   UNICEF office for Assam and north eastern states

2. Bihar
   UNICEF office for Bihar
   UNFPA office Bihar

3. Chhattisgarh
   UNDP Raipur
   UNICEF office for Chhattisgarh

4. Gujarat
   UNDP Gandhinagar
   UNICEF office for Gujarat

5. Haryana
   UNDP Chandigarh

   UNICEF office for Jammu and Kashmir

7. Jharkhand
   UNDP Ranchi
   UNICEF office for Jharkhand

8. Madhya Pradesh
   UNDP Bhopal
   UNICEF office for Madhya Pradesh
   UNFPA office Madhya Pradesh

9. Maharashtra
   UNDP Mumbai
   UNICEF office for Maharashtra
   UNFPA office Maharashtra

10. Odisha
    UNDP Bhubaneswar (Odisha)
    UNICEF office for Odisha
    UNFPA office Odisha

11. Rajasthan
    UNDP Jaipur (Rajasthan)
    UNICEF office for Rajasthan
    UNFPA office Rajasthan

12. Tamil Nadu
    UNICEF office for Kerala and Tamil Nadu
    UNHCR Field office Tamil Nadu

13. Telangana
    UNICEF office for Andhra Pradesh, Karnataka and Telangana

14. Tripura
    UNDP Agartala

15. Uttarakhand
    UNDP Dehradun

16. UP
    UNDP Lucknow
    UNICEF office for Uttar Pradesh

17. West Bengal
    UNICEF office for West Bengal

18. New Delhi
    APCTT
    FAO
    IFAD
    ILO
    IOM
    UNAIDS
    UNDP
    UNESCAP
    UNESCO
    UNESCO MGIEP
    UNFPA
    UN-HABITAT
    UNHCR
    UNICEF
    UNIDO
    UNODC
    UNOPS
    UN WOMEN
    WFP
The United Nations team in India worked across all 28 states and Union Territories, repurposed about half of its budget and approximately 80 percent of planned activities towards the COVID-19 response.

- **4 million+** pieces of PPE provided
- **4.3 million** people provided WASH supplies and services
- **141.2 million** USD committed to socio-economic recovery
- **3,015** Oxygen Concentrators and 80 ICE Ventilators procured
- **600 million+** people reached with COVID-19 risk communications
- **1.6 million** testing kits provided
- **2.5 million+** frontline health workers trained in Infection Prevention and Control
- **222,500+** healthcare workers trained in continuity of maternal health services
- **446,032** children and caregivers reached with psychosocial support services
- **4.3 million** people provided WASH supplies and services
Two Strategic Plans
were developed by the UN to support the Government of India in its fight against the pandemic within the overarching framework of the GoI-UN Sustainable Development Framework (2018-2022)

Joint Health Response Plan
WHO led UN agencies and other health partners in an emergency response with the following focus areas

- Country-Level Coordination, Planning and Monitoring
- Screening Passengers at Points of Entry
- Case Management
- Surveillance, Rapid Response Teams and Case Investigation
- Research, Innovation and Knowledge Sharing
- Risk Communication and Community Engagement
- National Laboratories
- Operational Support and Logistics
- Infection Prevention and Control and Containment
- Protecting Health Services and Systems during the Crisis

The Socio-Economic Response Framework
facilitated by UNDP, is the UN’s collective medium and long-term support to the Government of India on response and recovery until 31 December 2021 and consists of 5 focus areas

- Health First: Protecting Health Services and Systems during the Crisis
- Protecting People: Social Protection and Basic Services
- Economic Response and Recovery: Protecting Jobs, Small and Medium Enterprises and Informal Sector Workers
- Macroeconomic Response and Multilateral Collaboration
- Social Cohesion and Community Resilience
The Government of India - United Nations Sustainable Development Framework (UNSDF) 2018-2022 is the framework of cooperation, results and strategies that brings together the work of the UN agencies in the country and guides UN India’s cooperation with the Government of India. The UNSDF is guided by India’s development goals of a better quality of life for all citizens and is aligned to the globally agreed-upon 2030 Agenda for Sustainable Development.

The UNSDF consists of seven Priority Areas:

- **Priority Area 1**: Poverty and Urbanization
  - Convened by UNDP and UN-Habitat
  - USD 38.73 million

- **Priority Area 2**: Health, Water, and Sanitation
  - Convened by WHO
  - USD 250.71 million

- **Priority Area 3**: Education
  - Convened by UNICEF
  - USD 17 million

- **Priority Area 4**: Nutrition and Food Security
  - Convened by UNICEF
  - USD 84.39 million

- **Priority Area 5**: Climate Change, Clean Energy and Disaster Resilience
  - Convened by UNDP
  - USD 22 million

- **Priority Area 6**: Skilling, Entrepreneurship, and Job Creation
  - Convened by ILO
  - USD 7.7 million

- **Priority Area 7**: Gender Equality and Youth Development
  - Convened by UNFPA and UN Women
  - USD 6.63 million

Total UN Expenditure in 2020: USD 427.37 million
Poverty and Urbanization

© UNICEF/UNI355839/Panjwani
India has made tremendous strides in reducing poverty over the past two decades. Sustained economic growth, targeted Government programmes and improved access to basic services have created gainful employment and helped raise incomes for millions. As measured by the Multidimensional Poverty Index (MPI) published by UNDP and the Oxford Poverty and Human Development Initiative, the incidence of multidimensional poverty shows that India halved its MPI value in the ten years leading to 2016, with approximately 273 million people moved out of multidimensional poverty. The growth of cities has also been beneficial for overall poverty reduction in India, with urban growth accounting for about 80 percent of the total fall in poverty.

Despite the massive gains made in reducing multidimensional poverty, hundreds of millions of Indians continue to experience acute deprivations in health, nutrition, schooling and sanitation. The Government of India has been addressing the challenge through important poverty alleviation programmes that have strengthened social protection systems for vulnerable groups and delivered benefits directly to beneficiaries. The social security net includes the National Social Assistance Programme, which covers some of the most vulnerable sections of society, and the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), which has offered guaranteed work for millions left unemployed by the COVID-19 crisis. The United Nations supported India in its ongoing efforts at poverty reduction, especially for the most vulnerable communities, through the pandemic. This support included improving access of poor, vulnerable and marginalized communities to information, knowledge, legal entitlements, and opportunities such as cash-assistance programmes.

While bringing a range of economic benefits, rapid urbanization has brought with it enormous challenges, most noticeably in the form of demand-supply gaps in housing, infrastructure, employment, and other economic opportunities and services. The Government, through various missions, programmes and initiatives, has prioritized sustainable urbanization. These initiatives
include the ‘Housing for All by 2022’ initiative, providing disadvantaged households with financial assistance for housing and upgrading urban slums. The Smart Cities Mission (SCM) has identified 100 cities across the country for focused development, with the goal of safer, greener and more prosperous cities. The United Nations supports India in achieving sustainable urbanization, helping generate evidence, technical guidelines and providing training for municipal governments.

All of the UN and India’s development priorities are aligned to the 2030 Agenda for Sustainable Development and its promise to leave no one behind. Led by the National Institution for Transforming India (NITI Aayog), the Government of India think tank tasked with reaching these global goals, the UN supported India in localizing and institutionalising the Sustainable Development Goals (SDGs) and mainstreaming them into the development priorities of India’s states and union territories, including through state-level SDG Centres.

16 national consultations with over 1,000 CSOs for the Voluntary National Review

5 States established SDG Centres with UN support

4 states supported in establishing cash-transfer programmes

120 million USD committed by the UN to the 2021 Census of India
Facilitated engagement of marginalized populations for the Voluntary National Review

NITI Aayog, the Government of India’s think tank, partnered with the UN in India and Civil Society Organizations to curate a consultative and a whole-of-society process which saw 16 national and sub-national consultations with over 1,000 CSOs from population groups including women, children, elderly, Persons with Disabilities (PWDs), People Living with HIV (PLHIV) among others. The consultations informed India’s Second Voluntary National Review (VNR), a report on the progress and implementation of the 2030 Agenda and the SDGs. A consultation with the private sector was also organised to deliberate on the role and contributions of the private sector to achieving the SDGs.
Helping localize the SDGs

State governments play a crucial role in achieving the SDGs, given India’s federal system. All of India’s states and Union Territories have identified and tasked departments to implement the SDGs - and given the highly interlinked and multi-sectoral nature of the goals, some have given this a boost by creating discrete units - SDG Coordination Centres. SDG Coordination Centres were established in 5 states in 2020 - Haryana, Nagaland, Punjab, Uttarakhand, and Karnataka, to strengthen multi-sectoral coordination, improve data ecosystems and localize indicator frameworks to the district level. The Centres were established with UN Development Programme’s (UNDP) support, which is committed to supporting states in implementing their 2030 SDG Vision Agenda and the localization of the SDGs.

Uttarakhand and Karnataka, to strengthen multi-sectoral coordination, improve data ecosystems and localize indicator frameworks to the district level.

Protecting LGBTI communities during lockdown

Humsafar Trust is an NGO from Mumbai and one of the first organizations in India to advocate for LGBTI rights. Although more accustomed to offering sexual health and counselling services than relief work, the COVID-19 crisis changed things. After lockdown measures in India went into effect, the Humsafar Trust’s team received desperate calls from people with no place to live and no income - many of them transgender people, surviving on a meagre income at the best of times, and lacking legal papers for government aid.

“It has been terrible because I cannot get my hormones and I have lost weight and was bleeding,” said Shreya Reddy, a transgender outreach worker with Humsafar Trust. “Many people like me and from my community are struggling, such as not being able to pay rent or buy bare necessities. We don’t understand all the rules and the scientific languages typically used.”

Humsafar Trust, a partner of UNAIDS, was one of 6 community organizations UNAIDS supported in relief efforts for the PLHIV and LGBTI communities, providing food, protective equipment and access to medical care, including HIV medicines to the most marginalized and vulnerable. UNAIDS also supported advocacy with key populations, NACO and The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) resulting in the mobilization of USD 10 Million from GFATM for cash transfers for essential commodities such as hygiene products, food, medicines and transport.
Promoted Empowerment and Social Protection for girls and adolescents

Ekta Kumari, 19, proudly wears her National Cadet Corps uniform, as her mother adjusts her beret. She is a BA student in Bihar, India - and is one among millions of girls who today can choose education over an early marriage thanks to the Mukhyamantri Kanya Utthan Yojana cash transfer initiative.

The 23 million girls in Bihar face multiple obstacles - two in five are married before turning 18 - decreasing her odds of finishing school, while the odds of becoming pregnant in adolescence increase. The Government of Bihar introduced the Mukhyamantri Kanya Utthan Yojana (MKUY) cash transfer programme in 2018 to transform girls’ lives through access to basic services - including being immunized, getting a birth certificate, and preventing child marriage. UNICEF is supporting the Bihar State Government in the rolling out of Management Information Systems (MIS) for the MKUY programme, mapping out existing interventions, analyzing gaps, and launching a redesigned, comprehensive programme that addresses girls’ needs – from health to education, through child protection.

In West Bengal, Kanyashree Clubs, which give cash incentives for adolescent girls to stay in education and avoid child marriage were developed with UNICEF technical support. In Uttar Pradesh, advocacy by UNICEF led to the expansion of the new child labour cash transfer programme (Bal Shramik Yojana) to include children from families of migrant workers and the bundling of social protection schemes for families of children enrolled in the scheme.

In Jharkhand, UNICEF has conducted an analysis of the resource needs of the State’s MSY girl child cash transfer programme, which had been discontinued due to the pandemic.
Towards more Sustainable Cities

The UN, led by UN-Habitat, completed the Urban Sustainability Assessment Framework (USAF) draft, integrating principles of inclusion, sustainability and resilience. Workshop activities with Urban Local Bodies and line departments on data verification, indicator benchmarking, and prioritization are planned for 2021. Preliminary diagnostics have been developed for five cities. Requests have been received from the municipal corporations and other government agencies to consider projects, centred around area-based improvement or service-based development, for pilot interventions. These projects are under review and will be considered based on the results of the diagnostics reports and alignment to the emerging priorities of the cities. Capacity development activities for developing the diagnostics and conducting the master plan appraisals will continue into 2021.

The Socially Smart City Initiative (SSCI) is a programme to drive economic growth and improve quality of life in urban areas by enabling local development and harnessing technology. It is being implemented in Bhubaneswar, Odisha and Patna, Bihar with UN Population Fund (UNFPA) support. In Bhubaneswar, the initiative has been scaled up from 20 to 100 slums by the Bhubaneswar Municipal Corporation. It has received a support of USD 220,000 from Bhubaneswar Smart City Limited, the special purpose vehicle for smart city implementation in Bhubaneswar.

Helping the Elderly

India’s senior citizens are among the worst affected by the COVID-19 pandemic, being the most vulnerable to its health effects and suffering from greater risk of poverty and isolation. UNFPA and its partner HelpAge India reached out to the elderly in ten states to create awareness, organized free medical camps and distributed essential items and health products, reaching over 30,000 elderly persons.

A long-time partner of the UN, HelpAge India has been working with and for disadvantaged elderly people in India for nearly four decades. The organization’s dedication was recognized through the 2020 UN Population Award, a first for an institution in India.
Supporting refugees through *cash transfers*

“With five dependent family members, we would not survive without the financial support of the UN Refugee Agency (UNHCR),” said 60-year-old Mohammad Ismail, who is unable to work and provide for his family due to old age. Mohammad is one of over 1,000 refugees to benefit from UNHCR’s multi-purpose cash programme. Refugees and asylum seekers with specific needs do not have access to Government social security schemes, and the cash transfers have been a lifeline for refugees to put food on the table. This cash assistance is also used as an incentive to encourage positive behaviour, such as girl child education and discouraging harmful traditional practices such as child marriage.

Teaching *Protection Skills*

A trainer from Delhi Police teaches refugee girls and women self-defence. The classes, organized by the UN Refugee Agency’s (UNHCR) partner NGO *Ummid Ki Udan*, teach them how to protect themselves and boost their self-esteem. Gender-based violence is a serious violation of human rights, and refugee women and girls are at much higher risk due to a lack of safety nets and poor socio-economic conditions. Forty five women and girls have trained in the first batch of the programme.
Safer menstruation for refugees

Refugee girls and women often lack the ability to manage their menstruation safely and with dignity due to a lack of adequate facilities, products and knowledge. Additionally, the economic hardship from the COVID-19 crisis meant many could no longer afford sanitary products. In partnership with UNHCR, UNFPA provided support for the procurement and distribution of 8,007 sanitary kits to 5,687 female refugees and asylum seekers, and 2,320 host community women and girls, accompanied by orientations on menstrual hygiene, STIs and institutional delivery.

Supporting the Registrar General of India in the 2021 Census

The 16th Indian Census will take place in 2021. A population census is among the most complex and massive peacetime exercises a nation can undertake – doubly so in a country on the scale of India. Census information is a key data source for major development efforts. Often, a national census is the only source of information for identifying forms of social, demographic, or economic exclusion – such as inequalities by geographic location, gender, language, or religion. Decision makers need this information for all kinds of development work, including the design and monitoring of policies and programmes.

The UN in India is providing technical and financial support to ensure that the upcoming census will be of high quality, uphold international principles and standards, and produce data that are widely disseminated and utilized to inform development efforts. Though the activities are temporarily suspended, preparatory activities with UN support, including training components of the Census were underway in 2020, and the UN has assisted in creating E-learning modules and training manuals as well as prepared public awareness materials. The UN has committed 120 million USD to supporting the Census.
Health, Water & Sanitation
The initial UN response was epidemiological, tracing contacts, procuring and distributing equipment, training health workers, supporting outreach to hundreds of millions of people – and more recently, with the rollout of the vaccines.

The UN health response to COVID-19 was guided by the Novel Coronavirus Disease Joint Health Response Plan (JRP), developed by UN Agencies and partners, and led by the World Health Organization India. Working in close coordination with the Ministry of Health and Family Welfare, and with the support of other development partners, we sought to slow down transmission and reduce mortality associated with COVID-19 to ultimately reach and/or maintain a steady state of low-level or no transmission. The response and recovery focused Socio-Economic Response Framework (SERF) guides our medium and long-term collective support to the Government of India through to December 2021. The SERF activities cut across a range of sectors, from mental health and psychosocial support to food security, WASH, Gender-based violence, protecting livelihoods, child protection and many more.

The UN team in India repurposed a large part of its budget and approximately 80 percent of the planned activities towards the COVID-19 response in 2020. The UN in India also continued to support the implementation of the National Health Policy and the Ayushman Bharat - National Health Protection Scheme, and its priorities for achieving Universal Health Coverage (UHC). To sustain gains made in the past, maintaining essential health services was critical, even more so with attention focused on COVID-19. The UN sought to support the continuation of critical health services including childhood immunizations, maternal, new-born and child health and Neglected Tropical Diseases.
Key Results

2,600 pre-positioned field personnel
deployed for rapid response, surveillance and containment in all states and UTs by WHO

225,000 plus immunization sessions
supervised by WHO and UNICEF

70 million people
reached by National Stigma and Discrimination Campaign

19.7 million children and women
received essential healthcare, including prenatal, delivery and post-natal care

6,338 plus frontline workers
trained on providing psychosocial first aid to children

120,000 persons living with HIV
provided with critical information on preventing the spread of the virus

100 million people
provided access to safely managed drinking water

8 states
supported in restarting Neglected Tropical Diseases services
Provided **Personal Protective Equipment (PPE)** and essential supplies

As the world grappled with COVID-19, India, like many countries, faced a shortage of Personal Protective Equipment (PPE) for its frontline workers and communities along with surging demand. As cases mounted through March and April 2020, the safety and adequate protection of healthcare workers around hospitals in India became a concern paramount to help control the spread of the virus. The UN worked with the Government of India to help stop the spread and impact of the virus by providing essential supplies, procuring, and providing personal protective equipment such as masks, gloves, sanitizers, and thermal scanners for use at health facilities across the country.

A healthcare worker displays facemasks delivered by UNDP in Nagaland.

The UN worked with the Government of India to help stop the spread and impact of the virus by providing essential supplies, procuring, and providing personal protective equipment such as masks, gloves, sanitizers, and thermal scanners for use at health facilities across the country.
PPE and essential supplies delivered by the UN

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>N-95 masks</td>
<td>608,000</td>
</tr>
<tr>
<td>Gloves</td>
<td>330,000</td>
</tr>
<tr>
<td>Hand sanitizers</td>
<td>17,000</td>
</tr>
<tr>
<td>PPE kits</td>
<td>100,000</td>
</tr>
<tr>
<td>Oxygen Concentrators</td>
<td>3,015</td>
</tr>
<tr>
<td>ICU Ventilators</td>
<td>80</td>
</tr>
<tr>
<td>Mannikins for training</td>
<td>1,471</td>
</tr>
<tr>
<td>Oxygen Generation Plants</td>
<td>31</td>
</tr>
<tr>
<td>International Airports</td>
<td>8</td>
</tr>
</tbody>
</table>

World Health Organization (WHO) worked closely with the Ministry of Health and Family Welfare (MoHFW) in its goal of containing COVID-19 at the national, state and district level.

Surveillance, Rapid Response, and Case Investigation

WHO’s initial health response focused on Surveillance, Rapid Response and Case Investigation, which consisted of four components:

1. **Capacity building to limit transmission and support active surveillance**

   WHO deployed Medical Officers to train state-level master trainers across all states and UTs to strengthen the preparedness of healthcare workers to fight the pandemic.

   - 90%+ of districts and blocks reached through cascade training approach

2. **Community Health Workers (ASHAs and ANMs)**

   were given a boost by WHO and UNICEF to limit transmission and strengthen active surveillance.

   - 1,700 people trained through National Training of State Level Trainers on basics of COVID-19 by WHO.

3. **600+ medical officers oriented as master trainers to train 60,000 field workers by WHO in co-ordination with partners to use Mission LISA app to reach out to high-risk populations in Rajasthan.**
Strengthened health information systems through the Integrated Health Information Portal (IHIP)

MoHFW, with WHO India’s technical support, developed and implemented a web-enabled information system called the Integrated Health Information Platform (IHIP). IHIP serves as a single, centralized mechanism that integrates health information across various national programs and entities. The IHIP platform allows for real-time disease surveillance, enabling health workers to respond to outbreaks rapidly before they get worse. The portal monitors for COVID and 32 other diseases, protecting over 610 million people in 11 states currently.

World Health Organization (WHO) worked closely with the Ministry of Health and Family Welfare (MoHFW) in its goal of containing COVID-19 at the national, state and district level.

WHO surveillance officers perform targeted sampling in UP

Cluster containment strategy to halt the spread of COVID-19

Technical guidance was provided to state and district task forces for containment activities, including assessments; ensuring active surveillance in the containment zone with contact tracing; strengthening Emergency Operations Centres; adapting risk communication materials, and developing state preparedness and response plans.

WHO and UNICEF provided technical support for surveillance and contact tracing of COVID-19 cases, with contact tracing successfully completed for over 80% of lab-confirmed cases.

Feedback from 67 state-level and 1,503 district-level task forces were used to identify training needs – WHO successfully trained 1,280 participants to support the strengthening of State control rooms.

WHO and UNICEF provided assistance for development of special response plans for urban settlements in Mumbai, Delhi and Chennai.

UNICEF provided direct support to 41 aspirational districts for planning, delivering, and monitoring activities including bottleneck analysis and solutions to address direct and indirect impacts of COVID.
Surge support through Rapid Response Teams for COVID-19

Trained Rapid Response Teams, which included clinicians and other experts were deployed by WHO, supported by WHO Medical Officers repurposed from other programmes. More than 2,600 WHO field personnel were repurposed to support COVID-19 preparedness and response activities in hot spot districts and urban areas. WHO also supported the establishment of rapid response mechanisms at the state and district levels in collaboration with MoHFW.

More than 2,600 WHO field personnel were repurposed to support COVID-19 preparedness and response activities in hot spot districts and urban areas.

**KEY ACHIEVEMENTS**

- More than 400 field Medical Officers trained by WHO on Case Investigation Forms (CIFs) for COVID-19, using an online training platform, leading to more than 600,000 CIFs being entered for epidemiological analysis.
- More than 200 key field staff trained on data management for COVID-19.
- States and districts supported for establishing surge capacity for isolating suspected/confirmed COVID cases in health facilities in Delhi and Mumbai.
- Gaps identified from assessment of about 1,900 dedicated COVID health facilities by WHO were utilised to provide on-job training to healthcare workers at dedicated COVID hospitals and dedicated COVID health centres.
- Monitoring support provided for special surveillance activities for COVID-19 (house to house search for ILI and SARI cases) in Uttar Pradesh, West Bengal, Bihar and Delhi.

From the onset of the pandemic, the Indian Council of Medical Research (ICMR), the national body responsible for biomedical research and the diagnostics of communicable disease, emphasized the importance of laboratory testing to control COVID-19. Testing helps reveal where the virus is hiding, key to ending chains of transmission. In the first weeks of February however, as the first wave of COVID-19 hit India, only 14 laboratories in the country could test for COVID-19. As cases surged, more laboratory capacity was vital to meet demand and make testing widely available.

The UN supported the Indian Council of Medical Research (ICMR) and the Ministry of Health and Family Welfare (MoHFW) in their quantum leap in strengthening lab capacities, helping develop lab protocols, procedures, and quality assurance. WHO conducted external quality assurances of two labs, which in turn facilitated quality assurance panels for 10,000 additional labs. In addition, the UN supported testing by delivering over 1.3m lab reagents/kits to ICMR over the period of acute shortages at the onset of the pandemic. The UN also supported MoHFW and ICMR in developing lab protocols and quality control.

**Strengthened Lab Capacities and Quality Assurance**

The UN supported the Indian Council of Medical Research (ICMR) and the Ministry of Health and Family Welfare (MoHFW) in their quantum leap in strengthening lab capacities, helping develop lab protocols, procedures, and quality assurance.

© WHO
Provided Infection Prevention and Control Training

The UN provided support to the MoHFW and state governments in strengthening Infection prevention and control (IPC), a practical discipline designed to prevent infection of patients and healthcare workers.

- **2,200 hospitals and medical colleges.** benefited from the National Guidelines for IPC in Healthcare Facilities, developed with WHO support
- **2.8 million plus frontline healthcare and community care workers** trained in IPC
- **850 health care facility staff and National Quality Assurance Standards (NQAS) assessors** trained in biomedical waste management by UNDP
- **160 plus hospitals in 5 states** supported with biomedical waste management best practices training by UNIDO
- **18,000 healthcare providers in the public and private sector** trained on IPC and management of biomedical waste by WHO.
Supported Sanitation Workers on the frontlines

Kanchan Nessa is a Safai Sathi (waste picker) who works in Ghaziabad. Safai Sathis are on the frontline risking their lives to keep India’s environment clean - handling waste that is mixed with used tissues, masks and gloves exposes them to greater chances of infection. Recognizing the high-risk environment that they work in, UN Development Programme (UNDP) trained 6,300 sanitation workers on necessary precautions while managing COVID-19 waste and developed a digital bio-medical waste self-assessment checklist for waste pickers across the nation. UNDP launched project UTTHAN, a specially designed programme for sanitation workers such as Kanchan, ensuring better access to basic services such as education, health, shelter as well as Government social protection related schemes in 15 cities, reaching 10,000 Safai Sathis. A further 4,000 sanitation workers were facilitated with travel permits to allow them to return home during the lockdown.
Trained Frontline Workers on COVID-19 Response

400 plus medical officers and 1,300 Field monitors trained on COVID-19 response by WHO.

28,000 frontline workers, including over 10,000 village-level functionaries trained in COVID-19 measures and social protection schemes and programmes.

50,000 plus frontline workers of health and education departments trained on Air Pollution and Health by WHO in partnership with NCDC and MoHFW.

In Jethana village, Gujarat, Accredited Social Health Activist (ASHA) worker Reena Patidar, (right), explains to young mother Latha Raju Masaur the importance of breastfeeding and child nutrition during a regular home visit. Reena is one of the ASHA workers continuing her work in rural areas through the pandemic – supporting basic essential health services such as counselling families on pregnancy and birth, facilitating immunizations and offering advice on COVID-appropriate behaviours. India’s frontline workers are the heroes in the battle against COVID-19, facing unprecedented workloads and personal risk in conditions requiring high human interaction to ensure that essential health and social protection schemes continued through the pandemic.
While COVID-19 is a physical illness, the crisis also carried a heavy psychological toll for the mental health and well-being of society. Frontline healthcare workers faced tremendous pressure from accumulated stress and exhaustion. Millions confronted economic turmoil, isolation and the loss of loved ones. Children and adolescents had their education disrupted and their futures thrown into uncertainty. UN agencies – both individually and collaboratively amongst WHO, UNDP, UNICEF and UNFPA, worked with the Government and partners to prevent and respond to the mental health crisis, particularly among frontline workers.

Early in the crisis, WHO provided technical support to the MoHFW, helping draft guidelines for mental health and psychosocial support during emergencies. UN agencies were also involved in creating and running trainings on mental health for healthcare workers – WHO and the National Institute of Mental Health and Neuro-Sciences (NIMHANS) collaborated to provide training modules to help strengthen the capacity of healthcare providers to address their own psychosocial needs, as well as the people they serve.

Under the leadership of the National Institute of Mental Health and Neuro-Sciences (NIMHANS), UNICEF helped develop a manual on psychosocial first aid for mental health professionals responding to children affected by COVID-19 induced stress and trauma.

Around 446,032 children (48% girls, 52% boys), their parents and caregivers were supported with community-based mental health and psychosocial support services in 17 states through UNICEF’s programmes in partnership with NIMHANS, CHILDLINE, and CSOs. This included a manual for parents and caregivers produced by Childline and UNICEF.
UNFPA supported the launch of the national helpline SWAASTHI for providing mental health and psychosocial support to health workers in collaboration with Tata Institute for Social Sciences (TISS).

‘Mann Darshan– Conversations around mental wellbeing’ a joint UN initiative by WHO, UNDP and UNICEF. The initiative consisted of a series of four webinar programmes on mental health issues, with participants being primarily frontline workers. Themes included the mental health impact of the crisis on older people, children and adolescents and frontline workers.

UNICEF block coordinators Shilpaben and Kamlesh Prajapati conduct a meeting with adolescents on issues concerning mental health in Dharewada village, Banaskantha, Gujarat.

In Odisha, a UNICEF-UNFPA joint advocacy supported the Department of Women and Child Development to prioritize an adolescent agenda, resulting in the development of the State initiative “ADVIKA – Every girl is unique”. In this initiative, Anganwadi workers engage with adolescents monthly, focusing on issues of well-being, mental health and psychosocial support.
UNICEF partnered with NIMHANS Bengaluru to develop an information manual on “Psychosocial Care for Frontline Health Workers”. In Gujarat, UNICEF facilitated the development of a manual for healthcare providers for “Ensuring Safety and Well-being through Psychosocial care and support during COVID-19 Pandemic”, adopted by the State Institute of Health and Family Welfare and implemented state-wide. UNICEF also contributed to the training of doctors and of counsellors who handled the helpline numbers in Gujarat, Bihar, West Bengal, Karnataka, and Maharashtra.

- **Provided mental health support for frontline workers**
- **6,338 plus frontline workers**
  - From CHILDLINE, CSOs and caregivers from child care institutions trained on providing psychosocial first aid to children using simple tools for psychosocial first aid, with support from UNICEF.
- **1,000 people working with children**
  - Attended a session on child protection risks during COVID organized by UNICEF in collaboration with COVID-19 Academy.
- **300 prison officials from 26 prisons**
  - Benefited from a mental health webinar organized by UNODC.
- **Over 4,000 refugees and asylum seekers**
  - Supported with mental health counselling and psychosocial support services by UNHCR.
- **National Psychosocial Action Plan Task Force**
  - For building psychosocial capacities on supported by WHO and UNDP.
Promoted risk communication to create awareness on preventive measures

In a public health emergency, risk communication informs people of the health risks they face and enables members of a community to make informed decisions to protect themselves.

Working closely with MoHFW, the UN provided support in developing a comprehensive COVID-19 messaging matrix and the State Risk Communication and Community Engagement (RCCE) strategy. A training module on risk communication and community engagement was translated into 14 regional languages, with over 1.3 million frontline health functionaries, including ANMs and ASHA, receiving training.

3 million adolescents and youth reached with targeted messages and information on COVID-19 awareness and stigma by UN agencies.

Over 4.5 million people shared their concerns and directly sought clarifications on COVID-19 through various platforms including messaging services and call centres.

8.5 million stakeholders trained on Risk Communication and Community Engagement (RCCE).

120,000 persons living with HIV provided with critical information to prevent the spread of the disease by UNAIDS.

Over 898 million children and their families reached with accurate information on how to stay safe from COVID-19 by UNICEF.

More than 400 Risk Communications products developed by WHO and UNICEF to support MoHFW, and other key Ministries and departments.
UNFPA, together with the Rajasthan Ministry of Health, launched a communication campaign under the ‘Naubat Baja’ infotainment initiative, focusing on COVID-19 and Reproductive, Maternal, Newborn, Child, and Adolescent Health. The campaign reached an estimated 500,000 people in the most affected districts of Rajasthan.

Muan Pi, a Chin Refugee from Myanmar, poses with his guitar in Delhi. “Music moves me, educates me, and makes me grow. It is my everything,” he said. Mentored by Grammy Award-winning artist Ricky Kej for over two-months, he is one of 24 refugee musicians in India who lent their talents to a celebration of the power of music in the “Shine Your Light: #TalentUnbound” online talent hunt. Launched on International Youth Day by UNHCR, UN Volunteers India, and UNESCO, the talent hunt sought to identify talented youth, including refugees to engage them during the lockdown. Their song, titled ‘Shine Your Light- (Song by Refugee)’ was released on 14 October 2020.
Addressed stigma and discrimination

UNICEF, together with WHO, UNFPA and UNDP, supported the MoHFW in implementing a national communication strategy to counter stigma and discrimination, and to coordinate the joint efforts of 13 development partners. This initiative has been able to reach frontline workers, strengthening their capacities to address mental health issues arising from stigma and discrimination due to COVID-19.

- **70 million people** reached by Government’s National Campaign to counter stigma and discrimination — with the UN India team’s anti-stigma campaign reaching over 170 million social media impressions in August alone.
- **487,000 plus frontline workers and health officials** and 300 plus CSOs equipped with the knowledge and skills to address stigma and discrimination.
- ‘Stigma handbook’ translated into Hindi and 8 regional languages (Bengali, Assamese, Odia, Garo, Khasi, Telegu, Kannada, Gurmukhi).

Thank you to the...

We’re all in this together. How can you help someone today?

© UNICEF/UNI318121
Towards Better Health Management

Repurposed Vaccine platform for COVID-19 fight

The Electronic Vaccine Intelligence Network, or the eVIN - is a digital technology introduced by the Government of India to digitize vaccine stocks and to monitor and ensure an unbroken cold chain for vaccines. The platform was repurposed by UNDP to track and ensure the availability of essential COVID-19 medical materials in more than 1,500 health facilities across 145 districts in 8 states. UNDP is also supporting India in deploying the Co-WIN software (Winning over COVID) for tracking distribution of COVID-19 vaccinations and embarked on the task of training personnel on using it.

From caregiver to COVID-19 Warrior in Assam’s tea estates

Anganwadi (community healthcare) worker Tarali Das (right) and Anganwadi help Promilla Rajput make their round visiting families on the Dhallia Tea Estate in Tinsukia District, Assam. “I know that things are not good outside because of COVID-19, and we all need to stay home for ours and others’ safety. But how can I not do anything when people in my community are hungry and look at me for help or food for themselves and their children” said Tarali.

UNICEF has been playing a key role in ensuring the well-being of the 2 million people living on India’s tea plantations since 2010. With support from the Ethical Tea Partnership, UNICEF has worked to improve the living conditions of plantation workers, protect the population from COVID-19 and ensured the continuity of health services.
Ensured continuity of life-saving immunizations and treatments

Measures taken to fight the COVID-19 pandemic in India suspended essential health services for a brief period. The UN, led by UNICEF and WHO, supported India with technical guidance in developing new guidelines for restarting essential health services, including immunization sessions, with COVID-19 safety measures in place. In addition, the government was supported in risk communication and community engagement to raise community confidence and uptake of immunization services.

- **225,000 plus immunization sessions** supervised by UNICEF and WHO field teams
- **14 state Tribal Areas assisted by UNICEF** with an action plan for strengthening immunization coverage
- **6 states supported** in strengthening vaccine supply chains by UNICEF
- **The Polio Social Mobilization Network**, a community engagement programme to increase polio vaccination uptake, handed over to the Government of India by UNICEF.

UNICEF, in collaboration with partners, provided technical support to GoI in the planning phase of the COVID-19 vaccination programme. This included the development of guidelines, training content, cold chain preparedness and a communications strategy.

Families receive vaccinations and counselling at a socially distanced Village Health and Nutrition Day in Gujarat. UNICEF provided support to multiple states for the reconfiguration of immunization and Mother and Child Health services to overcome health disruptions caused by COVID-19.
Routine immunization resumes post COVID lockdown. Hetal (4 months) is given a rotavirus vaccine dose during Mamta Diwas (VHND) at Chanota Fadia, Gujarat.

Relief efforts for people living with HIV

For the more than 3,000 people living with HIV and on antiretroviral therapy in Goa, the COVID-19 outbreak and ensuing lockdown were a time of great worry — both over the new virus and being able to get their HIV treatment. Human Touch Foundation, a community-based organization supported by the Joint United Nations Programme on HIV/AIDS (UNAIDS), sprung into action, organizing volunteers to deliver the life-saving drugs to doorsteps across the island.

Celina D’Costa sorts out antiretroviral drugs at the Antiretroviral Therapy Centre of Goa Medical College.
Restarted **Neglected Tropical Disease** services

A healthcare worker places medicines into a katori (bowl) during a mass drug administration (MDA) drive in Jharkhand. Preventive chemotherapy through MDA is a strategy to treat entire at-risk populations for lymphatic filariasis (LF), also known as elephantiasis. LF is a neglected tropical disease (NTD) – a tropical disease which mostly affects the poorest populations. When COVID-19 struck, the door-to-door distribution of the drugs for interrupting transmission of LF became a challenge. Government officials and partners came up with an innovative and simple solution for contactless administering of medicines – placing them in a bowl. WHO supported the state government in the campaign, providing technical support, monitoring and training. A direct outcome of this campaign was the increase in the coverage for the round, covering 73.5% of the total population – well above the threshold of 65%.

**Mass Drug Administration for Lymphatic Filariasis**
conducted successfully in 91 districts across 8 states

**Neglected Tropical Disease (NTD) services**
restarted by WHO in 8 states

**16 NTD officers from WHO**
supported the kala-azar elimination programme in four states

**WHO NTD officers supported India’s progress towards**
elimination of leprosy, strengthening new case detection, diagnosis and treatment through training modules and promoting best practices. 60,000 triple-layered masks were provided to residents of leprosy colonies by WHO.

**Supported Continuation of Reproductive, Maternal, Newborn, Child and Adolescent Health Services**

The UN India team worked to ensure continuity of Reproductive, Maternal, Newborn Child plus Adolescent Health (RMNCH+A) services during the pandemic. Led by UNICEF, WHO and UNFPA, the UN provided essential supplies, trained doctors, nurses and medical staff on COVID-prevention and offered technical assistance.
Support for **RMNCH+A services**

19.7 million children and women
received essential healthcare, including prenatal, delivery and post-natal care, essential newborn care, immunization and HIV care in UN-supported facilities.

238,000 plus medical doctors and frontline health workers
trained on continuity of sexual and reproductive health services during COVID-19.

8,000 plus health workers
trained through face-to-face and virtual platforms, with active engagement of the Indian Academy of Paediatrics, supported by UNICEF.

50 districts
supported in quality maternal and new-born care services (with a focus and WASH functionality) by UNICEF.

In Mangalnar village in Bijapur district, Rajeshwari and her husband Gopi had finally conceived a child after ten years of marriage. Rajeshwari went into premature labour during the strictest phase of COVID-19 lockdown at just 24 weeks pregnant. Thanks to the referral network in the district, she was moved to the nearest community health centre - where the baby was delivered safely. However, with a birth weight of a mere 510 grams (with normal birth weight in India between 2.5 to 2.9kg), the tiny baby's fight for survival had just begun. After nearly three months of care at the newborn care unit in Bijapur District Hospital and tele-mentoring from experts at the Apex Healthcare institute of the All India Institute of Medical Sciences in Raipur, she became the youngest preterm baby to survive in the region.

Successfully caring for Rajeshwari’s baby during the peak of the COVID-19 crisis is a testimony of the continuation of essential health services in some of the most resource-constrained Aspirational Districts. Under the guidance of state governments, WHO and the Universal Healthcare Partnership have helped expand comprehensive primary healthcare in Aspirational Districts, providing technical expertise and supporting equitable access to essential health services at the sub-national level.
The United Nations and partners continued supporting the roll-out of the national flagship School Health and Wellness Program (SHWP) through the COVID-19 pandemic. Part of the GoI’s Ayushman Bharat national health program, the SHWP aims to establish healthy behaviours during early childhood and adolescence where children spend much of their time - schools. Two teachers in participating schools take up the role of Health and Wellness ambassadors, educating pupils on health and wellness and coordinating related activities. 75,428 schools in 16 States initiated the training of these ambassadors.

Shifa Samim, 19, a community member, stands along with children outside a community toilet in the M-East ward slum in Chembur, Mumbai. UNICEF and partners worked to improve urban slum sanitation and preparedness of schools during the pandemic and improving the COVID-safety for community toilets.

UNICEF India has been working with the Government of India and partners for the last 70 years to ensure that every child in India has access to clean water, basic toilets and practices good hygiene behaviours. In the year of the COVID-19 pandemic, access to water and soap became even more critical to prevent the spread of disease.

UNICEF provided technical assistance, supplies and promoted safe practices.
to ensure the continuity of WASH services throughout the COVID-19 pandemic. More than 40 million people were engaged through behaviour change communication, along with capacity development and engagement of 795,671 community service providers such as Swachagrahis, JalSurakshaks, teachers and other stakeholders on IPC. WHO-supported mass awareness campaigns were executed to strengthen hand hygiene and other COVID appropriate behaviours. Contactless hand washing stations were installed in various COVID facilities to strengthen hand-hygiene infrastructure.

**COVID-19 compliant handwashing stations were installed on Global Handwashing Day 2020 in urban slums of Surat, Gujarat by the Aga Khan Foundation with support from UNICEF.**

**8,532** Communities certified Open Defecation Free

**100 million people** provided access to safely managed drinking water

**13.1 million plus people** provided access to toilets, 4.3 million of whom in vulnerable communities

**4.3 million people** provided with critical WASH supplies

**84 million people** reached with promotion of safe practices such as handwashing

**2,0214** education department staff oriented in Safe School Protocols (SSP) and 140,694 school SSPs scaled up to cover all of UP
Education
Over the years, India has made considerable improvements in promoting literacy and education, the enrolment and retention of children in primary and secondary education and expanding its number of schools.

The UN in India supports the Government of India in its national priority to provide a quality education for all children - and in particular, strengthening government programmes to ensure that children belonging to marginalized and disadvantaged groups are not left behind.

During the ongoing COVID-19 crisis, which threatens to roll back decades of progress, this support became more critical than ever. In 2020, an estimated 247 million children were impacted by the closure of India’s 1.5 million schools due to COVID-19 lockdowns - with devastating consequences for their learning and wellbeing. In addition, there were over six million girls and boys already out of school even before the pandemic crisis began. The most vulnerable children and those unable to access remote learning are at increased risk of never returning to the classroom, and even being forced into child marriage or child labour.

The UN in India worked hard to ensure that all children, especially the most disadvantaged and excluded, had their right to an education fulfilled. Learning from home and that parents were given guidance for home schooling - reaching an estimated 57 million children (49% girls) across 17 states.

UNESCO developed videos and advocacy materials to promote inclusive education and well-being of children. In partnership with the state governments, the UN Fund for Children (UNICEF) developed e-learning materials to help ensure that children could continue

The UN in India worked hard to ensure that all children, especially the most disadvantaged and excluded, had their right to an education fulfilled
Rapid Situation Analysis on the Effects of and Responses to COVID19 on the Education Sector in Asia and the launch of publication titled “Safe Online Learning in times of COVID 19” and “Minding our minds during COVID-19 - Helping school going children manage their mental health”. UNFPA ensured teachers were equipped with the skills to continue providing life skill development lessons remotely. The UN Office on Drugs and Crime (UNODC) launched ‘Lockdown Learners’, a series of interactive dialogues with students and educators in India on topics pertaining to the Sustainable Development Goal 16 and on peace and the rule of law.

Online education is not an option for all however – only one in four children in India had access to digital devices and internet connectivity before the COVID-19 pandemic, and there is still a large rural-urban and gender divide. To address the digital divide, UNICEF designed a programme in collaboration with the Government of Odisha to bring over 4,500 teachers to the doorsteps of disadvantaged tribal children to support their learning during the lockdown. UNICEF also supported more than 400,000 Anganwadi workers in reaching nearly 7.5 million children below the age of 6 years, through both online learning and home visits. In addition, the UN Refugee Agency (UNHCR) provided cash assistance to vulnerable refugee families to buy data for online learning.

The best way to ensure the overall well-being, health and safety of children is through continuity of education. With this consideration, the UN also supported the Government of India in developing guidelines for the reopening of schools.

Prinjal (11) and Arun Sejal (8) study from home during the COVID-19 pandemic in village Dharwada, Gujarat.
Ensured **continuity** of education

To provide a better learning environment for children, the **UN Children’s Fund (UNICEF)**, in partnership with 17 state governments, launched a slate of education initiatives to enable children to continue learning from home. These included online classrooms, the UNiLearn platform, e-learning materials and broadcast educational programmes, which reached an estimated **57 million children.**

**Tapoi | 14 | Odisha**

**Tapoi** works hard to ensure she has enough time to study. “I wake up at 4 a.m. every day, I help my mother with cooking, cleaning and house- hold work. Once I finish my chores, I sit down to study.”

14-YEAR-OLD **TAPOI** is a grade nine student at Daspalla Upper Primary School, a residential school for children from tribal and disadvantaged communities in Odisha. Even before lockdowns in late March 2020 closed schools, graduating school was a rare privilege in Tapoi’s tribal community. Like most adults in the village, her parents are uneducated, and her siblings dropped out of school - all too common in Odisha, where nearly 50 percent of girls get married early or as children.

“I thought we would go back to school after a month. But when the closure continued, I was very sad. I really missed my friends, my lessons, and my teachers. The one thing I like the most is studying, but with no one to help me with my lessons at home, I was not able to learn new topics.”

Tapoi was overjoyed when she got a message that a teacher would be visiting her village to teach children who were enrolled in the tribal school. The teacher’s visits and lessons were made possible by a Government of Odisha initiative through the **Alternate Mentorship and Learning Programme (ALMP)** designed in collaboration with the United Nations and launched during the pandemic to bring over 4,500 teachers to the doorstep of disadvantaged children often lacking access to the internet and smartphones. An assessment of the programme showed positive learning outcomes for children - nearly all students said that the classes helped them continue with their studies from home and made them more confident reintegrating into regular classes.
Many parents of young children faced a challenge in striking a balance between engaging their children at home with learning while helping them adapt to the new and uncertain environment created by the pandemic. With Anganwadis (learning and care centres for children aged between 3 – 6 years) across India closed during lockdown, they and their children were deprived of a critical learning and support structure.

UNICEF, from Chhattisgarh, depicts hope in his drawing. Similar campaigns were launched in 8 other states. UNICEF also launched an e-learning course on Early Childhood Education (ECE) to support Anganwadi workers in Bihar and Uttar Pradesh. Resources were shared to Anganwadi centres across India, and more than 400,000 anganwadi workers were involved in reaching nearly 7.5 million children (50% girls) below the age of 6 over social media platforms and through home visits.

Anganwadi worker Leena Bhat, 41, plays with the children of the Jethana – an Anganwadi centre. At the Anganwadi, children are introduced to various activities to learn and develop their skills. Leena has been an Anganwadi worker for 19 years. Since 2018 she’s been giving important lessons in early childhood education - children and parents are actively involved in this process.

To cater to the learning needs of children and as part of the COVID-19 response, UNICEF launched a campaign in Chhattisgarh - ‘Chakmak’ or hope - to support parents and grandparents in ensuring children’s learning through play at home activities.

Swayam, from Chhattisgarh, depicts hope in his drawing.
As the pandemic revealed and amplified inequalities in education, UNESCO quickly mobilized support to ensure the continuity of learning around the world by establishing the Global Education Coalition in March 2020. This multi-sector Coalition brought together 175 institutional partners from the UN family, civil society, academia, and the private sector, and is currently working in 112 countries, including India. The Coalition contributions do not replace national responses, but rather engage new actors that would not have been apparent partners, such as technology and media organizations, to complement

Rallied international organizations, civil society and private sector partners in a coalition for education

As the pandemic revealed and amplified inequalities in education, UNESCO quickly mobilized support to ensure the continuity of learning around the world by establishing the Global Education Coalition in March 2020. This multi-sector Coalition brought together 175 institutional partners from the UN family, civil society, academia, and the private sector, and is currently working in 112 countries, including India. The Coalition contributions do not replace national responses, but rather engage new actors that would not have been apparent partners, such as technology and media organizations, to complement

One of the Global Coalition partners is Technovation, a tech education non-profit supporting girls’ education during the pandemic. The Technovation Girls programme offered mentorship, working with girls who formed teams to code mobile apps that address real-world problems.

For Jigyasa — who developed a mobile application to support survivors of acid attacks — participating in Technovation meant discovering a talent for coding and video production. “At the beginning of the programme, I was scared of computer science and coding as a whole, but I ended up being one of the main programmers on my team.”
UNICEF and YuWaah (Generation Unlimited India) launched a national platform, UNiLearn in 2020, for learning, sharing and conducting virtual classrooms and webinars. The platform hosts dynamic self-learning content from different states related to subjects and life skills, vocational skills for children, young people, teachers and administrators to learn at their own pace.
Young father Yogesh Ratna Kulkarn (above) bonds with his daughter Manyata in Maharashtra. Speaking of when his daughter was first born, Yogesh said "I was too scared to hold her. And I had no idea what else to do. How to bathe her, interact with her or what to feed her". Yogesh thought caring for a young child was a "mother's job". Only after Manyata started attending the Anganwadi (child care) Centre near their house did he realize the significance of a father’s role in early childhood development. Fathers like Yogesh are being guided by the District’s Early Childhood Development Programme and are becoming more involved in the day-to-day activities of their children. UNICEF’s e-learning course on Early Childhood Education, developed for capacity building of Anganwadi workers, emphasizes the significance of a father’s involvement in early childhood development, motivating fathers like Yogesh to engage more with their children.
Responding to the COVID-19 pandemic, the UN Office on Drugs and Crime (UNODC) spearheaded ‘Lockdown Learners’, a unique series of free interactive dialogues with students and educators in India on topics about the Sustainable Development Goal 16 (SDG), on peace and the rule of law. The series enabled and empowered students to learn about and co-create solutions to address issues such as cybercrime, misinformation, gender-based violence, discrimination and corruption. The series used innovative approaches such as audio recordings on WhatsApp, fostering the exchange of notebooks and creating offline youth-driven action clubs in support of Sustainable Development Goal 16. The series was featured in the UN Innovation Network’s ‘Best of 2020 Initiatives’ for its innovation and impact in December 2020.

UNESCO and UNODC hosted a regional dialogue on engaging youth for education and justice. Hundreds of attendees tuned in via Zoom and Facebook live to watch the dialogues over two days, where that took place over the two days, where the young panellists discussed the importance of including student voices in the dialogues that shape education policy. Other themes addressed included ensuring that the classroom setting is secure for students, free from violence and inequality. Participants in this panel discussed some of the underlying issues that drive harmful phenomena such as bullying including cyberbullying, sexual violence, and gender-based oppression.

Continuity of education for children is essential for their overall well-being. Health and safety should be at the forefront of all considerations and decisions on the reopening of schools. Coordinated by UNICEF in collaboration with UNESCO, UNHCR, WFP and the World Bank, the global Framework for Reopening Schools guidelines were adapted to India for the Ministry of Education (MoE) and National Council of Educational Research and Training (NCERT). UN agencies also provided inputs and feedback to the reopening of school guidelines developed by MoE jointly with the Ministry of Health and Family Welfare. UN agencies provided further support in adapting the national guidelines to state contexts, including orienting relevant officials.
UNESCO, in collaboration with the National Council of Educational Research and Training (NCERT) developed a series of animated children’s videos in English and Hindi, focusing on various themes of the School Health Programme under Ayushmaan Bharat. These videos explain social and personal issues in an age-appropriate manner, including emotional well-being and mental health, gender equality, nutrition, and promotion of hygiene.

The School Health Programme, led by the Ministry of Health and Family Welfare and NCERT, was further supported by UNFPA and other UN agencies, including orientation for 1,800 state resource persons and sharing relevant information on COVID-19 safe behaviours, and challenging misinformation, stigma and discrimination to 12,775 teachers, 10,000 Islamic scholars and 500,000 school students.

Recognizing the importance of mental health to the health and wellbeing of children, UNESCO published the “Minding our Minds During COVID-19” guide. It was designed for school principals, headteachers, teachers, and parents to help school-going children cope with the anxieties of the pandemic crisis, offering advice on staying connected to their families and friends, and reminding them that they are not alone.
Nutrition and Food Security
The Government of India had made significant progress in improving food security and anti-poverty programmes in the years preceding the COVID crisis, through large food security and nutrition programmes.

The COVID-19 pandemic profoundly disrupted India’s food security in 2020. Livelihoods and food and nutrition conditions were impacted in households across the country. A mass migration of workers from urban centres led to reduced household incomes. The lockdown also provoked labour shortages, bringing farming activities to a standstill and disruptions to markets and local food systems. Rising food prices and limited fresh supplies of food restricted dietary diversity, possibly reversing prior gains made in the battle against malnutrition.

The implementation of National Food Security Act (NFSA), 2013, which provides access to affordable food as a legal entitlement, with a coverage of around 813 million people, has been a significant paradigm shift in India’s approach to food security. Through a network of over 540,000 Fair Price Shops, priority households are entitled to receive food grains at subsidized prices. The poorest of the poor households under the Antyodaya Anna Yojana (AAY) receive 35 kg of food grains per household per month at the same subsidized price. The Government of India also prioritizes the issue of malnutrition, and implements several schemes and programmes to address it, such as Anganwadi Services, Pradhan Mantri Matru Vandana Yojana (PMMVY) and Integrated Child Development Services (ICDS) scheme’s Supplementary Nutrition Program (SNP).

The UN agencies in India supported the government in its measures to reduce the risk of hunger and malnutrition in the most vulnerable populations through ensuring continuity of essential nutrition services and food security. The UN agencies in India supported the government in its measures to reduce the risk of hunger and malnutrition in the most vulnerable populations through ensuring continuity of essential nutrition services and food security.

The UN agencies in India supported the government in its measures to reduce the risk of hunger and malnutrition in the most vulnerable populations through ensuring continuity of essential nutrition services and food security.

Technical guidance was provided on issues related to nutrition, food security and agriculture, such as protection of breastfeeding during COVID-19, screening and treating of children with severe acute malnutrition, treatment of anaemia in pregnant women and adolescents, ensuring continuous supply chains, food safety in farms and the safe restarting of mid-day meals. Technologically driven innovations such as WHO’s automatic grain dispensers and food delivery applications linked to government safety nets were adapted for the crisis and training was given on safe farming and animal husbandry to ensure the safety of farmers and to combat the risk of future infectious diseases originating from animals.
Key Results

17 million caregivers
were provided critical information on breastfeeding, complementary feeding and care of children

10 states
supported in Severe Acute Malnutrition response

5 States
piloted automatic grain dispensers

120,000 people
without access to social safety nets provided with food aid

1,200 producer organizations
supported with access to relief and markets

Infant and Young child feeding

Gauri Devi and her 1.5-month-old daughter Sugna (above) were visited by an Anganwadi (community healthcare) worker at home during the COVID lockdown in Amthala Village, Rajasthan. Only 9.6% of India’s infants receive a minimum acceptable diet, and Anganwadi workers play a crucial role in improving infant and child nutrition. As the Anganwadi centres where check-ups were normally conducted closed during the pandemic, mothers like Gauri were provided with information on the benefits of breastfeeding as well as fortified nutrition through home visits. UNICEF supports the nutrition communications of Anganwadi centres throughout India and adapted their communications to maintain this reach during the lockdown. Nutrition information was spread through digital communications like messaging services and social media in all states. This intervention led to over 17 million caregivers being provided with critical information on breastfeeding, complementary feeding and childcare.

1 Ministry of Health and Family Welfare, National Family Health Survey (NFHS-4)
Management of Severe Acute Malnutrition

Rashtriya Bal Swasthya Karyakram (RBSK) is a Government of India programme to identify and treat children affected by Severe Acute Malnutrition (SAM), and is supported by UNICEF.

UNICEF has been advocating for the continuity of critical services of children with SAM, which led to a large scale response in 10 states. Updated guidelines for facility-based SAM management during COVID were also disseminated in the states. The issue of child wasting, especially in high-risk age groups, was highlighted by UNICEF in coordination with development partners.

Vaishali Patel (3), a child suffering from Severe Acute Malnutrition (SAM), is given a check-up by a Rashtriya Bal Swasthya Karyakram (RBSK) team deployed in Gujarat.

Early identification and management of children with SAM was supported in the states through comprehensive guidance together with the National Centre of Excellence for the management of Severe Acute Malnutrition.

The UN supported the restoration of nutrition and social safety nets. This included sharing guidelines and regularly updated COVID technical materials. Recognizing the potential for setbacks on nutritional progress, UNICEF in collaboration with its development partners, issued a ‘Call to Action for Commitment to Nutrition’ on 2 December 2020 on the anniversary of the 1,000 days of the Nutrition Mission. The document outlined six thematic areas to ensure improved nutrition and provided the joint advocacy agenda for the development community over the coming years.
UNICEF supported the communications activities of the Government’s Poshan Abhiyaan Jan Andolan scheme, which seeks to improve nutritional outcomes with a focus on children, pregnant women and lactating mothers. Jan Andolan activities were given technical support in 14 states including planning, communication package readiness, local mascot creation, media activation and reporting. The Poshan (nutrition) month 2020 recorded 140 million Jan Andolan activities.

Technological guidance was provided on issues related to nutrition, food security and agriculture by the UN (WHO, WFO, FAO, IFAD and UNICEF):

- Guidance on the promotion, protection and support of breastfeeding during the pandemic along with monitoring for violations in the marketing of breastmilk substitutes.
- Published a guidance note for food businesses, CSOs and state governments on the acceptance of food donation, procurement, and distribution of dry food rations.
- Food safety in community kitchens.
- Agrimarketing and enhancing farmer’s incomes during the lockdown conditions.
- Guidelines for food safety in farms and in food supply chains.
- Technical support provided to the Centrally Sponsored Scheme on fortified rice in 5 states by WFP.

Vidhya Jain, 55, (right) Anganwadi worker, speaks to pregnant women and young mothers about the importance of nutritious food at the Anganwadi centre in Jethana village, Rajasthan.
Re-activating Mid-Day meals

The Mid-Day Meal scheme represents a lifeline for nearly 100 million schoolchildren in India, representing a predictable nutritional support that significantly impacts children's daily diets. Meal schemes help address deprivation and early growth failure and provide an incentive for parents to send their children, especially girls, to school. The closure of schools and lockdown led to the suspension of the scheme. Continuity of nutritional support was ensured by the Centre, States, and Union Territories issuing guidelines to provide the MDM entitlements to children in kind, cash or both. WFP India set out guidelines to support the Government of India in the safe re-activation of the scheme. These included procedures and best practices for the safe re-opening of schools, including guidance on sanitation, infrastructure upgrades, and standard operating procedures for the distribution of food.

WFP conducted a Capacity Needs Assessment covering 246 organizations to guide the development of a training programme for CSOs.

Virtual training sessions were held for 1,250 participants on supporting food security and nutrition and 75 participants were trained on complaints and feedback mechanisms.

Information, Education and Communication materials were developed by the Department of Food and Public Distribution, to create awareness of the Government’s One Nation One Ration Card scheme among migrants with support from WFP.
Improving Food Security through innovation

UN agencies, led by the World Food Programme (WFP), enabled the provision of food to the most disadvantaged during the pandemic in collaboration with state governments and CSOs.

India’s Targeted Public Distribution System (TPDS) is the largest food distribution programme in the world, providing food at subsidized prices to poor and vulnerable people. Unfortunately, many people reliant on the system do not get their fair share of grains. Shopkeepers often under-weigh the subsidized grains, as they have an incentive to sell the surplus at a higher price. This problem inspired the World Food Programme (WFP) India to innovate the Annapurti (Hindi for ‘providing food’), automatic grain dispenser. The dispenser allows people entitled to subsidized grains to receive them at any time, at the right amount, without the risk of interference. While the Grain ATM was designed before the COVID-19 pandemic, the timing of its pilot launch in five states was fortuitous — the dispensers also allow rations to be distributed with minimal physical contact, ensuring COVID-safety.
The limited availability of covered space for the storage of food grains, particularly post-harvest, leads to big losses of food in India. Grains stored out in the open are at risk of being ruined by rain, heat and pests. To address this challenge, World Food Programme (WFP) India has been working with state governments to find solutions for increasing grain storage capacity. One potential solution is to use Mobile Storage Units (MSU), which are deployed by WFP humanitarian missions globally. MSUs are semi-permanent grain storage warehouses that can be assembled quickly and affordably. Pilots are currently being conducted with the state governments of Odisha and Uttarakhand to assess the potential of MSUs in reducing post-harvest losses.

In Uttarakhand, WFP partnered with the state government to develop the Jan Aapurti mobile app. Through the app, 20,000 households were able to order groceries to their homes from 100 Kirana retailers while access was restricted by the pandemic. The app also allows farmers to access government procurement systems and sell their harvest to food safety net programmes.

Anu, a commercial sex worker in a high-risk group for HIV, saw her earnings disappear due to the pandemic, leaving her at risk of hunger. The intersection of the COVID pandemic and lockdowns had serious social and economic impacts, especially on the most marginalised and vulnerable groups. WFP helped the frontline CSO SAMARTH in Lucknow, Uttar Pradesh, to identify and provide food assistance to around 120,000 vulnerable people without access to social protection schemes, including at-risk groups such as trans people, and male and female sex workers.
Improving agricultural incomes

Support from the International Fund for Agricultural Development (IFAD) benefited 1,200 producer organizations and livelihood collectives, and their 1.2 million members with access to government relief measures, access to agri-inputs, and assistance with marketing on digital platforms in the States of Maharashtra, Tamil Nadu, Uttarakhand, and Meghalaya.

In Tamil Nadu, the women members of the Ramanathapuram Dry Fish Marketing Society, previously excluded from formal financial services, now benefit from savings accounts, loans and insurance, through a Fishing Federations pilot scheme. The insurance mechanism has been an effective lifeline, as these women are more prone to accidents and deaths. With a 100% loan repayment rate, they have built a strong credit history, and are now able to manage their livelihoods more effectively. The financial inclusion programme is part of the Post Tsunami Sustainable Livelihood Programme in Coastal Areas of Tamil Nadu (PTSLP), implemented by the Rural Development and Panchayat Raj Department and Government of Tamil Nadu, with financing provided in part by IFAD.

Farmers and village officers receive training on COVID-19 safe farming and animal husbandry methods in Wokha district, Nagaland. The Food and Agriculture Organization (FAO) is supporting communities across India to ensure the safety of farmers, food security and to combat the risk of future infectious diseases originating from animals.
Climate Action, Clean Energy and Disaster Resilience
The Government of India has been conscious of the global challenge of climate change - and has been active, both globally and nationally, to tackle the challenge.

India – with only about 2.4% of the total land mass of the world and close to 18% of global population – is under tremendous stress to ensure a sustainable development pathway for itself. With large parts of the country’s rural population dependent on climate-sensitive sectors such as agriculture and forests, any adverse impact on water availability due to changes in precipitation levels and falling groundwater tables are likely to adversely affect livelihoods and food security.

Nationally, there are several programmes and policies that are aimed at reducing the risks posed by climate change – both to mitigate (by reducing emissions of greenhouse gases), and to adapt (by reducing exposure and vulnerability to expected impacts). The National Action Plan on Climate Change (SAPCC) at sub-national levels have been developed outlining existing and future policies and programmes addressing climate mitigation and adaptation in various sectors.

The COVID-19 crisis has also demonstrated that the health of people and the planet are intertwined. Both environment and health are intrinsically related, for a good environment translates to good health. Many health issues today arise from poor environmental management and its consequences.

The UN in India continues to provide support to the Government of India through the pandemic by helping restore lost ecosystems and biodiversity, fighting climate change and reducing pollution - measures that also help mitigate the risk of future pandemics and ensure building long term resilience of both people and ecosystems. The UN is encouraging state and private actors to invest in building back better and greener, linking recovery efforts with the solar and clean energy transition and India’s targets in its Nationally Determined Contribution (NDC) in the renewable energy sector.

UN agencies addressed deteriorating air quality in major Indian cities and its impact on human health...
through technical support and advocacy, working on integrated strategies for clean air and sustainable agriculture production, involving government, regulatory bodies, CSOs, and the private sector.

While India has championed the phasing out of single-use plastics and reducing marine plastic litter, COVID-19 biomedical waste, much of it plastic, has put unprecedented pressure on the country’s solid waste management systems. UN agencies led by UNDP and UNEP have responded to the urgent need for plastic waste management through socio-technical programmes and advocacy. The UN also continued its support of disaster management systems in India, including helping strengthen state systems, developing COVID-19 responsive operating procedures and multi-agency platforms and offering gender-sensitive post-disaster support to flood-hit regions.

**Key Results**

- **35,000 plus metric tonnes** of plastic waste processed and prevented from being dumped in landfills
- **12 million plus people** reached through Cleaner Air campaign
- **167,000 people-on-the-move** assisted through multi-agency platform
- **4 Cities** declared single-use plastic free
- **2 million USD secured** for a pilot project on solar power application in agriculture
- **7,000 hygiene kits** distributed to women and girls in flood-hit Bihar
Reducing air pollution in India’s cities

Air pollution is a critical environmental and health challenge impacting human health and ecosystems with significant socio-economic and development consequences. According to the World Health Organization (WHO), 13 of the 20 most polluted cities of the world are in India, and more than 140 million Indians are exposed to severe air pollution annually.

Addressing the challenge, UNDP organized an online workshop in partnership with the Ministry of Environment Forest and Climate Change (MoEFCC) on “Air Pollution: Lessons Learnt and Way Forward”.

The 3 winners of the “Solution for Air Pollution” innovation organized by UNDP Accelerator Lab India were also showcased before the government partners as potential innovations ready to be scaled-up.

To mark the first-ever “International Day for Clean Air for Blue Skies”, UNDP organized an outreach campaign on 7 September 2020 recognizing the importance of improving air quality. The outreach campaign included social media engagement through live stream sessions on indoor air pollution and transforming crop waste to biofuels.
UN Environment India (UNEP), in collaboration with the Climate and Clean Air Coalition (CCAC) People Like Us Create (PLUC) and Let Me breathe (LMB) hosted a series of activities that were dedicated to raising public engagement and to emphasize solidarity on the importance of cleaner air. To increase national awareness and cooperation across various government and private sectors, the #CleanAirBharat call to action was picked up as a highlight for the day. Over 12 million people were engaged at the national and global levels through the campaign duration. UNEP also organized training sessions with state officials responsible for air pollution prevention and control in UP.
In the absence of a market for crop residues and without collection, transportation or suitable storage infrastructure, many farmers in India burn the plant materials left after harvesting. The scale of the challenge is huge. Around late September and October, farmers in India’s Punjab, Haryana, Rajasthan and Uttar Pradesh states burn an estimated 35 million tonnes of crop waste. This practice has increased in India in recent years, and the burning of rice straw leads to spiking pollution levels and a thick smog over the entire national capital region (NCR) and adjoining areas every winter.

With the problem expanding, the Government of India partnered with FAO, who are now providing technical support for the development of a crop residue supply chain, so that rice straw can be collected, stored and turned into other products, such as bioenergy.

Supported sustainable solutions for dealing with crop residue
Supported the solar power revolution

UNDP works closely with the Ministry of Environment, Forests and Climate Change, Government of India and states to reduce greenhouse gas emissions at the sub-national level through renewable energy and energy efficient solutions. UNDP provided technical support to state governments for scaling up integration of renewable energy in 157 Primary Health Centres and 24 solar powered micro cold storages across Jharkhand. Initiatives undertaken to reduce energy consumption and promote renewable energy with MSMEs, rural livelihood, institutional sectors and transportation benefited nearly 8,000 people.

UNDP India is a proud partner of the International Solar Alliance (ISA) – a coalition of solar-resource-rich countries. UNDP is providing operational and programmatic support to ISA in its mission to accelerate the global energy transformation. In 2020, UNDP secured USD 2 million funding support from UN Office for South-South Cooperation (UNOSSC) for a two-year, 10 country pilot project on ‘Scaling Solar Applications for Agricultural Use’. The project aims to help farmers increase their yield through solar powered irrigation systems.
“I just want to say that plastic is everywhere, whether we like it or not. I have a job because of plastic. It is a friend and a foe on the basis of how we use it but what I want to say is that plastic should not be thrown around. Here in Panaji, the plastic is collected and brought here to the Swachhta Kendra. We segregate it and it is then sent for recycling. People should make sure that plastic is recycled, that’s one of the best ways to ensure it is reused” says Haru Bhul, a Switha Sathi (waste picker), who works at Panaji Swachhta Kendra in Goa.

According to recent estimates by the World Bank, India is one of the largest producers of waste due to the size of its population. Out of the 15 million tonnes of plastic waste India generates every year only a quarter is recycled due to lack of functioning solid waste management systems. This leads to a burden on landfills and poor socio-economic conditions for the waste pickers, mostly women.

United Nations Development Programme (UNDP) India, in partnership with the Ministry of Housing and Urban Affairs and 5 donors, has responded to the urgent need for plastic waste management through a socio-technical programme, building on existing systems to reduce the impact of plastic waste on the environment in India, promoting the collection and recycling of all kinds of plastics and providing better working conditions for the waste pickers. The partnerships is being implemented across 38 cities and is being ramped up to include an additional 30 cities by the end of 2021.
Ending Marine Plastic Litter

Marine litter threatens ecosystems, affects public health, and negatively impacts fishery and tourism industries in India and around the globe. India is a major source of single-use plastic litter, with the COVID-19 outbreak exacerbating the situation, with an estimated 101 daily tonnes of biomedical waste, including masks and gloves, added to the stream of waste daily, adding pressure to waste management systems.

Provincial and local governments in Mumbai, Agra, and select cities along the Ganges are receiving support from UN Environment (UNEP) in reducing this plastic pollution. Funded by the Government of Japan, the programme to end marine plastic litter in India’s rivers and marine ecosystems supports efforts to address single-use plastics, manage plastic pollution and provides technical advice and best practices to national and local government.

UNEP and WHO proposed a collaborative effort, the ‘Environment and Health Initiative’, with the Government of India. The initiative will operate through a Working Group/Steering Committee established under the co-chairmanship of MoHFW and MoEFCC to delve on issues related to the impact of environmental factors on human health. The MoHFW has issued the office order for establishment of the steering committee on 29th July 2020. The committee comprises of members from various Ministries/Departments, UNEP and WHO.

Schoolchildren take a pledge to say no to single-use plastics in Agra, Uttar Pradesh. The United Nations Environment Programme (UNEP) has not let up its campaign to solve the problem of marine plastic litter in the rivers and oceans of India. Four cities in India including Agra, Taj Mahotsav, in partnership with UP Tourism, were declared single-use plastic free.
The Montreal Protocol on Substances that Deplete the Ozone Layer is a global agreement to protect the Earth’s ozone layer by phasing out the chemicals that deplete it. The most recent amendment, the Kigali Amendment, called for the phase-down of hydrofluorocarbons (HFCs) in 2016. UNDP is supporting India in implementing the Montreal protocol, providing technical assistance to industry for a smooth transition to ozone friendly alternatives in the foam and Refrigeration and Air-Conditioning (RAC) sectors. 159 businesses in the foam sector and four businesses in the RAC sector have been given technology conversion support so far.

Dichlorodiphenyltrichloroethane (DDT) is an insecticide that is very effective at killing malaria spreading mosquitoes. Unfortunately, it also persists in the environment, and can have harmful effects on the health of animals and people. UNEP, along with United Nations Industrial Development Organization (UNIDO), is helping India develop environmentally friendly and sustainable alternatives to DDT through the ‘Development and Promotion of non-Persistent Organic Pollutant (POP) alternatives to DDT’ project. The project aims to reduce the production, use and consumption of DDT through the development of non-POPs alternatives and thus support India in reaching its commitment to the UN-backed Stockholm Convention to phase out POPs like DDT. The project has led to multiple trainings with health officials on DDT alternatives, the development of training modules and webinars with experts.

Phasing out ozone depleting substances in industry
Snow leopards are the apex predators of the Himalayan high-altitude landscapes and an indicator of the overall health of these ecosystems. India has the third largest population of snow leopards globally, with an estimated 400-700 individuals. Global warming is shrinking their habitat, along with unsustainable development. The UN Development Programme is working with India’s Ministry of Environment, Forest and Climate Change (MoEFandCC) and the Global Environment Facility to protect the snow leopard and its habitat. The SECURE Himalaya initiative works closely with local communities and institutions to implement sustainable conservation strategies. UNDP has supported MoEFandCC in creation of the Snow Leopard Population Assessment in India (SPAI), the first assessment to accurately determine the population of snow leopards in the country, and is providing support to state forest and wildlife departments in on-ground implementation of the protocol.
Mobilizing Resources for Biodiversity and Sustainable Development

For India, conservation of biodiversity is crucial not only because it provides several goods and services necessary for human survival, but also because it is directly linked with mitigating threats posed by climate change and providing livelihoods to and improving socio-economic conditions for millions of people, thereby contributing to sustainable development and poverty alleviation.

Under the Biodiversity Finance Initiative (BIOFIN), UNDP supported the MoEFandCC in developing a framework that provides innovative steps to finance and support conservation action, including preparation of the National Biodiversity Finance Plan to achieve the global Aichi Biodiversity Targets and the associated National Biodiversity Targets (NBTs).

FAO is supporting the Governments of Mizoram, Odisha, Rajasthan and Uttarakhand in undertaking landscape assessments in select areas of critical biodiversity. Geospatial analysis of the conservation landscapes will determine the key baseline and support in identifying the highest priority intervention areas. The information will be used for projects to strengthen the capacity of local communities for informed decision-making in biodiversity conservation, climate change mitigation and sustainable land management.
Bihar is one of the world’s most flood-prone areas. The COVID-19 pandemic pushed cases in Bihar on an upward trajectory, and the ferocity of monsoon season floods added to an already complex socio-economic challenge, affecting people and infrastructure alike. Access to services and essential items was disrupted with women, girls and children affected more severely. A rapid needs assessment with a focus on women, adolescent girls, and young women by UNFPA’s implementing partner Plan India showed alarming and gender-skewed findings – displaced families living together in temporary, cramped shelters resulting in a complete lack of privacy for girls; pregnant women not able to receive regular ante-natal care services; lavatories submerged under flood waters; access to sanitary napkins acutely affected.

UNFPA along with its implementing partner Plan India strove to meet the sexual and reproductive health and other essential needs of adolescents and young women, including pregnant and lactating women. UNFPA’s trademark Dignity Kits provided the much needed support for pregnant women, adolescent girls and lactating mothers belonging to the poor and extremely vulnerable communities. These kits contain simple yet crucial supplies, including sanitary pads, underclothes, a toothbrush, toothpaste, shampoo, and soap.

In total, UNFPA and Plan India distributed 6,969 Kits to affected families with support provided to approximately 3,000 adolescent girls, 800 pregnant women and 1,200 lactating mothers, following all safety protocols. COVID-19 sensitive dignity kits were distributed to a further 2,320 women and girls in 55 shelter homes – (‘Swadhar Greha’) and hygiene kits to 7,000 tribal households across 250 villages in Odisha were provided by UNFPA.
The COVID-19 pandemic was the first pan-India disaster to be handled by the legal and constitutional institutions of the country through the Disaster Management Act, 2005 (DM Act). The Disaster Risk Management (DRM) system, particularly at the state and district levels was overwhelmed in the early days of the pandemic.

UNICEF stepped forward and offered technical support and constructive engagement to strengthen systems and to achieve clarity on roles and responsibilities in the context of the DM Act.

Development of COVID-19 responsive Standard Operating Procedures (SOPs) in 17 plus states helped

The DRM systems boost their relevance during the pandemic by coordinating civil society organizations and others for planning, learning, and action. For instance, UNICEF supported the Government of Uttar Pradesh with the development of five SOPs, that helped the State Integrated Disaster Control Centre (SIDCC) and DRM system address the emerging needs of the most vulnerable women and children in the context of COVID-19.

The states of Assam and Odisha were provided end-to-end technical support for establishment and rollout of a digitally enabled volunteer management platform that provided timely support to district authorities to reach the hard-to-reach locations and population groups with information and gather inputs for timely action. The DRR programme contributed to the coordination of non-pharmaceutical, non-medical responses and most importantly listened to voices from the ground and communicated them to NDMA and other decision-makers. Disaster resilience was also further supported in Odisha by UNDP with support for the Government’s COVID-19 sensitive cyclone preparedness planning.

156,991 flood-displaced people benefitted
from improved, COVID-19 contextualized standards and guidelines for disaster management

31,000 plus volunteers engaged
through an institutionalized ‘Volunteer Management System’ in Assam and Odisha for flood and COVID-19 response
Two months into the nationwide lockdown in May 2020, many of the more than 1.2 million plus migrant workers in Mumbai found themselves unable to support themselves. Dependent on day wages for jobs that no longer existed, they had few options other than to return to their home villages. Around 30,000–40,000 migrants were streaming out of Mumbai daily by train, bus, truck – or as a last resort, by foot. Many setting out were already destitute, with no money left for food, shelter or water.

As calls for help pinged on their phones, some 55 development organizations across Mumbai and Maharashtra decided they needed to work together to help the migrants – Jeevan Rath – relief on wheels – was born. Convened by UNICEF, the multi-agency platform allowed for the raising of funds and essential supplies to the migrants.

Hundreds of volunteers, mostly young people, travelled the lengths of the roads out of Mumbai by truck, distributing goods like water, electrolytes, food, and sanitary pads made by local women’s collectives to the migrants, reaching 167,000 people-on-the-move in Maharashtra.

In Jharkhand, a destination state for people-on-the-move, UNICEF convened another multi-agency coordination platform, mobilizing more than 400 CSOs to support the delivery of social protection and other Government-led programmes, particularly those addressing the needs of boys, girls and women. UNICEF, through effective use of digital workflow technology provided support to the Government of Karnataka to the rollout of i-Nagarik, an IT-enabled ecosystem in 6,100 Panchayats that includes an app, dashboard, and a community feedback mechanism to capture the social protection needs of people-on-the-move.

UNDP engaged with district administrations and local Civil Society Organizations (CSOs) in 16 districts across three States – Chhattisgarh, Bihar and Odisha, to deliver COVID-response initiatives. A total of 18 CSOs were engaged and approximately 170,000 households were reached across 1,250 villages in these districts. Key activities included raising awareness towards COVID related health and safety precautions, enabling access to social protection programmes and Government relief packages for vulnerable households. During the intervention period, around 58,000 households were supported with access to social protection schemes including the national flagship programme – Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS). In Chhattisgarh, 468 women-headed households were facilitated for inputs towards agriculture and other livelihood activities like fisheries, NTFP based activities, etc. In Odisha, the livelihoods of 9,160 women were enhanced through support on agri-kits, community nursery and multi-layer farming techniques.

Ensuring Accountability to affected populations by using technology and engaging with CSOs

UNICEF, through effective use of digital workflow technology provided support to the Government of Karnataka to the rollout of i-Nagarik, an IT-enabled ecosystem in 6,100 Panchayats that includes an app, dashboard, and a community feedback mechanism to capture the social protection needs of people-on-the-move.

UNDP engaged with district administrations and local Civil Society Organizations (CSOs) in 16 districts across three States – Chhattisgarh, Bihar and Odisha, to deliver COVID-response initiatives. A total of 18 CSOs were engaged and approximately 170,000 households were reached across 1,250 villages in these districts. Key activities included raising awareness towards COVID related health and safety precautions, enabling access to social protection programmes and Government relief packages for vulnerable households. During the intervention period, around 58,000 households were supported with access to social protection schemes including the national flagship programme – Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS). In Chhattisgarh, 468 women-headed households were facilitated for inputs towards agriculture and other livelihood activities like fisheries, NTFP based activities, etc. In Odisha, the livelihoods of 9,160 women were enhanced through support on agri-kits, community nursery and multi-layer farming techniques.

Jeevan Rath – Relief on Wheels

Two months into the nationwide lockdown in May 2020, many of the more than 1.2 million plus migrant workers in Mumbai found themselves unable to support themselves. Dependent on day wages for jobs that no longer existed, they had few options other than to return to their home villages. Around 30,000–40,000 migrants were streaming out of Mumbai daily by train, bus, truck – or as a last resort, by foot. Many setting out were already destitute, with no money left for food, shelter or water.

As calls for help pinged on their phones, some 55 development organizations across Mumbai and Maharashtra decided they needed to work together to help the migrants – Jeevan Rath – relief on wheels – was born. Convened by UNICEF, the multi-agency platform allowed for the raising of funds and essential supplies to the migrants.

Hundreds of volunteers, mostly young people, travelled the lengths of the roads out of Mumbai by truck, distributing goods like water, electrolytes, food, and sanitary pads made by local women’s collectives to the migrants, reaching 167,000 people-on-the-move in Maharashtra.

In Jharkhand, a destination state for people-on-the-move, UNICEF convened another multi-agency coordination platform, mobilizing more than 400 CSOs to support the delivery of social protection and other Government-led programmes, particularly those addressing the needs of boys, girls and women.

UNICEF, through effective use of digital workflow technology provided support to the Government of Karnataka to the rollout of i-Nagarik, an IT-enabled ecosystem in 6,100 Panchayats that includes an app, dashboard, and a community feedback mechanism to capture the social protection needs of people-on-the-move.

UNDP engaged with district administrations and local Civil Society Organizations (CSOs) in 16 districts across three States – Chhattisgarh, Bihar and Odisha, to deliver COVID-response initiatives. A total of 18 CSOs were engaged and approximately 170,000 households were reached across 1,250 villages in these districts. Key activities included raising awareness towards COVID related health and safety precautions, enabling access to social protection programmes and Government relief packages for vulnerable households. During the intervention period, around 58,000 households were supported with access to social protection schemes including the national flagship programme – Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS). In Chhattisgarh, 468 women-headed households were facilitated for inputs towards agriculture and other livelihood activities like fisheries, NTFP based activities, etc. In Odisha, the livelihoods of 9,160 women were enhanced through support on agri-kits, community nursery and multi-layer farming techniques.

Ensuring Accountability to affected populations by using technology and engaging with CSOs

UNICEF, through effective use of digital workflow technology provided support to the Government of Karnataka to the rollout of i-Nagarik, an IT-enabled ecosystem in 6,100 Panchayats that includes an app, dashboard, and a community feedback mechanism to capture the social protection needs of people-on-the-move.

UNDP engaged with district administrations and local Civil Society Organizations (CSOs) in 16 districts across three States – Chhattisgarh, Bihar and Odisha, to deliver COVID-response initiatives. A total of 18 CSOs were engaged and approximately 170,000 households were reached across 1,250 villages in these districts. Key activities included raising awareness towards COVID related health and safety precautions, enabling access to social protection programmes and Government relief packages for vulnerable households. During the intervention period, around 58,000 households were supported with access to social protection schemes including the national flagship programme – Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS). In Chhattisgarh, 468 women-headed households were facilitated for inputs towards agriculture and other livelihood activities like fisheries, NTFP based activities, etc. In Odisha, the livelihoods of 9,160 women were enhanced through support on agri-kits, community nursery and multi-layer farming techniques.
Skilling, Entrepreneurship and Job Creation
The Government of India has been undertaking various efforts and initiatives to sustain economic growth, create opportunities for decent jobs and entrepreneurship and increase prosperity.

Even before the COVID-19 crisis, India's economy had been facing slower economic growth and rising unemployment — challenges that were dramatically aggravated by the pandemic and the ensuing economic and labour market crisis. The number of workers vulnerable to the lockdown in India reached an estimated 364 million1 — including those in casual work, self-employment, and unprotected regular jobs. The predominant labour force in the informal sector, fragile Micro, Small and Medium Enterprises (MSMEs), and the service sector were among the most severely impacted parts of the economy. These workers faced cuts in working hours, layoffs, and reductions in incomes. COVID-19 containment measures forced more than 5 million internal migrant workers, many belonging to the most marginalised social groups, to return to their home villages, exposing them to economic deprivation.

The Government of India has been undertaking various efforts and initiatives to sustain economic growth, create opportunities for decent jobs and entrepreneurship and increase prosperity. Reforms to business regulations since 2014 have seen India's ranking in the World Bank's Ease of Doing Business Index rocket. Initiatives such as the flagship Startup India scheme have provided funding for innovation and stimulated the startup ecosystem. Over 10 million students have been provided vocational training via the National Skill Development Mission.

The UN contributed to the Government’s response to the economic and labour crisis, directing its efforts towards ensuring a recovery that was inclusive of young people, women, migrant workers and other marginalized groups. The UN provided evidence-based research and policy support, support for online school-to-work transition programmes, skilling, entrepreneurship and job creation, while aiming to protect the health, rights and incomes of workers and their families, especially of those in the informal economy. Efforts were particularly concentrated in low-income states and districts and the North-East, and sectors including micro, small and medium enterprise (MSME) development.

1 ILO, Rapid Assessment of the Impact of the COVID-19 Crisis on Employment, June 2020
Key Results

8,923 MSMEs benefited from information on government MSME relief and recovery through helpdesks/helplines

500,000 plus migrants and informal sector workers facilitated access to social support schemes

160,000 plus workers and employers guided on COVID-19 safety measures

7,000 COVID impacted youths including 4,000 women given entrepreneurship training

140,000 plus young people benefited from career guidance counselling

15.1 million young people reached through online jobs portals

2,700 children saved from child labour and trafficking with UN support
Undertook situational assessments and evidence-based Research on the impact of COVID-19 on the world of work

The UN provided policy advisory and technical support, in addition to data and sectoral situation analysis on the immediate impact of the crisis on livelihoods and the world of work. UN situational assessments provided a strong evidence-base for national and state Governments to respond to the impact of COVID-19 on a variety of sectors, notably, on MSMEs, women, informal economy workers, the garment sector, tourism, food security, migrants and refugees. These assessments supported the Government of India and key partners in the designing of the economic and livelihood recovery response, especially for vulnerable groups, and informed the UN’s programming and interventions.

The assessments included the Rapid Assessment of the Impact of the COVID-19 Crisis on Employment by the International Labour Organization (ILO), analyzing the potential impact of the COVID-19 crisis on enterprises and livelihoods and incomes of workers – regular and non-regular, protected and unprotected. The assessment has been referred to by social partners, Employers’ and Business Membership Organizations and Workers Organizations as well as policy makers in designing labour market policy measures.

The UN provided evidence-based policy support through its reports and guidance notes, with a particular focus on ensuring social protection systems and support programmes for decent work and entrepreneurship continued through the crisis, particularly for informal sector workers.

Regarding women workers, the UN completed surveys on the impact of COVID on Micro Small and Medium Enterprises (MSMEs), documenting practices adopted for protecting women workers, and assessing the gender responsiveness of the state’s stimulus package. ILO also provided guidance to the National Commission for Women - helping craft guidelines to ensure that women worker’s needs were responded to. The UN developed several reports and briefs outlining social protection systems, both in India and the regional context, providing a series of recommendations for how their scope and reach could be enhanced in the COVID-19 context.
Micro, Small and Medium Enterprises (MSMEs), which contribute approximately 30% to India’s GDP, and employ 114 million people, were heavily impacted by the COVID-19 crisis. The lockdown and its aftermath led to MSMEs facing disrupted production flows, reduced demand for non-essential goods and services and labour shocks which forced enterprises to suspend or scale down operations. The UN worked with the national and state governments, workers, and employers in combating the outbreak, ensuring the safety of individuals and the sustainability of MSMEs and jobs, providing inputs to policy and extending direct support on the ground.

More than 8,923 MSMEs benefited from information on government MSME relief and recovery through helpdesks/helplines set up in cluster associations.
The UN worked with the national and state governments, workers, and employers in combating the outbreak, ensuring the safety of individuals and the sustainability of MSMEs and jobs, providing inputs to policy and extending direct support on the ground.

and industry chambers with UN support, including a national helpline set up with the Federation of Indian Chambers of Commerce and Industry (FICCI), as well as state helplines. A mapping of skills required by MSMEs to fully resume operations was completed for 1,150 MSMEs.

In addition, in-factory counselling services were provided to more than 500 MSMEs in the supply chains of labour-intensive sectors in partnership with leading manufacturers and industry associations, including FICCI and the Confederation of Indian Industry (CII), to adopt labour and resource management practises to sustain productivity and mitigate the risks of market disruptions.

ILO supported social partners in developing evidence-based advocacy positions on compensation for lost work-days for migrant and informal workers and relief for business and MSMEs and organized dialogues on fundamental principles and rights at work, grievance handling and workplace cooperation to mitigate the impacts of the crisis.

The UN worked to protect the lives of workers by raising awareness of COVID-19 risk management and mitigation at places of work. The UN worked to protect the lives of workers by raising awareness of COVID-19 risk management and mitigation at places of work. ILO developed a general Action Checklist for the Prevention and Mitigation of COVID-19 at Work, available in English, Hindi, Bangla and Malayalam. A video, ‘COVID-19: Three tips to protect SME Workers’ was produced to create awareness about important steps to be followed for prevention of COVID-19. ILO also capacitated Employers and Business Members Organizations and trade unions to guide their members on safe and peaceful return to work, benefitting an estimated 30,000 employers and more than 50,000 workers in the formal sector. The UN also supported the National Human Rights Commission in issuing an advisory on the human rights of informal workers. Additionally, 90,000 own-account workers, primarily home-based, were reached with information on COVID-19 safety measures.

ILO coordinated with Gujarat State AIDS Society (GSACS) and Gujarat State Network of Positive People (GSNP+) to reach out to 4,500 districts of Gujarat with HIV prevention messages.
**Provided livelihood and social protection support to the most vulnerable**

In UP and Odisha, a digital application was launched by UNDP in partnership with the State Governments to support returnee migrants. The app tracks the needs, skills and access to services by returnee migrants affected by COVID-19. The app captured data for 4.3 million migrants to be used to support response and recovery programmes.

In Karnataka, a digital ‘migrant tracking system’, was launched by the State Government and UNICEF in over 6,000 villages to understand the emerging needs and vulnerabilities of people on the move.

In Jharkhand, a Panchayat (local government) level Community Assistance Resource Centre (employment exchange) is being established in partnership with Civil Society partners, Jharkhand State Livelihood Promotion Society and UNDP to provide services and support to the most vulnerable workers. Further, 504 psychosocial support sessions were held for people-on-the-move by UNICEF in the state.

To expand access to social protection, UNDP mapped 153 social protection schemes in 6 States and integrated these into a digital GIS Enabled Entitlement Tracking Tool (GEET) to create awareness about the schemes. A total of 261,450 migrant workers were

Baikuntha Khara (center), in his home village of Koraput, Odisha, surrounded by other informal workers. They are among the millions of workers who lost their jobs and travelled back to their home villages during the lockdown. “We used to work at a brick kiln in Gubeda and earned around Rs 9,000 every month. But after a few days of the announcement of the lockdown in March, the brick kiln owner asked us to move out. We had no option but to go back to our village.”

The economic slowdown severely impacted migrant workers in the informal sector such as Baikuntha. The UN worked to connect returning migrants to social protection schemes as well as job opportunities.
supported in access to social protection schemes through UNDP's digital interventions. More than 65,000 informal workers, particularly migrants and women, were facilitated access to relief measures by ILO through workers organizations. In addition, WFP provided improved access to information for 225,000 men and women for registering and applying for the rural employment guarantee scheme, the Targeted Public Distribution System and other social protection schemes.

ILO also produced the "Road map for Development of Policy Framework for the Inclusion of Internal Migrant Workers in India" to facilitate informed tripartite consultations for the inclusion of migrant worker issues in policy discourse. Jharkhand, Chhattisgarh and Odisha were guided on measures needed for protection of internal migrants' rights and safe migration to prevent trafficking and forced labour.

The International Organization for Migration (IOM) responded to the pandemic's unprecedented impact on labour migration and mobility. Thousands of Indian migrant workers were left stranded in the Gulf - IOM extended technical support to the Government for the safe repatriation and reintegration of the migrants. Orientation meetings with recruitment agencies were held on ethical recruitment practices, benefitting more than 350 of the migrated workers.

IOM organized e-trainings with 3,600 CSO workers and volunteers on safe migration during COVID-19. IOM also hosted multi-stakeholder social and policy dialogues and coordination forums on safer migration, including training with 38 private recruitment agencies. Four coordination forums on fostering ethical recruitment in international labour supply chains with 11 trade unions in Bangalore and Coimbatore were held - leading to a joint plan to engage in policy advocacy on safe migration with four state governments. Consultations and awareness-building sessions on workers' rights and access to entitlements with migrant workers in the garment sector were also held, directly benefiting 673 formal and informal sector workers.

Recovery for Farmers, Artisans and Micro-Entrepreneurs

78,708 farmers, artisans and micro-entrepreneurs reached with information on livelihood opportunities by UNDP

14,137 supported with funding and market opportunities.

7,000 COVID impacted youths including 4,000 women, especially in the informal economy and migrants, imparted entrepreneurship trainings for self-employment and alternate livelihood in Kerala, Karnataka, AP, Odisha and Maharashtra.

Fazal Rahman, 36, is among the beneficiaries of ILO’s entrepreneurship support programme implemented with support from Government of Kerala. Rahman had a home automation and solar equipment business. However, the COVID-19 lockdown forced him to close his business for three months. Through the programme, he was able to improve his production and marketing strategies. In line with demand, he added thermal scanners and visitor monitoring equipment to his portfolio, which has reinvigorated his business. "The ILO programme helped me identify and correct my mistakes," said Rahman.
India has the largest youth population in the world; around 66 per cent of the global total. Even in good economic times, the millions of youth entering the Indian labour market every year face great challenges. Young people often lack the skills, work experience, job search abilities and the financial resources to find employment. This has been exacerbated by the pandemic, with disruptions to education and training making the transition to decent work more difficult, and deteriorating economic conditions forcing many out of already precarious employment.

Recognizing the critical importance of supporting young workers and students through the disruption and uncertainty created by the pandemic, UN agencies trained over 25,000 youths, especially vulnerable rural women, on starting new businesses as an alternate livelihood option, or improving existing nano-businesses, including improving digital skills in association with State governments and the private sector in 8 states. UNDP leveraged its existing online platforms and experience to offer free virtual support on employability - including supporting 11,683 youths with one-on-one career guidance counselling and placing 2,770 of them in jobs. To provide career counselling for jobs and remote education opportunities to young people, UNICEF scaled its career guidance portal up to 8 states and 1 union territory, reaching 15.1 million young people.
Students participating in ‘Sach Honge Sapne’ (dreams will come true), UNDP’s digital initiative to help youth prepare and plan for their future. 108,148 youths benefitted from the online sessions that helped them access job opportunities, build soft skills and improve career readiness.

YuWaah - the Indian chapter of the global Generation Unlimited, a partnership initiated by UNICEF to meet the needs for education, skill development and employment opportunities for young people, sprung into action to address COVID-induced challenges. YuWaah, with UN support, partnered with select solution providers to enable career guidance from home.

Further, to ensure continued education and skills for learners and educators in India, UNICEF and YuWaah developed the UniLearn platform for digital learning including 21st century and vocational skills with over 189 courses and 125,000 registered users. YuWaah’s online career guidance and psychosocial support sessions for young people garnered over 1.61 million views.

A strategic partnership with Delhi Government’s Rozgar Portal, with a focus on enhancing connections between 1 million job seekers and 50,000 job providers.

Partnership with Alohomora for conducting live sessions with young entrepreneurs, reaching over 380,000 young people.

Establishing a counselling helpline for young people in partnership with iDreamCareers, accessed by 3,366 young people.
Helping India’s Youth find Decent Work

National Framework on Career Guidance and Counselling
finalized with the Ministry of Skill Development and Entrepreneurship

State level Task force on ‘Education to Work Transition’
established with Governments of Telangana and Maharashtra.

13,872 students counselled in Telangana
based on their psychometric assessment results

15,000 girl students from Tribal schools and colleges
accessed career guidance and counselling programmes.

Consultations with young people in 4 states
done through UReport on impact of COVID on learning, skilling and employment.

Improving women’s livelihoods through entrepreneurship

The UN, led by The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) strived to increase women’s access to decent employment and entrepreneurial opportunities. The Women’s Entrepreneurship for Sustainable Energy (WESE) Programme helped create more than 60 women agricultural entrepreneurs in the Jalgaon district of Maharashtra and Rayagada district of Odisha. Through drying and selling agricultural and fish products, small and marginal women farmers were able access agricultural markets and improve their food security, with increases of up to 300% in daily incomes being reported.
UN Women’s Second Chance Education (SCE) programme worked with women marginal farmers, helping increase their incomes through both on-farm and off-farm interventions. The on-farm interventions helped improve crop yields through new techniques and practices, while off-farm interventions like goat rearing, poultry, mushroom cultivation, bee keeping, etc., further add to the incomes of the households. A total of 8,252 women are participating in the various farm-based interventions under the programme. Additionally, 1,730 women started businesses under the SCE programme and 29 group enterprises involving 229 women and girls have been established.

In Mizoram, UNDP provided support to COVID-19 affected MSMEs with a focus on women weavers and bamboo artisans who were given training for making PPE kits and crafting Khumbeu (traditional bamboo crafts) to enhance their livelihoods.

The WeEmpowerAsia programme - for female-led enterprises in India, leveraged state-led Women Empowerment Hubs to economically empower more women in the textile industry in India, providing a 3-month business incubator for female entrepreneurs.
Afghan artisan and asylum-seeker Gul Jan Barami works on knitting the delicate designs on ornaments for the holiday collection of MADE51. A UN Refugee Agency (UNHCR) initiative, MADE51 connects refugees to global markets through an online store, allowing them to regain economic independence and dignity.

4 local social enterprises were provided support by UNHCR to mainstream refugee artisans into MADE51. “I give all the love and care for what I make. My happiness comes from knowing my work is valued,” she says.

Recognizing that large numbers of small enterprises face limited market access and growth potential, the UN Economic and Social Commission for Asia and the Pacific and South-West Asia Office (UNESCAP SSWA) launched a web-portal on E-commerce aimed at women-led MSMEs in South Asia, Wesellonline. The web-portal provides training modules on e-commerce, with the aim of empowering women entrepreneurs to expand their businesses and join wider regional and global supply chains.

Provided Skilling support

Katri Prameela is a weaver from Jajapur village of Narayanpet cluster in Telangana. She lost her husband seven years ago to an accident and has been the sole breadwinner of her family since, weaving handloom sarees and raising her 10-year-old son. Due to the COVID-19 crisis, her work dried up, and she had no income for three months. Through the Restoring Livelihood Opportunities initiative of the Telangana government, supported by UNDP, Prameela got re-trained in weaving men’s lungis by Abhihaara Social Enterprise, enhancing her livelihood.

“I was so lost and worried as COVID pushed us into a crisis that we haven’t seen before. This project taught me a new skill of weaving lungis, for the first time in our Narayanpet cluster in Telangana. I learnt this along with the ability to manage finances. I am hopeful of our future now as I have work and am earning a decent sum to run my family. I am now able to buy provisions and milk regularly and was able to even buy books for my child”. 
Fought against Child Labour, bonded labour, and trafficking

Dalpesh Devada, 15-years old, works at a brick kiln. Dalpesh migrated from Banswara District in Rajasthan with his father and mother, who all work in the same kiln. While the law on child labour does include penalties for employing underage children, it does not completely disallow their employment either. 10.1 million, or 3.9 percent, of Indian children are working.

Hon’ble Labour Minister Mr Chamakura Malla Reddy along with senior officials of the Government of Telangana launching a Child Labour prevention campaign supported by ILO on World Day Against Child Labour, with a particular focus on the cotton supply chain.

A collaboration between UNICEF in Bihar and the Railway Protection Force (RPF) was initiated when it emerged that among the 2.5 million migrants that returned to the state during the lockdowns, there were also thousands of children who had been trafficked and were working as bonded labourers. UNICEF supported the RPF in Bihar in their anti-child trafficking fight through training sessions, orienting 200 RPF members on how to identify children who are vulnerable to trafficking or other kinds of abuse and exploitation.

UNICEF also provided technical support to NITI Aayog’s campaign against child labour and child trafficking, which led to the rescue and rehabilitation of 2,340 children from UP and 360 children in Bihar. In Odisha, 100,000 community members were reached through a network of 500 youth volunteers, Panchayat Raj Institutions and Self-Help Group members in coordination with the district administration to prevent child labour and trafficking.
Gender and Youth
The gradual progress that India’s women, children, and young people have achieved at work and at home has been threatened by the COVID-19 crisis.

Women, children, and young people, especially girls, are among some of the most vulnerable and marginalized groups in Indian society. Deeply embedded patriarchal structures and practices contribute to India’s low ranking of 131 out of 189 countries in UNDP’s Gender Inequality Index (GII). Female participation in the labour force is low and declining, with the labour force participation rate standing at only 21.5 percent according to ILO. Violence against women and girls, the practice of gender-biased sex selection, and child marriage all illustrate the extent to which gender discrimination and gender inequality are deeply ingrained.

One in three Indians is a young person, aged 15 to 24 years, and India the largest youth population in the world - a ‘demographic dividend’ that can drive India’s economic growth and support achievement of the SDGs. A comprehensive approach is needed to address the concerns of young people in a holistic manner, driven by volunteerism, participation, and leadership of young people. Young people can be key partners in shaping new gender-inclusive policies and behaviours to challenge gender stereotypes and norms. Increased and more equitable social spending and access to services can help children become productive young adults.

The Government of India (GOI) has recognized gender equality as a key priority. Nationally, there are several major programmes to enhance gender equality. These include the Government’s flagship Beti Bachao Beti Padhao (Save the Girl Child, Educate the Girl Child) scheme, which aims to reverse the trend of declining child sex ratio and create an enabling environment in support of women and girls for gender equality in the long term through multi-sectoral action, while other initiatives address Gender-Based violence and malnutrition and anaemia among young girls and pregnant women.

Under the Government’s National Skill Development Mission and the Pradhan Mantri Kaushal Vikas Yojana (PMKVV), over 18 million young people have received industry-relevant skills training and help in securing better livelihoods. The Ministry of Youth Affairs and Sports (MoYAS) flagship schemes such as Nehru Yuva Kendra Sangathan (NYKS) engaged over 3.6 million NYKS Volunteers and National Service Scheme (NSS) engaged over 4.1 million NSS Volunteers.

The COVID-19 crisis has intensified gender inequality - with the National Commission for Women recording a more than two-fold surge in complaints...
of violence against women and girls in the week following the lockdown, threats to mental health, an increase in the burden on women of unpaid care and domestic work and income loss impacting women and young people disproportionately.

Recognizing these challenges, the UN in India redoubled its efforts to support the GoI to ensure an effective response to gender-based violence, supporting shelter, and helplines, training social workers, policy support and strengthening legal and criminal justice protections for women and girls. The UN strengthened plans, strategies, and budgets at national, state, and local levels to realize India’s national and international commitments towards advancing gender equality and rights of women and children. We supported CSOs in fighting the root causes of inequality, including harmful social practices such as child marriage - and we supported expanding opportunities for social, political, and economic participation and empowerment of young people.

### Key Results

- **2,600 plus District Officers and other key stakeholders** were trained on state programmes to end child marriage
- **269 appropriate authorities, nodal officers and Judicial officers** trained on effective implementation of laws against gender-biased sex selection
- **47,000 nurses and nursing students** trained on a health sector response to GBV
- **136,596 Child Protection Functionaries** trained on protection of children during COVID-19
- **435 One Stop Centre personnel and 3,140 officials** from the departments of Women and Child Development trained on responding to the needs of GBV survivors
- **381,525 youths** provided opportunity to participate in youth clubs
Supported national and state governments in addressing harmful practices

- **Girls in Nabarangpur, Odisha, taking an oath to stop child marriage.**

**4,661 women and 847 men participated in Reproductive Health sessions**
organized by the UN Refugee Agency (UNCHR), including lessons on menstrual hygiene and prevention of harmful traditional practices such as child marriage.

**162 police personnel**
from Bihar, Haryana, Punjab and Rajasthan trained on preventing and countering human trafficking by UNODC.

**269 appropriate authorities, Nodal Officers and Judicial officers**
trained on effective implementation of laws against gender-biased sex selection (PCPNDT Act) by UNFPA in Andhra Pradesh, Chhattisgarh, Delhi and Maharashtra.

**16 District Task Forces**
on ending child marriage formed in Madhya Pradesh with UNICEF support.
Supported the **fight against Child Marriage**

One in three of the world’s child brides live in India. Of the country’s 223 million child brides, 102 million were married before turning 15. Child marriage affects both girls and boys, but it affects girls disproportionately. Child marriage ends childhood - the consequences of child marriage lock girls into intergenerational cycles of poverty, harming their rights to education, health and protection. These risks were further exacerbated by the closure of schools during the COVID-19 lockdown and slowing economic activity - pushing more families into poverty, a key driver of child marriage - while organizations working to fight child marriage found it harder to operate.

The UN is supporting the fight against child marriage in India - UN agencies have joined forces through the Global Programme to End Child Marriage, through which existing strategies in areas such as health, education, child protection, nutrition and water and sanitation have been brought together to address child marriage in a holistic manner, working with government, partners and relevant stakeholders from the national down to the district level.

40,000 District and local government officials were trained on appropriate hygiene, preventing misinformation and stigma related to COVID and recognizing cases of child marriage and GBV by UNFPA.

Radhamani Majhi from Odisha’s Koraput district grew up with dreams of studying and making something of her life. But as with too many girls in Odisha, her parents had other plans: getting her married before she turned 18. Feeling unable to stand up to them, she turned to volunteers of the UNFPA-supported tribal youth engagement programme, Mission UDAY, who alerted a village surveillance committee. “Anganwadi Didi visited my home and told my parents about the ill effects of child marriage, and after a few meetings, my parents agreed to stop my marriage,” she says joyfully. Over 2,400 District Child Marriage Prohibition Officers, District Social Welfare Officers, field functionaries and other key stakeholders were trained on the roll-out of the Odisha State Action Plan on ending child marriage, conducted jointly by UNFPA and UNICEF.
UN agencies have long worked to stop gender-based violence (GBV) - in the year of the COVID-crisis, that work was needed more than ever.

Beneath COVID-19 is the ‘shadow pandemic’ of gender-based violence. With restricted mobility and limited access to essential services, many women were isolated at home with an abusive partner, cut off from services or support networks. UN agencies have long worked to stop gender-based violence (GBV) - in the year of the COVID-crisis, that work was needed more than ever.

Government-run “One Stop Centres,” which support women who face violence stayed open through the crisis. One such centre in the eastern city of Cuttack, offers emergency housing, counselling and referral services. “Violence against women has not ceased during this crisis,” says one employee, Soumya Sahu. “We kept our centre open and continued providing services even during the lockdown. My staff and I go regularly to schools, colleges, nursing institutes, and neighbourhoods, where we talk with people and conduct trainings on gender.”

The centres have joined forces with the Police, the District Legal Services Authority, as well as Women’s Self-Help Groups (SHGs) and college students through rural childcare centres. The centres have also gotten a boost from the UN, which trained 435 crisis centre staff, health workers, and others on counselling and other services across 5 states.

Besides supporting the One Stop Centres, 3,140 officials from the departments of Women and Child Development in Madhya Pradesh and Odisha were trained on different aspects of GBV response through training programmes organized by UNFPA, and 47,000 nurses in-service nurses, nursing students and faculty were trained by UNFPA in collaboration with the Indian Nursing Council (INC) and the Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh on the essential elements of a comprehensive health sector response to GBV.

1,074 refugees and asylum seekers provided GBV training sessions by UNHCR India and CSO partners.
On a tea estate in Assam, Manjita found herself in a vulnerable position. Due to the lockdown, she was now isolated at home with an abusive partner and cut off from her support networks. One night, after being beaten by her husband, Manjita was forced to flee from her home. With nowhere else to go, Manjita reached out to a Jugnu Club member for help. They gave immediate assistance, offering her shelter in one of their houses for the night, and helping her file a complaint with the police.

The Jugnu Clubs are self-empowerment groups formed by women working on the tea estates of Assam. With support from UN Women, the clubs help make agricultural work safe and equal for all women and girls. Through the COVID-19 pandemic, the clubs boosted their support network in response to increased demand for their services. Besides supporting the clubs, UN Women has also developed a Global Women’s Safety Framework in Rural Spaces, informed by the experience of working with women in the tea sector.
Mental health and psychosocial support for women and girl survivors of GBV

UNICEF focused on ensuring the accessibility and availability of mental health and psychosocial support (MHPSS) and promoting the continuity of gender- and age-sensitive child protection services for girls and boys at risk of GBV and other protection concerns.

- **250,000 community members in Maharashtra** were reached through 24/7 online counselling and messages on stigma prevention through partnership with iCALL.
- **2,118 women and girl survivors of GBV** benefited from the Uttar Pradesh Government’s Mission Shakti where UNICEF supported building capacity of 1,500 police officers on GBV and MHPSS.
- **12,000 first responders from child protection, health and education sectors** across 17 states have enhanced capacity in delivering MHPSS.
- **1,000 child protection and allied functionaries in 5 states** have improved skills to elicit the abuse narrative from children, handling disclosure and making referrals.

Harnessed digital technology and communications to end violence against women

UN Women supported the design and launch of MyAmbar App, an app aimed at providing comprehensive information on how to protect oneself and others from GBV - including through access to important helpline numbers and service providers across the country to support and help survivors and their allies to seek help. UN Women is currently developing a chatbot to facilitate women survivors’ access to redressal mechanisms.
UNICEF supported the development of Safetipin Nite, an app which utilises location safety scores to help the users – primarily women and girls – to plan their routes and find safe places to stay. UNICEF has also collaborated with the District Commissioner of Surat for piloting the baseline survey. Safetipin data is also being used to guide the improvement of public spaces, to make them safer for women and girls. In Delhi, for example, data collected led to the city government addressing areas with poor safety scores, by installing 5,000 streetlights and improving police patrols.

CSO volunteer Gaurang interacts with Kavisha on online violence issues in Navranpura, Ahmedabad. CSO Volunteers in partnership with UNICEF engaged with adolescents to discuss perceptions and experiences on violence and safety with a focus on Gender-Based violence.

UNFPA developed audio-visual training materials in eight languages and dialects on the role of young people in the context of COVID-19 with a focus on GBV, reaching 30,000 young people.

173 refugee women volunteers provided with mobile phones by UNHCR to support the reporting of GBV and Child Protection issues.
Rashtrapati Bhavan, the residence of the President of India, was illuminated in orange as part of the UN Women-led 16 Days of Activism campaign to end violence against women and girls. Collective online impressions for the campaign reached over 45 million.

As part of the 16 Days of Activism campaign, UNICEF created 16 digital illustrations on intersectional identities of women and girls and their experience of gender based violence that reached about 20 million people online.

UN Women initiated a Twitter Campaign #GharBaithoIndia Magar Pyaar Se! (Stay at Home, with love) – raising awareness about increase in violence at home, inter-generational-transfer of violence and women’s right to space and safety, offering important resources and helplines for survivors of violence through infographics and videos.
As part of its COVID response, WFP launched two videos for community awareness on promoting family harmony and addressing gender-based violence. The videos were shared in social media in three languages. Posters on gender-based violence and addressing intra-household food distribution were also included in the IEC campaign on "One Nation One Ration Card" scheme in Lucknow.

GBV was a key component in the trainings organized by WFP on empowerment and financial literacy training to 40 members of women led microenterprises in UP, brought together to set up units producing take-home rations under the Integrated Child Development Services scheme.
Women’s economic Empowerment

Women were hit disproportionately by COVID job losses. ILO has worked to ensure decent work and continued livelihoods for women throughout the crisis. Eighty-six companies also signed on to promote women’s empowerment and to help mitigate women’s job losses during the pandemic. Additionally, 75 MSME partners, and 130 CSOs working on livelihood generation for marginalized communities were trained by UNDP and UNFPA through a series of sensitization programmes on promoting gender equality and safe and inclusive workspaces. World Food Programme (WFP) coordinated and provided technical assistance to the Governments of UP and Rajasthan to set up units to produce fortified take-home-rations (THR), run by women-led micro-enterprises (2 units by 40 women in UP, 202 units by 4,000 women in Rajasthan). This process will directly empower the women economically and enhance their decision-making and control over economic resources. WFP also assessed women’s self-help groups in Odisha, in partnership with Mission Shakti, the state Government’s Directorate of Women Empowerment. The assessment highlighted challenges faced by women and made actionable recommendations to strengthen the groups and enhance their incomes.

Entrepreneur Minu, 32, founded a bakery business with assistance from ILO’s online entrepreneurship development programme.

25 national MSME experts trained on advising small business employers on prevention of GBV and sexual harassment in the workplace by ILO.
Putting Menstrual Hygiene First

Set up as part of the UNFPA-supported Samriddhi Project in Madhya Pradesh state in 2018, a small factory in Bada Malhera in Chhatarpur district produces over 18,000 sanitary napkins monthly, serving women and girls in 335 villages. Run by women and adolescent girls above the age of 18 from the local community, their products became even more vital as supply shocks from the COVID-19 lockdown threatened women’s ability to manage their menstruation safely.

Like most factories, this unit too had to be shut down due to the lockdown. But the project staff were quick to realize the negative impact this could have on the menstrual hygiene of women and girls in the villages. “First, we made sure we were properly protected and then every day we went house to house distributing the napkins. The women and girls used to be so happy when we would hand the napkins over to them. A lot of them were worried that they wouldn’t have supplies since shops are also shut due to the lockdown” recounts Chandani Bano, Cluster Coordinator from the Naugaon Block in Chhatarpur.

Since the start of the project, the sanitary napkin manufacturing unit in Bada Malhera has been providing full-time employment to five adolescent girls and two local women who work in the factory as well as part-time work to the 10,000 adolescent girls and peer educators who help sell these pads, retaining a small profit for themselves on every packet sold.
Supported and strengthened Child Protection Systems

The UN continued to support stronger social and child protection systems to address the need for the implementation and enforcement of child protection acts and schemes, particularly for children belonging to Scheduled Castes and Scheduled Tribes, those living in remote areas or in slums, migrant and trafficked children, and children in institutions.

UNICEF supported the Government of India in ensuring that the rights of the most vulnerable children continued to be protected through the COVID-19 pandemic, including supporting the Indian Supreme Court in issuing guidance for the COVID-19 sensitive care of children under state protection.

UNICEF also supported online orientations in both Hindi and English on child protection structures on COVID-19 in the early phase of the pandemic, attended by over 16,000 participants from District Child Protection Units and Child Care institutions. In Bihar, UNICEF supported the state in piloting a model of Child Protection Information Management System (CPIMS) which has been disseminated to 7 States with UNICEF support for replication. Additionally, case management modules and an online learning management system are underway with the tripartite partnership of UNICEF, CHILDLINE and NASSCOM Foundation.

In Gujarat, UNICEF coordinator Shilpa (left) visits a vulnerable family for mapping and connecting them to the Palak Mata Pita scheme, a Government of India programme for children in alternative care. Lumba and Ksanri Kher take care of their 5 grandchildren – the children’s father died several years ago and the mother remarried and left the children behind. They are among the over 400,000 children and their caregivers that have been provided with psychosocial support through UNICEF’s collaboration with the Government of India and partners, including providing alternative care arrangements, the training of child protection functionaries and counsellors together with the Government.
Supported the Government and CSOs in empowering young girls and boys

**Supported the Government and CSOs in empowering young girls and boys**

**UN Volunteers (UNV) supported the Ministry of Youth Affairs and Sports in organizing consultations with various stakeholders, conducting surveys with young people and drafting the National Youth Policy 2020.**

**UNFPA supported ComMutiny and Pravah youth organizations in organizing a national consultation in which youth leaders, youth engaging organizations and youth development practitioners articulated youth concerns and the way forward through the Voluntary National Review 2020.**

**UN Women supported a two-day national consultation with women’s groups across the country focused on tracking the progress of SDGs 3, 5 and 11, to identify gaps, barriers, good practices and recommendations.**

**The Nehru Yuva Kendra Sangathan (NYKS) and the National Service Scheme (NSS) are among the world’s largest youth volunteering schemes. UNV collaborated to facilitate the formation of over 7,000 Youth Clubs wherein 381,525 youth from rural areas, particularly from poor and vulnerable sections of society, were provided opportunities to participate in youth leadership and community development activities.**

**UNICEF supported the formation of youth collectives and 72 youth organizations across six states through youth participation tools. Orientations were conducted online from April 2020. A cohort of 450 practitioners across multiple states have been trained.**

**381,525 youths provided opportunity to participate in youth clubs**
Jagrik is a wordplay and a concept that combines Jagruk (Awakened and Aware) and Nagrik (Citizen). The Jagriks act as active citizens for the jag (communities). ‘Jagriks’ play this interactive game in pairs over five weeks and undertake tasks which are both self-reflective and social in nature. UNFPA launched Phase 2 of the project in Uttar Pradesh, aiming to nurture and deploy the leadership of 200 youths to reach approximately 100,000 young people and community members. Further, UNICEF supported JAGRIK: Samvidhan Live!, an educational game that motivates young people to take action against social issues such as early and forced child marriage and Gender-Based Violence.

#UnitedForHope dialogues

The UN in India jointly launched the #UnitedForHope dialogues – its flagship UN75 campaign -created to engage India’s young people on issues that mattered to them, curated by them – including climate action, the future of work, reimagining education, mental health and misinformation. Held in partnership with Youth Ki Awaaz, one of India’s biggest youth networks, the UN curated a series of 10 dialogues on these issues. The campaign received over 45 million impressions across social media platforms.
1,736 adolescent girls in Madhya Pradesh
tele-counseled through UNFPA-supported helpline

Covid Sangramee 20–20 Challenge app
launched in Odisha to reach young people with factual information on COVID-19

524,587 youth volunteers and 1,522,805 CSO volunteers
engaged by UNICEF to disseminate information on COVID-19, combat stigma, and address child marriage and violence against children

UNICEF employed multiple approaches for developing capacity and reaching out to young girls and boys with information and life-skills during COVID-19. 222,365 out-of-school children (51.6% girls) were provided with access to formal and alternative education. 1,496,773 adolescent girls and 2,245,161 boys were skilled with knowledge and information resulting in meaningful engagement of adolescents and youth on issues related to stigma, discrimination, child marriage, violence and mental health and wellbeing.

Life Skills and Leadership Building

© UNICEF/UN0380006/Panjwani
UNDP built the capacity of 100 social entrepreneurs working towards COVID-19 recovery through Youth Co:Lab webinars.

In collaboration with the Noida Deaf Society, UNESCO launched a social media campaign for the teaching of Indian Sign Language through pre-recorded videos.

The United Nations Country Team in India will build on the momentum of the partnerships and experiences of into the coming year and beyond. 2021 is a landmark in many ways: it marks the beginning of the Decade of Action, a final global push towards the Sustainable Development Agenda for 2030; the world turns from emergency response to building the foundations of a sustainable and inclusive recovery from the COVID 19 pandemic; and it is the penultimate year of the Government of India–United Nations Sustainable Development Framework 2018–2022.

In 2021, the UN system will begin the process to draft its next new generation Sustainable Development Cooperation Framework, in partnership with the Government of India and stakeholders across civil society, the private and public sectors, and the sustainable development community in India. Towards this end, the UN is developing its Common Country Analysis of the national context and identifying the opportunities and national priorities that will determine the shape of our programming in the half decade ahead. The CCA will be informed through national stakeholder consultation with key partners and population groups, as well as with NITI Aayog, the national government counterpart for the Cooperation Framework. From the CCA to the strategic prioritization for the new CF, the entire process will be rooted in the needs and aspirations of marginalized population groups, whose voices will be ensured in the consultations and drafting.

The UN team has undertaken a major programme of work to support pandemic response and recovery through the Joint Response Plan on health-related measures, and the Socio–Economic Response Framework to address the fallouts of COVID on the economy, vulnerable populations, sectors like education, routine healthcare, WASH, and youth empowerment. In 2021, the UN’s repurposed work continues and expands into new areas of recovery, including nurturing a green economy, supporting the rebuilding of livelihoods and small and medium enterprises, and the reopening of schools.

The UN will continue to support India in the institutionalization of the SDGs, including the computation of the Multidimensional Poverty Index for states and Union Territories and setting up of SDG Coordination centers in more states. The UN’s repurposed work to support India’s response to COVID will continue and expand to trainings and assistance in the roll out of COVID-19 vaccines. The UN system also remains prepared to support an emergency surge response through a second wave of the pandemic, including the setting up of oxygen generation plants and the delivery of critical equipment.
The Integrated Health Information Platform will be scaled up to reach all states, and scaled support will continue to national targets on Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PM-JAY), Anti-Microbial Resistance, and routine immunization through Mission Indradhanush. Our vision for holistic and integrated well-being will be advanced both through the One Health approach, a combined interagency push for human and planetary health through programmes on environment and health, as well as technical support for school health initiatives under Ayushman Bharat.

As students continue to learn online, the UN will support quality early childhood education, learning assessments, as well as expand its career guidance platforms which were already reaching 16 million students in 2020, including through new commitments on HCFC phaseout under the Montreal Protocol, renewable energy applications, in particular in MSMEs, as well as assist state governments in the implementation of their climate action plans.

The COVID 19 pandemic has impacted jobs and livelihood sectors around the world, and the coming year will see India redouble its efforts to give wing to the aspirations of the largest generation of youth in history. The UN will extend evidence-based policy support on female labour force participation, migrant-centred policy, entrepreneurship development, especially for women, and New Generation Jobs Strategies better suited to the 'new normal'.

India has re-emphasized its leadership and commitment to climate action, and the UN system aims to deepen its support and partnership on environmental sustainability in the run up to COP 26, through support to the National Clean Air Programme, India’s partnerships with partners like the Central Board of Secondary Education (CBSE). Taking the lessons of the Comprehensive National Nutrition Survey forward, the UNCT will expand its support to government and partners towards improved evidence based infant and young child nutrition services, scale up the all-critical social and behavior change communication initiatives, and focus on getting fortified foods through social safety nets (Mid-Day Meals), ICDS (Integrated Child Development Services) and PDS (Public Distribution Services) across more districts.

The work towards gender equality and inclusion will permeate throughout our programme of work in 2021, with a focus on preventing gender-based violence and harmful practices, including child marriage and trafficking. Our work will focus on priority states identified under the GOI-UNSDF, and with an emphasis on reaching the farthest first.

The United Nations in India is prepared to rethink the future at the other side of this pandemic – to support recovery in a way that helps us build resilience against future shocks like new pandemics and climate change. India’s inclusive and green vision for growth, powered by its innovation ecosystem, 600 million young people, and large-scale people-centric social protections and programmes have the potential to accelerate the Decade of Action for the world. The UN is privileged to support India in this extraordinary mission.