



**COVID-19:
IMMEDIATE SOCIO-
ECONOMIC
RESPONSE PLAN**

UNITED NATIONS IN INDIA

2020



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RESPONSE**

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BY THE UNITED NATIONS IN INDIA

27 MAY 2020

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I. Introduction

The world faces severe and acute public health and socio-economic emergencies due to the COVID-19 pandemic. The United Nations is working closely with countries across the world to contain the pandemic, respond to its grave repercussions, and build back better. In that context, globally, the UN system has developed strategic plans and frameworks to support its Member States. These include: (i) the *Novel Coronavirus Strategic Preparedness and Response Plan* that outlines the public health measures that the international community stands ready to provide to all countries to prepare for and respond to COVID-19; and (ii) the *UN framework for the immediate socio-economic response to COVID-19* that sets out the framework for the United Nations' urgent socio-economic support to countries and societies in the face of COVID-19.

In India, in response to the above and guided by our counterparts in the government of India, the UN agencies have developed the *Novel Coronavirus Disease Joint Health Response Plan by UN Agencies and Partners*, led by WHO-India, in close collaboration with the Ministry of Health and Family Welfare, and with the support of other development partners. The UN in India is also preparing a *COVID-19 Socio-economic Response and Recovery Plan*, in partnership with the government. As it will take time for many of the medium term recovery needs to be assessed, and as immediate response needs were evidently urgent, particularly for the most vulnerable groups, the UN quickly repurposed many of its ongoing programmes to help the national response to the development emergency. This document captures the immediate response by the UN agencies in India. It is a dynamic response, and is being updated as the pandemic unfolds in India.

The Honourable Prime Minister of India, in his address to the nation on 12 May 2020, shared his clear and compelling vision of building a self-reliant India, stressing the five Pillars – the economy, infrastructure, system, demography and demand and stressed the need to recover with bold reforms. In this context, the UN System in India proposes to engage with the government in a few big areas of reform that COVID-19 has thrown into high relief – two of which – **health systems reform and urban dimensions of the COVID crisis** are outlined in Section II below. As the full scale and scope of COVID-19's socio-economic impact becomes clearer, the UN will propose other areas for concerted partnership.

The UN's response to COVID-19 is guided by the 2030 Agenda for Sustainable Development and its central promise to 'leave no one behind'. The UN recognises that the colossal impacts of COVID 19 are still unfolding around us and we are deep into uncharted territory. Countries and the UN are having to respond without a roadmap. But, we have a common compass. The response must be people-centred, informed by our values of inclusiveness and humanity, and cognisant of the innate value, dignity and worth of each individual. It must be fair, green and, above all, inclusive. The crisis invoked by COVID-19 is exposing the precise failures that the Agenda 2030, the Paris Agreement and the Addis Ababa Action Agenda address. It is in many ways the failures in achieving the MDGs and the delays in SDG progress that have rendered countries around the world so vulnerable to this multi-faceted crisis. The recovery and rebuilding must, therefore, seek ways and means to capitalize on the opportunities created by the crisis, to get back on track toward achieving Agenda 2030.

The COVID-19 Immediate Socio-Economic Response focuses on the following areas of intervention:

- A. Health systems strengthening**
- B. Economic Sector Immediate Response**
- C. Social Sector Immediate Response**
 - Social Protection
 - Food security and nutrition
 - Education
 - Water Sanitation and Hygiene
 - Gender Based Violence and protection of children from violence and abuse
- D. Environment**
- E. Cross sectoral support**
 - Socioeconomic analysis and sectoral impact
 - Stigmatization
 - Youth and Adolescents
 - Communication

Within each sector, the following broad areas of support have been identified:

- Policy support/advisory, technical and analytic
- Training and capacity building
- Direct assistance to the affected population through partners
- Evidence based monitoring and research

GEOGRAPHICAL COVERAGE

The geographical coverage for implementation of the various interventions of the UN agencies is based on their presence at the state and district level. The UN agencies will respond at three levels, national, state and district.

Level 1	Countrywide support at the national level	For strategic enhancement and implementation of government programmes and schemes
Level 2	Programming states, including Uttar Pradesh, West Bengal, Bihar, Maharashtra, Andhra Pradesh, Chhattisgarh, Odisha, Jharkhand, Madhya Pradesh, Telangana, Karnataka, Andhra Pradesh, Tamil Nadu, Telangana, Gujarat and Rajasthan, Kerala, Jammu and Kashmir and the North East.	All the states where UN agencies are working and providing support
Level 3	High priority districts	Those districts where UN agencies have a presence or are operational

The current funding availability for the immediate response is USD 10,713,600. The budget will change as more resources are mobilized and repurposed for COVID-19. This is above and beyond the budget of the health response that is detailed in the *Novel Coronavirus Strategic Preparedness and Response Plan*.

Annex 1 lists key interventions that will be supported by the UN agencies, in collaboration with partners.

II. India and COVID-19: Context, Responses, and Opportunities

1. Context

India has taken strong measures to contain the spread of the global pandemic of COVID-19 virus. According to the World Health Organization (WHO), as of May 27, 2020, 5,406,282 people have tested positive for COVID-19 and the pandemic has claimed 343,562 lives globally across 215 countries or territories or areas.¹ The first case of the COVID-19 was reported in India on 30 January 2020. As of May 27, 2020, India has recorded 145,380 confirmed cases, 60,491 cases have been cured and discharged, and there have been 4,167 deaths.²

The spread and containment of COVID-19 has been uneven across the Indian states. Nagaland, Sikkim, the Union Territories of Lakshadweep as well as Daman and Diu have not reported a single case of COVID-19. The majority of confirmed cases have been reported from Maharashtra, Gujarat, Tamil Nadu, and Delhi.

Some states like Rajasthan, Andhra Pradesh, and Karnataka are showing improvement, whereas states like Maharashtra, West Bengal, Punjab, Delhi and Gujarat are far from slowing the spread. Kerala is the only state that seems to have flattened the epidemic curve.³

Even as the number of COVID-19 cases continue to increase, by May 25, 2020, it was taking 13 days for the number of cases to double, whereas before the lockdown cases were doubling every three-and-a-half days.

Two measures have contributed to slowing the growth rate of the pandemic.

- **One, Government of India embarked on an aggressive outbreak response.** Early steps included implementation of key containment measures including detecting, testing, treating and tracing to break the chain of transmission. Non-pharmaceutical interventions such as travel bans, hand hygiene, and physical distancing were also introduced. Health system capacity to treat COVID-19 cases was stepped up through increased investments in hospital beds, intensive care unit (ICU) beds capacity and ventilators for the severely ill and providing treatment to all those who were sick.
- **Two, India took a decision early on to impose a strict lockdown to contain the spread of the virus.** After a 14-hour voluntary public curfew on March 22, the Government of India ordered a nationwide lockdown on March 24, 2020 for 21 days. On April 14, 2020, the lockdown was extended until May 3, 2020 with a conditional relaxation from April 20 for areas that had been able to contain the spread. On May 1, the Government of India further extended the nationwide lockdown by two weeks until May 17. On May 17, the fourth phase of the lockdown was continued with restrictions across the country until May 31 though flexibility was given to state governments to relax restrictions in certain areas.

A. The Economy:

These timely actions have certainly helped slow the spread of the virus, but they have not occurred without other consequences. The macroeconomic impacts of COVID-19 have been severe on the Indian economy and society.

- Steep fall in economic growth: Due to combined effect of the demand shock and supply disruptions following the lock-down, the growth rate projections for the Indian economy for 2020-21 have been

¹ See <https://covid19.who.int/>

² See <https://www.mohfw.gov.in/>

³ See Annex 2 for a brief account of the efforts by the Government of Kerala to deal with the COVID-19 pandemic.

constantly lowered from 1.9% (IMF, April 2020)⁴, to 1.2% (UNDESA May 2020)⁵, to be in a negative territory (RBI Governor Statement, dated 22 May 2020),⁶ for first time in 40 years.

- **Shrinking industrial output:** The country's industrial output declined by 16.7 per cent in March, on account of interrupted production by mining, manufacturing and electricity sectors mainly due to the nationwide lockdown. The country's core sector growth, or the output of eight key industries, contracted by 6.5 per cent in March 2020.⁷
- **Declining exports:** India's merchandise exports slumped by a record 34.6 per cent in March 2020, the steepest monthly fall in at least 25 years, as overseas demand fell due to the COVID-19 pandemic. Imports declined 28.7 per cent as countries sealed their borders to combat the COVID-19 outbreak. Of the 30 major items each in India's export and import baskets, 29 saw a contraction in March, signalling the severity of the impact of the coronavirus pandemic on global demand. Only iron ore exports (58.4 per cent) and import of transport equipment (11.9 per cent) recorded a growth during the month.⁸
- **Falling fiscal revenues:** Goods and Services Tax (GST) collections are set to fall drastically in April and May with the number of electronic permits or e-way bills generated for trading goods and services decreasing by close to 30 per cent in March and by more than 80 per cent in April, reflecting a general contraction in economic activities.
- **Rising unemployment:** Unemployment has been progressively growing since January 2020 when the first cases of coronavirus was detected. According to the Centre for Monitoring Indian Economy, India's unemployment rate at May 16, 2020 was staggeringly high at nearly 24 per cent – 26 per cent in urban and 23 per cent in rural areas.⁹ Close to 122 million Indians had lost their jobs in April alone. Of these, 91.3 million were small traders and labourers. A significant number of salaried workers (17.8 million) and self-employed people (18.2 million) also lost work.
- **Decreasing remittances**¹⁰: In 2018, India received the highest remittance globally (\$79 billion). This is expected to see a 23 per cent dip in in flows in 2020, as estimated by the World Bank. With some states like Kerala, Bihar and Punjab relying heavily on remittances, the impact is likely to be very high, in these states.

The COVID-19 pandemic has led to an unprecedented loss of jobs and livelihoods. The spread of COVID-19 and the subsequent nationwide lockdown from March 25, has severely impacted the lives and livelihoods of people across India. The nationwide lockdown has led to a temporary closure of factories and, despite government appeals to the contrary, lay-offs have already begun particularly among low wage workers. Deeply affected are over 90 per cent of the total workforce (or around 419 million workers based on the 2017-18 PLFS) who work in the informal sector without any social protection.¹¹ Formal, permanent jobs were not spared

⁴ <https://www.imf.org/en/Countries/IND>

⁵ <https://www.un.org/development/desa/publications/wesp-2020.html>

⁶ <https://rbi.gov.in/docs/Content/PDFs/GOVERNORSTA1BE078EC8D2F4F53A8C3A74AE98E4573.PDF>

⁷ With the exception of coal, seven other sectors (crude oil, natural gas, fertilizers, steel, cement, electricity, and refinery products) showed declines. Ministry of Commerce and Industry, "Index of Eight Core Industries (Base 2011-12 = 100) for March 2020," April 30, 2020 accessed at <https://pib.gov.in/PressReleaseDetail.aspx?PRID=1619590>

⁸ Sharad Kumar Saraf, president, Federation of Indian Export Organisations, said with cancellation of over 50 per cent of orders, gloomy forecast, major job losses and rising bad loans among exporting units, the government should immediately announce a relief package for exporters as any further delay would be catastrophic. "The huge support given by various economies to exports will put Indian exports in further difficulties as when the size of the cake reduces, competition intensifies with focus on prices," he added. <https://www.livemint.com/news/india/india-s-trade-deficit-narrows-to-9-8-bn-in-march-exports-dip-34-6-11586955282193.html>

⁹ CMIE Unemployment Rate in India accessed at <https://unemploymentinindia.cmie.com/>

¹⁰ <https://www.financialexpress.com/opinion/covid-19-pandemic-800-million-households-dependent-on-remittances-to-be-hit/1939056/>

¹¹ ILO (forthcoming) "Rapid Diagnostics of the Impact of COVID-19 on the Economy and Labour Market: India"

either. Large companies across various sectors - media, aviation, retail, hospitality, automobiles - have announced massive layoffs. Equally affected are the 75 million Micro, Small and Medium Enterprises (MSMEs) that contribute more than 30 per cent to the GDP but employ close to one-third of the total labour force¹². MSMEs play a key role in the Indian economic fabric, not only in terms of employment, but also as suppliers to medium and large industries and global value chains, as well as for direct and indirect exports. MSMEs have been particularly affected by the current crisis, and, across the board, many are ill equipped to bounce back, in terms of their financial, technical, managerial and entrepreneurial capabilities. In conversations with MSME sector, lack of liquidity/working capital surface highest. However, restarting MSME operations faces a range of challenges, including plummeted demand, manpower change-over, decayed equipment and stocks and uprooted supply chains¹³. Further, it is important to note that many of the MSMEs may not be registered with the Government. For instance, in September 2015, the Government of India put in place an online filing system under Udyog Aadhar Memorandum (UAM) based on self-declared information for promoting ease of business. Till the end of May, 2019, 68.25 lakh MSMEs had registered on UAM¹⁴ - only around nine per cent of the close to 75 million MSMEs.

About 150 million people face job losses in India's export sector following the cancellation of over half of the orders and uncertain forecasts for global trade due to the COVID-19 pandemic. Among the worst hit is India's textile and apparel industry which contributes about seven per cent to the value of industrial output, two per cent to GDP, and 15 per cent to the country's export earnings besides providing direct employment to over 45 million people.

Urban unemployment: COVID-19 hotspots have emerged in many large urban centres including the 53 metropolitan cities that account for more than 140 million urban residents and contribute 40 per cent to the national GDP.¹⁵ As a result, daily-wage migrant labourers (estimated at over 50 million as per Census 2011), street vendors, auto or rickshaw drivers, as well as construction and utility workers have lost their jobs. The situation is worse for women – close to 82 per cent of whom are engaged in the informal sector.¹⁶ They may be the first to lose their jobs or suffer the consequences of the crisis given that they, as others in the informal sector, do not have social security, health insurance or paid leave. The crisis has also brought forth the inadequacies in city planning, specifically in granular planning and management through a community-based approach. Cities lack databases to map the spatial interaction of different actors (urban poor, migrants, middle and higher income households) for housing, mobility, livelihoods, and infrastructure and other amenities. A thorough assessment of housing and infrastructure disparities is required for neighborhood development to address urban inequities, starkly visible during this crisis.

Agriculture and allied sectors: Agriculture which employs more than half of India's workforce has been badly hit by COVID-19. Farmers and agricultural workers have faced major disruptions due to the non-availability of migrant labour interrupting harvesting activities, disruptions in supply chains due to border closures and quarantine, as well as disruptions in markets, supply chains and trade. With over 70 per cent¹⁷ of the female workforce employed in agriculture, women farmers are likely to bear the brunt of the loss of livelihoods and incomes.

In addition to farm-based activities, the collection and sale of non-timber forest produce like *tendu* leaves and *mahua* flowers by tribal communities in Odisha have been severely affected by the lockdown, as collection

¹² <https://www.thehindu.com/business/msmes-will-be-the-biggest-casualty-of-covid-19-in-india-study/article31084751.ece>

¹³ <https://www.unido.org/stories/indias-manufacturing-reels-impact-covid-19>

¹⁴ Ministry of Micro, Small and Medium Enterprises, "Annual Report 2018-19" Government of India accessed at <https://msme.gov.in/sites/default/files/Annualrprt.pdf>

¹⁵ <https://www.livemint.com/Opinion/Z3wxhbTwwSHYrJCM3Ugp3M/Indias-growth-engines-and-gateways.html>

¹⁶ *Women and Men in the Informal Economy: A Statistical Picture*, ILO 2018

¹⁷ https://niti.gov.in/writereaddata/files/document_publication/Decline%20in%20Rural%20Female%20Labour%20Force%20Participation%20in%20India.pdf

agents have stopped coming and markets are closed. Also affected are more than 9 million active fishers who depend on fisheries for their livelihood. Both brackish and freshwater aquaculture farmers have also been affected, with harvest delayed due to labour non-availability, market closure and movement restrictions. Further, exports of shrimps to Europe and the US have stopped, and local fish prices have fallen, leading to loss of income.

Craft sector: Similarly, the crafts sector, one of the biggest sources of employment in rural India, is hit hard. Estimates suggest that art and crafts involve more than 130 lakh people in rural and semi-rural locations, and many of them are staring at financial distress and loss of livelihood.

B. Poverty, Inequality and Vulnerabilities

COVID-19 has triggered off a survival crisis among those who have lost their jobs. Drying up of sources of earnings has jeopardised the lives of millions of families whose survival depends on daily wages. According to a recent rapid assessment,¹⁸ up to 90 per cent of labourers have lost their source of income since the lockdown began. The study reports that poor knowledge and reach of welfare schemes among migrant workers is a major issue. Close to two-thirds (62 per cent) of informal workers did not have information on emergency welfare measures provided by the Government. More than one-third (37 per cent) did not know how to access existing schemes. Only 30 per cent of surveyed labourers possessed job cards that could enable them to benefit from public works schemes such as MGNREGA in rural areas. Adding to the economic insecurity is also the fear of a high probability of community transmission being sparked off by migrants returning home who could be carrying the virus.

As per the Multi-dimensional poverty estimates,¹⁹ some 974 million or 72 per cent of people are at particular risk to COVID-19. Additionally, close to 400 million workers in the informal economy are at risk of falling deeper into poverty during the crisis because of the closing down of economic activities.²⁰

The COVID-19 pandemic is likely to exacerbate many forms of inequalities. Income inequalities are expected to widen given the sharp fall in the earnings of a large number of informal sector workers. There is likely to be a setback in the access to food and basic social services of the already disadvantaged groups including Scheduled Castes and Scheduled Tribes with the diversion of public health services to fight COVID-19 away from routine health services. During emergencies, vulnerability of children and those in need of care and protection, residing in institutions, observations homes, or otherwise from deprived families, can be expected to increase.

Other groups that have traditionally faced exclusion are likely to be even more adversely affected than others. For example: a number of sanitation workers are Dalits, which places their overall health and wellbeing at high risk. Reportedly, the tribal and forest dwellers have had poor access to the Public Distribution System (PDS) during the lockdown, adversely impacting their food security. In addition, a majority of the transgender community dependent on begging, offering blessings during traditional celebrations in exchange of alms and doing sex work to earn a living have been also impacted. Hit by the lockdown, sex workers²¹ are another group bearing a disproportionate burden of the crisis.

¹⁸ Conducted by Jan Sahas, a civil society organisation, Voices of the Invisible Citizens, A Rapid Assessment on the Impact of COVID-19 Lockdown on the Internal Migrant Workers, <https://ruralindiaonline.org/library/resource/voices-of-the-invisible-citizens/>

¹⁹ Oxford Poverty and Human Development Initiative (OPHI, "Global Multidimensional Poverty Index 2018: The Most Detailed Picture To Date of the World's Poorest People". (Oxford, England. 2018).

²⁰ ILO Monitor: COVID-19 and the world of work. Second edition Updated estimates and analysis; April 7, 2020 accessed at https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/briefingnote/wcms_740877.pdf

²¹ Sex workers, high risk for COVID-19, seek government help, IndiaSpend. <https://www.indiaspend.com/sex-workers-high-risk-for-COVID-19-seek-government-help/>

The gendered impacts of COVID-19 are likely to affect women more adversely than men. While the COVID-19 disease appears to affect men more than women, the adverse economic impacts are likely to be greater on women and girls. They are more likely to lose jobs and generally earn less, save less, and hold insecure jobs or live close to poverty. India's low and falling female labour force participation rate could slip even further as more women lose their jobs. A disproportionate increase in the burden on women of household and care work can also be anticipated.²² Unpaid care work that is usually high for women in India is likely to increase, with children out-of-school, heightened care needs of older persons and overwhelmed health services.

Gender-based Violence and violence against children: Crises tend to increase the risk of gender-based violence (GBV) for women, violence against children and sexual minorities. Physical distancing, restrictions on mobility, fear of getting infected, and confinement at home coupled with increased tensions and economic stress could increase the risk of GBV especially in contexts where the risk is already pronounced. Physical distancing measures and the desertion of public spaces also constitute a risk for an increase in violence in public spaces. Another arena where the risk of violence against women, girls and other groups in vulnerable situations may increase, are online platforms.

The National Commission for Women recorded a more than two fold surge in complaints of violence against women and girls in the week following the lockdown.²³ At the same time, Helplines operated by NGOs have reported a drop in the number of calls received, which may be partly due to the difficulties faced by women in reaching out for support due to confinement and restrictions on mobility.²⁴ Of the calls received by Childline India Helpline, nearly 30 per cent were about requesting protection against abuse and violence on children.²⁵

Mental well-being: Frequently neglected is the additional mental stress that adults and children have to experience during such crises. Forced confinement and lockdown are known to lead to anxiety disorders that could manifest itself as headaches, muscle pain, body aches and disruption of sleep patterns. Children could exhibit aggressive behaviour as a result of the sheer pressure of being confined and restrained with no social interaction. Young adolescents (the *quaranteens*) also suffer from loss of privacy and social interactions. The uncertainty of admissions to college or clearing school examinations further adds to their anxieties.

C. The impact on Core Sectors and Basic Social Services

Health Sector: The current spread of COVID-19 has demonstrated that the world is not adequately prepared for pandemics. Countries, irrespective of their socio-economic status, have had their health capacities challenged in detecting and responding to the pandemic, as well in their ability to reach those who are most vulnerable and at-risk. The countries with weak health systems are most in jeopardy. With most of the attention focused on the pandemic, the non-COVID-19 health related issues are at risk of being neglected. The current situation may lead to a severe public health crisis, with implications for the hard-won gains made against several diseases over the last few decades. All of this points to the immediate need and opportunity for reform of the health system.

In India, decades of low public investments in the public health system has left it very vulnerable to COVID-19. Low ratios to population of hospital beds, ICU beds, doctors, nurses, other health personnel as well as critical supplies and equipment such as PPE, ventilators, testing capacities-all these shortages render the country fragile to the virus.²⁶

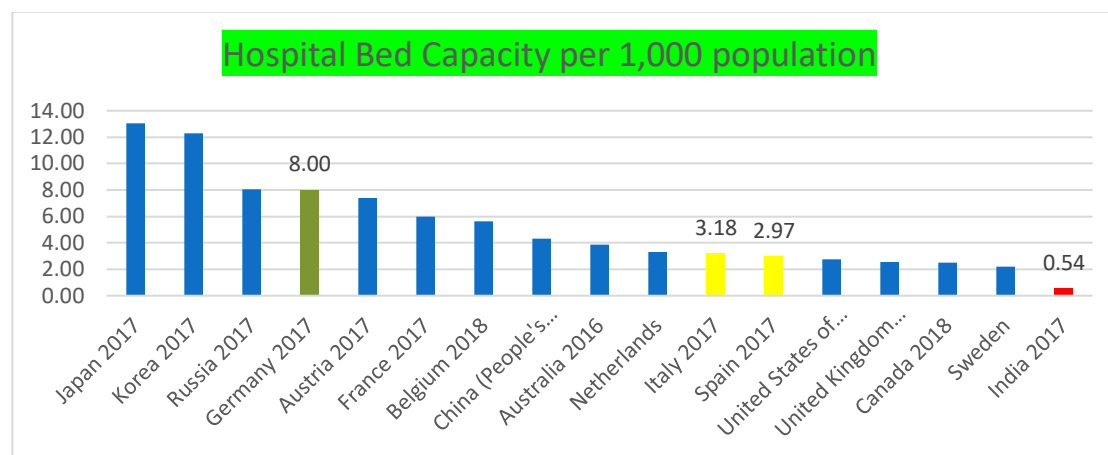
²² See Ashwini Deshpande, "Protecting women is missing from pandemic management measures in India" March 28, 2020, Quartz India accessed at <https://qz.com/india/1826683/indias-approach-to-fighting-coronavirus-lacks-a-gender-lens/>

²³ <https://www.outlookindia.com/website/story/india-news-rise-in-domestic-violence-across-all-strata-of-society-in-the-coronavirus-lockdown-period/350249>

²⁴ <https://www.thehindu.com/news/national/COVID-19-lockdown-spike-in-domestic-violence-says-ncw/article31238659.ece>

²⁵ The Hindu, April 08, 2020, <https://www.thehindu.com/news/national/coronavirus-lockdown-govt-helpline-receives-92000-calls-on-child-abuse-and-violence-in-11-days/article31287468.ece>

²⁶ OECD chart on hospital bed capacity per 1000 population



Source: OECD <https://data.oecd.org/healthqt/hospital-beds.htm> accessed 11/05/2020 * India value from National Health Profile 2019.

A large proportion of health care services in India is provided by the private sector which also employs almost 80 per cent of doctors²⁷, and that at least initially, has not responded impressively to the government's calls for support.

In addition the health sector's challenges in responding to COVID-19, it is critical that the crisis not disrupt essential non-COVID health services, including routine maternal and child health services. There have been reports of curtailed immunization schedules, inpatient, outpatient and emergency treatment for infectious and non-communicable diseases and laboratory investigations. As per the data released by National Health Mission in March 2020, at least 100,000 children did not reportedly receive their BCG vaccination, for protection against tuberculosis (TB), and another 200,000 missed each dose of the pentavalent vaccine, that provides protection against meningitis, pneumonia, whooping cough, tetanus, hepatitis B and diphtheria²⁸. Access to Reproductive, Maternal, New-born, Child, and Adolescent Health (RMNCH+A services) has also been affected. There has been a decline in the numbers of institutional deliveries with many private sector facilities closed during the lockdown period. As a result, risks to women's health, including miscarriage, prematurity, foetal growth restriction and maternal death could have gone up substantially. The risks of pregnancy-related mortality are likely to have increased given (i) difficulties in seeking appropriate medical help for an obstetric emergency because of the shutting down of many private health facilities; (ii) delays in reaching an appropriate obstetric facility because all forms of public transport were banned during the initial phase of the lockdown; and (iii) delays in receiving adequate care upon reaching the facility. There are reports of maternity clinics requiring pregnant women to produce blood, ultrasound and other tests at a time when laboratories are closed. Similarly, programmes initiated to promote adolescent health need to be put back on track.

Social protection: The Government of India has scaled up social assistance under the Pradhan Mantri Garib Kalyan Yojana, providing a package of cash and in-kind social assistance to protect poor and vulnerable households. While India's social protection programmes span across major life stages, there are notable limitations in reach and impact due to design and implementation challenges. For instance, only 39 per cent of eligible women with newborns received a maternity benefit under the Pradhan Mantri Matru Vandana Yojana (PMMVY). Further, majority of the workforce in India is informal and without social protection

²⁷ In 2010-11, there were an estimated 1.04 million private health enterprises across India, including roughly 80,000 private hospitals and 575,000 private medical clinics. By comparison, there were fewer than 200,000 government-run 35 healthcare facilities across all provider levels in 2016. The private sector also employs the majority (at least 80 per cent) of doctors. Source: NITI Aayog (2019), "Health System for a New India: Building Blocks: Potential Pathways to Reform, Page 175

²⁸ <https://www.livemint.com/news/india/how-covid-19-response-disrupted-health-services-in-rural-india-11587713155817.html>

benefits²⁹. An analysis of the Pradhan Mantri Shram Yogi Maan-Dhan (PM-SYM) scheme shows that as on March 2020, only 4.3 million workers³⁰ had enrolled – a meagre one per cent of the total informal workforce in the country. Most of these schemes are targeted at the rural poor. Often left out are the urban poor and informal sector workers located in the urban areas. The COVID-19 pandemic underlined the structural challenges in India’s social protection system, which is fragmented and largely implemented through complex centrally sponsored schemes. Investing in integrated social protection across the life cycle will support multidimensional vulnerabilities both social and economic, and assist people to cope with shocks and other risks. The World Bank has announced a \$1-billion programme known as “Accelerating India’s COVID-19 Social Protection Response Programme” that will focus on making social benefits such as subsidised food under the National Food Security Act, cash transfers and pensions etc portable so that beneficiaries may access them from anywhere in the country. This is an important solution to some of the challenges stemming from the lockdown.

Nutrition and Food security: The lockdown and cessation of economic activities have resulted in rising food insecurity among a sizeable population.³¹ People’s access to food can be expected to decline sharply with the fall in incomes. Media reports have highlighted the plight of migrant workers and their families who have been walking miles to reach home with little or no food to eat. With the shutting down of schools, children no longer get mid-day meals – often the only nutritious meal of the day for many of them. In response, many state governments are providing cash transfer in lieu of cooked mid-day meals. Other key nutrition services like micronutrient supplementation, counselling on breastfeeding and complementary feeding, facility and community based management of acute malnutrition, and deworming are also reported to have been disrupted by the lock down. It is expected that the need for physical distancing measures will continue to adversely affect the availability of food in schools and other institutions in the near future. Further, women and girls could be further discriminated against³² given the preferential treatment of boys over girls when it comes to access to food within the household.³³

Access to water, sanitation and hygiene: Practicing physical distancing, washing hands and even self-isolation is not easy for families living in cramped spaces or in urban slums. Nearly 170 million households or 69 per cent of Indians lives in houses with one or two bedrooms, and 10 million households do not have any exclusive room for living as the houses double up as their shops and offices. India’s largest urban slum, Dharavi in Mumbai houses nearly one million people in a five square kilometre area.

Women and girls, as the primary users, providers and managers of water and hygiene in the household, are worst affected by inadequate water and access to safe sanitation services. Women and girls in India spend an estimated 150 million workdays every year fetching and carrying water. In crisis situations, women and girls often find that their access to hygiene and sanitary materials is reduced due to decreased household income or increased competition for scarce hygiene resources, impeding their ability to attend to their own health and hygienic needs.³⁴ Scarcity of resources leads to an upsurge in the time spent by women in collecting them, diminishing their ability to engage in the social, economic and political spheres and increasing their vulnerability to violence and harassment.

²⁹ <https://labour.gov.in/sites/default/files/Report%20vol%204%20final.pdf>

³⁰ <https://labour.gov.in/pm-sym>

³¹ Even before COVID-19, levels of under-nutrition among children were high. According to NFHS-4, in 2015-16, 35.7 per cent of children under 5 years of age are underweight and 38.4 per cent are stunted. According to the Comprehensive National Nutrition Survey (CNNS) conducted during 2016-18, 34.7 per cent of children were stunted, 17 per cent were wasted, and 33.4 per cent were underweight.

³² UN Women, 2018. Turning promises into action: Gender equality in the 2030 Agenda for Sustainable Development, Central and Southern Asia Factsheet

³³ *Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings*, CARE.

https://www.care.org/sites/default/files/gendered_implications_of_COVID-19_-_full_paper.pdf

³⁴ *Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings*, CARE.
https://www.care.org/sites/default/files/gendered_implications_of_COVID-19_-_full_paper.pdf

Education: The COVID-19 emergency is negatively impacting children's access to education. All education institutions in India have been temporarily closed to contain the spread of the COVID-19 pandemic. Such closures have affected 286 million learners across India from the pre-primary through secondary levels of schooling.³⁵ In particular, the COVID-19 crisis will mean limited or no education or falling further behind their peers for many who already experience barriers in accessing education, such as children with disabilities, students in remote locations, children of migrant workers, refugees and asylum seekers or those whose families have lost their source of livelihood and incomes. This could force many children to discontinue their studies even after "normalcy" is restored.³⁶ Given the strong son preference, whereas boys may be supported by families to go to school despite the economic crisis at home, girls are more likely to be discouraged from going back to school so that they can help with domestic chores or take care of sick or infirm family members.³⁷ Such girls might also be forced into early marriages.

A school for children is more than just about attending classes. With the lockdown, children miss out on the joy of play and interactions, sports, and talking with friends. For children in cities who have the privilege of joining on-line classes sitting 6-8 hours in front of a computer screen can have terrible consequences, including childhood obesity. For children in rural areas without access to internet connectivity and computers at home, the disruption in learning can be a real setback that adds to educational injustice.

Environmental threats: The current COVID-19 pandemic is a reminder of the intimate relationship among humans, animals and the environment, and the extent to which humans are placing pressures on the natural world with damaging consequences for all. The deterioration of ecosystems, and the biodiversity within them – from habitat loss and modification, agricultural development, climate change, pollution, and overexploitation of species – is increasing the risk of zoonotic disease pandemics. It is evident that the performance and resilience of our socio-economic systems, that the ability to rebound from the COVID-19 pandemic and prevent future zoonotic diseases will depend on the state of the natural environment and ecosystems. As we deal with COVID-19, there are additional challenges for human and planetary health, in the form of large volumes of hazardous waste, which will need to be safely managed. These waste streams include personal protective equipment, electronics and pharmaceuticals; wastewater and massive use of detergents, disinfectants and antimicrobial solutions.

D. Responses

Both the Central and state governments have responded to the COVID-19 pandemic by initiating an emergency response along multiple fronts to save the lives and livelihoods of millions of families impacted by COVID-19.

Central Government:

The Government of India has taken several emergency measures since January 2020 to equip the public health system to deal with the pandemic. Resources were mobilised and made available for a number of activities including:

- ensuring preparedness vis-à-vis adequate quarantine facilities, setting up of quarantine centres and isolation wards, training of health works, and ensuring availability of Personal Protective Equipment (PPEs), medicines and other medical supplies

³⁵ <https://en.unesco.org/COVID19/educationresponse> accessed 30 April 2020.

³⁶ COVID-19 Crisis Will Push Millions of Vulnerable Children into Child Labour, The Wire. <https://thewire.in/rights/COVID-19-crisis-will-push-millions-of-vulnerable-children-into-child-labour>

³⁷ Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings, CARE. https://www.care.org/sites/default/files/gendered_implications_of_COVID-19_-_full_paper.pdf

- enhancing production capacity and supply chain by declaring masks and sanitizers as essential commodities (under the Essential Commodities Act) until June 2020
- expanding the network of laboratories equipped to conduct tests for COVID-19; and
- providing access to state governments for additional funds from the State Disaster Response Fund

In addition, the Central Government has also announced a series of measures in response to COVID-19 that cover travel and movement restrictions, financial aid and assistance, short term credit to states, establishment of the PM CARES Fund, movement of stranded persons including migrant workers, protection of healthcare workers, and return of Indians stranded abroad.

The Central government has made three major announcements – the last one consisting of a set of five sub-announcements.

- 1) On March 27, 2020, the Central government announced a Rs 1.7 trillion (\$22 billion) package to help the poor under the Pradhan Mantri Garib Kalyan Yojana.³⁸ The scheme includes:
 - Offering an insurance cover of Rs. 50 lakh per frontline health worker under the Insurance Scheme.
 - Distribution of 5 kilograms of wheat/rice and 1kg of preferred pulses free every month for three months for 800 million poor people.
 - Direct benefit transfer of Rs. 500 per month for three months to 200 million women covered under the Jan Dhan account.
 - Distribution of gas cylinders free of cost to 80 million families.
 - Increasing the limit of collateral-free lending from Rs 10 to Rs 20 lakhs, especially for women's Self-Help Groups (SHGs).
 - Increasing MNREGA wage to Rs. 202 a day from Rs. 182 to benefit 136.2 million families.
 - Awarding an ex-gratia payment of Rs. 1,000 to 30 million poor senior citizens, poor widows and poor disabled
 - Front-loading and paying 87 million farmers in April 2020 the first instalment of Rs. 2,000 due over the financial year 2020-21
 - Permitting Individuals to withdraw three months' salary from the Employees' Provident Fund (EPF).
 - Providing construction workers relief through the Building and Construction Workers Welfare Fund

On May 12, 2020, the Prime Minister announced a second stimulus package of Rs. 20 lakh crore, meant for the MSMEs, cottage industry, home industry as well as for labourers, the middle class, and Indian industries with the goal of making India self-reliant.³⁹ Notably, the government has also provided liquidity stimulus through targeted long term repo operations to ease credit to NBFCs and relief to borrowers through postponement of interest payment on loans.

- 2) Starting May 13, 2020, the Union Finance Minister Nirmala Sitharaman has made five announcements on the Aatmanirbhar Bharat Abhiyan stimulus package of Rs. 20 lakh crore:
 - May 13, 2020: Tranche 1: Business including MSMEs⁴⁰
 - May 14, 2020: Tranche 2: Poor including migrants and farmers⁴¹
 - May 15, 2020: Tranche 3: Agriculture⁴²

³⁸ Ministry of Finance Press Release. <https://pib.gov.in/PressReleaseSelfframePage.aspx?PRID=1608345>

³⁹ For the text of the Prime Minister's speech, see https://www.pmindia.gov.in/en/news_updates/pms-address-to-the-nation-on-12-5-2020/?tag_term=pmspeech&comment=disable

⁴⁰ For details, see <https://www.thehindu.com/news/resources/article31606753.ece/binary/AtmaNirbharBharat-Part1.pdf>

⁴¹ For details, see <https://www.thehindu.com/news/resources/article31606752.ece/binary/AtmaNirbharBharat-Part2.pdf>

⁴² <https://www.thehindu.com/news/resources/article31606748.ece/binary/AtmaNirbharBharat-Part3.pdf>

- May 16, 2020: Tranche 4: New horizons of growth⁴³
- May 17, 2020: Tranche 5: Government reforms and enablers⁴⁴

The stimulus package as well as the policy reform announcements made by the Finance Minister spell out many short-term fiscal and monetary measures, immediate measures to ease the shock to jobs and guarantee minimum living standards, targeted financial support to MSMEs as well as major policy reforms to revitalize different sectors and reboot the economy.

State governments

State governments have also introduced a number of administrative, health, welfare, resource management and other measures.

Administrative measures include issuance of guidelines specifying preventive measures to be taken in government offices, constitution of task forces at the State level and District levels, deferment of salaries, and classification of districts, based on number of cases and disease threat, into Red, Orange, and Green Zones.

Health measures include (i) advisories regarding prevention and control measures; (ii) guidelines for the clinical management of COVID-19 patients, covering testing, quarantine, hospital admission, and discharge; (iii) measures to be taken in case of community transmission within a geographical area; (iv) standard precautions to be followed during the care and treatment of suspected patients; (v) notification for the recruitment of medical professionals on a short term basis; (vi) guidelines to the media not to publish any information or interview the infected persons, their relatives, doctors and support medical staff of them; and (vii) instructions to educational institutions as well as shopping malls, gyms, amusement parks, and wedding halls to shut down.

Welfare measures relate to providing free and subsidised food, compensatory packages for frontline workers and family members who may lose their lives while on COVID-19 duty, temporary shelter for migrants, one-time cash support, ordering private schools not to raise tuition fees, and concession packages to manufacturers of COVID-19 related medical equipment.

Resource management and other measures included measures to address the shortage of medical practitioners in government hospitals and guidelines for human resource management in COVID-19 facilities. Other measures have included the announcement of relaxation from the lockdown for certain factories, appointment of nodal officers, granting of additional financial powers to take control of infectious disease control hospitals, restrictions on inter-state movement of vehicles, and instructions regarding procedures to be followed at the airports for the screening of passengers.

Relaxation of labour laws: With the partial lifting of lockdown, Gujarat, Haryana, Himachal Pradesh, Madhya Pradesh, Punjab, Rajasthan, Uttar Pradesh, and Uttarakhand have relaxed labour laws. A number of institutions and business leaders as well as eleven central trade unions have raised concern regarding these relaxations as they undermine the interest of workers and employers, besides India's commitment to international labour standards. The discussions around the issues are still evolving.

2. Opportunities

The central government has started converting the crisis into an opportunity by using the financial stimulus and support packages to introduce major reforms in welfare programmes as well as in different sectors. Further forward planning to accompany the Government's package may still be needed, for example,

⁴³ <https://www.thehindu.com/news/resources/article31606744.ece/binary/AtmaNirbharBharat-Part4.pdf>

⁴⁴ <https://www.thehindu.com/news/resources/article31606441.ece/binary/AtmaNirbharBharatFullPresentationPart5.pdf>

to focus on health systems reform, regional economic development (to create productive hubs around India with potential to capitalize on skills and capabilities of returned migrants) and food sector reform (to grow the food processing sector including associated cold chains) to reduce post-harvest losses, increase farmers income and support food security and safety, with associated health benefits.

The capabilities of the health sector and efficacy of urban governance in particular are high on the agenda of each and every Indian today.

1. Health System Reform

The successful efforts undertaken by the central and state governments so far to contain the spread of COVID-19 and to immediately invest in enhancing facilities' readiness to treat cases, have highlighted the critical importance of the role of the public sector in health. At all levels, public sector decision makers and managers have been at the forefront of devising the containment measures designed by the Government of India, of catalysing local partnerships for responding to COVID-19, of adapting protocols and guidelines for the provision of care. Frontline medical and health workers in *government* have led essential activities such as contact tracing, testing, surveillance, and treatment of patients, whilst at the same time striving to ensure minimum essential services for the population.

There is growing consensus within the international scientific community that COVID-19 will affect communities globally for the considerable amount of time that will be required to develop, test, and produce at scale a treatment or a vaccine. The government health care system will thus be called on to respond to a triple challenge in the coming period: to enhance public health and clinical measures to contain transmission and ensure access to clinical care for COVID-19 patients; to ensure that the population has access to essential (non COVID-19) services with quality, and with respect of the new measures that COVID-19 will require to adopt, and; to urgently expand the PMJAY health insurance scheme to include an additional cohort of extremely vulnerable people who are being pushed into poverty as a result of COVID-19.

Three urgent actions are proposed to address the impending challenges posed by COVID-19.

1. COVID-19 related responses: Mitigating actions will be needed for (i) mobilizing support to maintain essential health services, redesigning service delivery and actively managing health workforce, supplies and data to support essential clinical and outreach services; and (ii) focusing on the most vulnerable through ensuring the continuity of services in fragile settings and supporting efforts to fill gaps in tracking and reaching vulnerable populations.
2. Essential non-COVID Health services: Already the focus on the COVID19 response has led to an erosion of essential health care services. This must be reversed. Urgent action is needed for maintaining routine immunization programmes and disease surveillance and treatments (like TB) as well as primary health services for promotive, preventive, curative and rehabilitative care. Adequate and safe water and basic sanitation particularly in health care facilities is critical; safeguarding maternal and child health care, including family planning is critical; and prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs must also continue to be provided despite the COVID-19 crisis.

Investing in primary health care will require focused investments in community engagement and participation, and in a continuum of care from home to community and facility-based services, sustained by integrated, functional referral systems, leading to the progressive improvement of comprehensive health care for all, and giving priority to those most in need.

Concurrently, lessons from COVID-19 reiterate the critical importance to invest in creating/scaling up the deployment of key cadres of providers, such as of qualified health managers, public health officials, midwives, technicians. Such investments will be complemented by multisectoral engagement, ensuring that communities are empowered to adopt healthy practices and to access care, through behaviour change communication, investments in water, sanitation and hygiene infrastructure, nutrition promotion, and health promotion through the education sector.

3. **Expansion of PMJAY:** The Pradhan Mantri Jan Arogya Yojana (PMJAY) scheme is designed to provide financial health protection for 500 million of the most vulnerable Indians and halt the slide of the 50–60 million Indians who fall into poverty as a result of medical-related expenditure. Since estimates suggest that many hundreds of millions of people are likely to be severely impacted by COVID-19, it is advised that the reach of PMJAY is extended at least temporarily by an additional 200 million people – taking the overall coverage to 700 million. Such a provision will give respite to many families that are at risk of slipping into poverty because of COVID-19.

The COVID-19 pandemic is also a unique opportunity, prompted by the Prime Minister Modi’s call to ‘move forward with the commitment of bold reforms to create a self-reliant India,’ to focus on transforming India’s health sector. This will require immediate actions along the following fronts:

Health systems reform: This is **the** moment to strength the health system as a prerequisite for India to realise the commitment made in the National Health Policy (NHP) 2017 to ‘progressively achieve Universal Health Coverage.’

The National Health Policy 2017 sets out the need to achieve the following major priorities for health systems strengthening:

- **Health finance:** (i) Increase health expenditure by Government as a percentage of GDP from the existing 1.15 per cent to 2.5 per cent by 2025; (ii) Increase State sector health spending to > 8 per cent of their budget by 2020; (iii) Decrease in proportion of households facing catastrophic health expenditure from the current levels by 25 per cent, by 2025
- **Health Infrastructure and Human Resource:** (i) Ensure availability of paramedics and doctors as per Indian Public Health Standard (IPHS) norm in high priority districts by 2020; (ii) Increase community health volunteers to population ratio as per IPHS norm, in high priority districts by 2025; (iii) Establish primary and secondary care facility as per norms in high priority districts (population as well as time to reach norms) by 2025

In addition to significantly increasing the proportion of the National and State budgets for health, the following state level investment plan proposal could go a long way toward implementing the National Health Policy and bring about the much needed health sector reforms.

Develop State Health Investment Plans: Since health is a state subject, operationalizing the NHP 2017 will be enhanced if state governments systematically invest in developing, managing and monitoring *State Health Investment Plans* (SHIPs), to guide strategic planning, resource mobilization and investments in health systems strengthening for UHC. Operationalizing the NHP 2017 through SHIPs at the block, district and state levels can ensure both health security and economic prosperity for people.

Investments guided by costed *State Health Investment Plans* (SHIPs) should address the following priorities:

- Infrastructure: This would include (i) scaling up and building better, greener and more sustainable infrastructure including infectious disease hospitals, district hospitals as well as Health and Wellness centres; (ii) urgently ensuring safe and adequate water and sanitation facilities in all health care facilities by extending the mandate of the Swachh Bharat mission; and (iii) adapting health facilities to ensuring compliance with the “new normal” six-foot physical distancing.
- Human resources: SHIPs should also address the chronic lack of health human resource. An estimated 1.8 million additional health sector jobs should be created over the next five years. This can be done by allocating by immediately filling vacancies of Auxiliary Nurse Midwives (ANMs) and in the Integrated Disease Surveillance Programme (IDSP). Attention should also be paid to enhance capacities at the ground level including rationalisation of existing human resources and appropriate remuneration and monetary incentives to medical and frontline health workers including ASHAs. Concurrently, systems should be created to enhance the capacity to produce and retain high quality health managers, that can guide district or state level plans through evidence-based decisions.
- Public-private partnerships to augment production: Investments should build on the government’s call to the private sector to step up production of medical products such as ventilators, Infection Prevention and Control (IPC) equipment, and laboratory equipment to strengthen the IDSP. Technology should be tapped to advance digital health, and build on the National Digital Health Blueprint, including use of tele-medicine and equipment to strengthen connectivity and data entry for IDSP. Both these will call for policy changes that encourage private sector players to partner with government.

Devolution of responsibility and accountability to local level decision makers, with public consultations and client feedback/audit mechanisms, will be critical for achieving the SHIPs.

Finally, the COVID-19 pandemic and the Prime Minister’s call to make India self-reliant open up possibilities for India to further enhance its global position as the global pharmacy of the world – a measure that will not only ensure health security for all Indians but also create new opportunities for exports and for creation of local employment. India has a comparative advantage in the production of drugs, vaccines and medical equipment given its competitive production costs and its prospective capacity to produce at scale. India can further enhance its global leadership role by investing in quality standards of its production and pressing for an enabling global environment, re-negotiating rules relating to patents and trademarks governing the pharmaceutical industries, to ensure that people across the world can access drugs at affordable prices.

2. Urban dimensions of the COVID crisis

Cities are the epicenter of the COVID-19 pandemic, with slums the eye of the storm.

By early May, half of all reported COVID positive cases in India were from five cities -- Delhi, Mumbai, Pune, Ahmedabad and Chennai. Thirty municipalities, comprising all major urban centers, constitute 80 percent of cases. There is no question that urban areas are the epicenter of the COVID pandemic. And within cities, it is the slums and informal settlements that are the eye of the storm.

Even before COVID 19, slums and informal settlements suffered from a swath of deprivations. They are overcrowded (60 percent of urban households live in one or two rooms); they lack access to water (43.3% slum HHs did not have water inside their homes); they lacked sanitation facilities (44% slum HHs did not have toilets inside houses)⁴⁵. In many respects, they have incubated the ideal conditions for a health pandemic disaster. Even the bare minimum COVID 19 mitigation measures, such as handwashing and physical distancing, are moot propositions to many slum dwellers.

⁴⁵ Census 2011

COVID's impact, of course, is felt beyond health considerations. The lockdown containment efforts have pushed food insecurity and loss of livelihoods to existential levels for slum communities. In May, unemployment in urban areas was reportedly at 29.22 percent⁴⁶.

It is clear that India's urban conglomerates need urgent, life-saving, scalable actions to prevent, manage and mitigate the crisis, particularly in the most deprived parts of urban centers. Such a response could consider:

Health and Hygiene: Attempts by the municipal governments to introduce COVID 19 testing and mitigation measures in slums have already witnessed push back and resistance in several important urban slums, resulting from fear and suspicion. It is critical that municipal health authorities devise consultation plans with slum community leaders to negotiate access for epidemiological control and testing responses and to build confidence in public health services. In addition, the Swachh Bharat Mission (SBM) could be extended to urban slums on an urgent basis and adapted to slum conditions. For example, SBM stipulates that for community toilets, one toilet seat is assigned for 35 men and 25 women, including bathing facilities. These norms need to be relaxed and adapted to slum conditions and COVID-19 imperatives. In addition, inequitable access to health infrastructure in crowded urban areas requires immediate and serious increases in health investments. The Smart Cities Mission, for example, where currently only 1 per cent of the total investment is allocated to health infrastructure⁴⁷, could stipulate a floor of 5-10 percent for health infrastructure, with a solid portion earmarked to service urban slum areas.

Food: The National Food Security Act (NFSA), entitles ration card holders to various food benefits that have been made generously available in the past months across the country. However, universal access to food varies across states. For instance, a survey by food rights campaigners in Delhi reportedly revealed that only 30 per cent Ration Shops are distributing PDS grains⁴⁸. As most schemes require pre-registration, the majority of slum populations are currently unable to register due to lack of valid documentation such as Aadhar cards or electricity bills. The Implementation of the proposed "One Nation-One Ration Card" scheme is an excellent commitment by the government. Until it is operationalised, food should be distributed to the poor in urban slums and informal settlements through the Targeted Public Distribution System. Decentralization of food procurement under the PDS scheme could also be initiated to promote local markets and livelihoods.

Livelihoods: Slum economies are important sources of income for many urban poor. For instance, slum-based grocery stores and social enterprises provide amenities and services including water and sanitation, waste recycling, etc. However, these business face barriers to finance, markets, and other factors, which exposes them to higher risks during crisis. Extensions of MGNREGA, at least on a temporary basis, to urban slums could help address both some of the infrastructure changes needed to enhance hygiene and physical spacing containment objectives, as well as much-needed poverty and livelihood interventions. In addition, adaptation and extension of a portion of the national stimulus and credit guarantee schemes for MSMEs could be targeted for slum dwellers.

Governance: Empowering local agents of change and promoting locally-driven action will drive the success of the response and recovery efforts. Urban local bodies and grass-roots organizations with knowledge of slum communities can shape resilient interventions. COVID-19 presents a real opportunity to revitalize municipal corporations and ward committees, enabling and capacitating them to perform the role of conveners of stakeholders, representing health, MSMEs, service providers, and others, giving meaning to the bottom-up development vision in the 74th constitutional amendment. Such a far-sighted approach to COVID-19 in slum

⁴⁶ https://thewire.in/economy/india-unemployment-rate?mid_related_new

⁴⁷ <https://indianexpress.com/article/india/covid-wake-up-call-health-infrastructure-only-1-per-cent-of-smart-city-projects-6425761/>

⁴⁸ <https://thewire.in/rights/delhi-survey-pds-ration-shops>

communities could provide scalable models for more than 33,000 slums that exist in India's 2,500 towns and cities.

Specialists tell us that COVID-19 epidemic will be the new normal for the 12 to 24 months. How the country responds to the pandemic in urban slum settings will, to a large extent, define that new normal in the Indian context. Leaving no one behind takes on new urgency in wake of COVID-19, as the nation's response is only as strong as the weakest link in its chain. This is an opportunity for bold, innovative, urgent, scalable action to prevent the worst impacts of the pandemic across India, by starting with the most vulnerable and deprived residents of urban slums.

III. Key Interventions by the United Nations in India

Detailed below is the immediate response by the UN agencies in India to the socio-economic challenges resulting from the pandemic. These include interventions to support health system preparedness and resilience; economic sector immediate response; social sector immediate response; and the environment. The support to the national and state governments will be informed by cross sectoral issues including by undertaking situation analysis and impact assessment, through addressing stigmatisation, by engaging with youth and adolescents, and through strategic communication. The UN agencies have addressed challenges related to gender equality and human rights across all sectors.

A	HEALTH SYSTEM PREPAREDNESS AND RESILIENCE				
	Interventions	Concrete Deliverables	Agencies	Geographical Coverage	Partners
1	Health systems strengthening; guidelines for the development of State Health Investment Plans (SHIP)	Concept note on health system reform and guidelines for SHIP	WHO	National State level governments (Assam & Chhattisgarh)	Ministry of Health and Family Welfare (MoHFW)
2	Support for the generation of evidence on labour market surveys and analysis for health	Reports of Labour Market analysis	WHO	State level governments (Assam & Chhattisgarh)	MoHFW and State Governments
3	Technical support for the development of a framework for Public Private Partnership (PPPs) for investment in health infrastructure especially in greenfield states	Framework developed for PPPs for health	WHO	Central/ National level government	MoHFW
4	Support for the development of enabling regulatory and legislative environment for access to medicines and promote open science	Guidelines developed Platform for open sharing and generation of evidence created	WHO	Central level	MoHFW
5	Support for the establishment and functionalization of the Health and Wellness Centers (HWCs)	New HWCs developed	WHO, UNFPA	National and State governments	MoHFW and State Governments
6	Training for forecasting needs for investments in health sector at state and central level	Report of training conducted	WHO	State Governments	MoHFW and State Governments
7	Training health facilities on real-time tracking of COVID-19 related commodities through eVIN platform	Software & Reports	WHO	State Governments	MoHFW and State Governments

8	Support States in building capacity of State and district medical workers on ventilator usage, patient triaging and biomedical waste management with the All India Institute of Medical Sciences	Reports from States	WHO	State Governments	All India Institute of Medical Sciences and State Governments
9	Technical support for the design and implementation of protocols and SOPs for continuity of essential RMNCH+A services, and capacity building of health care providers	Guidelines, protocols, training manuals produced Training sessions conducted	UNICEF	National/ states	MoHFW and State Governments; Professional Associations
10	Support for the supervision and mentorship of health care facilities for the implementation of guidelines for essential RMNCH+A services	Supervisory visits	UNICEF	States	State governments
11	Evidence generation on barriers to RMNCH+A and nutrition services, and case studies documenting solutions	Research studies; case studies	UNICEF	States	ICMR; national and state governments
12	Support risk communication and community engagement for access to essential home and facility based RMNCH+A services and entitlements	AAAs mobilized for community engagement and community based services	UNICEF	States	National and state governments
13	Support for strengthening of family planning and maternal health services	Guidelines on family planning and maternal health services issued by State governments	UNFPA	National and State governments (Rajasthan, MP, Odisha, Bihar)	MoHFW and State Governments
14	Capacity building of health providers and frontline workers for delivering sexual and reproductive health services	Report of training conducted	UNFPA	National and state level	MoHFW and State Governments
15	Strengthen outreach for integration of SRH and HIV services	Plan developed for integration of SRH-HIV at Outreach level	UNFPA/UNICEF	State (Gujarat)	MoHFW and State Governments
16	Support for strengthening the Midwifery component of pre-service nursing training programme	Capacity building of nursing faculty on midwifery completed	UNFPA	National/ states	MoHFW and State Governments

B	ECONOMIC SECTORS – IMMEDIATE RESPONSE				
	Interventions	Concrete Deliverables	Agencies	Geographical Coverage	Partners
B 1	Livelihood recovery, skilling and entrepreneurship post-lockdown				
1	Technical advice to the Ministry of Skill Development and Entrepreneurship and select States on skills needs assessment, e-TVET curriculum and training methods, and career counselling	Training and Advisory support	ILO	National	MoMSME, MoLE, DPIIT, DHI, MSME, MoCF, MeitY and MoT,
2	Technical support to the Ministry of Skill Development and Entrepreneurship (MoSDE) and select state governments for engendering the skilling ecosystem by imparting training to state skill development officials to design, plan, implement and monitor skill development programmes from a gender perspective	Trainings	UNWOMEN	National with a focus in Bihar	National - MSDE and Skill Development and Entrepreneurship Department, Govt of Maharashtra, WCD, Odisha Skill Development Department, District Gaya, Bihar
3	Support to select States on developing and implementing policy measures for livelihood recovery post-lockdown including technical assistance for local employment generation	Training and Advisory support	ILO	Odisha, UP, Jharkhand	State governments
4	Training and capacity building of community workers, scheme workers and local government functionaries on OSH measures, facilitating safe migration, safe return and access to relevant programmes	Training	ILO	Jharkhand	State government

5	Link beneficiaries to various COVID related social welfare and protection schemes through state govt. institutions, workers and employers' organisations	Facilitation support	ILO	Jharkhand	State government
6	Support to targeted informal sector workers (domestic workers) with accessing protective equipment	Access to PPE	ILO	Jharkhand	State government
7	Policy Brief on internal migration	Policy Note	ILO	National focus	CMID, Kerala
8	Creation of mobile application and dashboard to capture information related to skills sets of returnee migrants, plan social & economic recovery schemes and create new job opportunities.	Pravasi Rahat Mitra Application: An online tool for proper planning of employment of returnee migrants	UNDP	Uttar Pradesh	Government of UP
9	Support digital platforms (with a focus on Unlearn platform) to create/host courses related to 21st Century/vocational and entrepreneurship mindsets	Digital learning platform on 21st Century/vocational and entrepreneurship mindsets	UNICEF (YuWaah/Generation Unlimited)	National with a focus in Maharashtra, Gujarat & Karnataka	Lend a hand, Alohomora, State Government, Aasman Foundation
10	Support government to identify policy options to build back better by utilizing COVID-19 recovery and stimulus efforts and to accelerate broader reforms and investments in sustainable development (renewable energy, sustainable public procurement, public transport, etc.). ⁴⁹	Advisory support	UNEP	National	Partners for work on Sustainable Public Procurement: Ministry of Finance, Government e-Marketplace, Confederation of Indian Industry, USAID"

⁴⁹ UN's PAGE (Partnership for Action on Green Economy), a strategic, action-oriented partnership amongst five UN agencies (UNIDO, ILO, UNEP, UNDP and UNITAR), will be mobilized to this end. PAGE has re-purposed its workplan for 2020 to respond to COVID recovery challenges.

11	Support MyGov COVID Challenge, Ministry of Electronics and Information technology to reward solutions from women entrepreneurs and those impacting large number of women including mentorship and upscaling opportunities	Engagement with women entrepreneurs	UNWOMEN	National	MyGov, Ministry of Electronics and Information Technology and select states
12	Guidance to relevant ministries and select States and Districts with regard to (1) restart, recovery and revitalization of manufacturing and global value chains; (2) sustainable urban development; and (3) regional economic development	Advisory support	UNIDO	National	DPIIT, DHI, MSME and select states
13	Support to skilling programmes of State Governments including through consultations and networking with industry and private sector associations on skills mapping, skills matching and job creation for marginalized groups (Migrants, women's collectives, waste pickers, tribal communities including women and youth)	Consultations	UNDP & UNICEF (YuWaah/Generation Unlimited)	Jharkhand, Odisha, Uttar Pradesh, Haryana Karnataka, Telangana	State Governments, NGO Networks and private sector associations
14	Capacity building of farm and non-farm collectives to enable aggregation of produce and linkages to market opportunities	Training	UNDP	Karnataka, Maharashtra, Telangana	NGO networks
15	Capacity building of women micro-entrepreneurs and self-help groups on local entrepreneurship opportunities, support to start/re-start enterprises and training on accessing digital financial services	Training	UNWOMEN	Odisha, Rajasthan, Maharashtra and Bihar	UN Women with PRADAN, AAINA, Srishti, Manjari, AKRSPI, Chaitanya and PRAN
16	Facilitate access to financial incentives for farmers' and artisans' collectives	Facilitation support	UNDP	Karnataka, Maharashtra, Telangana	NGO networks

17	Support for women's livelihoods through engagement in production of masks including with the refugee community	Women groups, including from refugee community supported through partners	UNDP, UNHCR	Mewat and Delhi Jharkhand (UNDP)	Fair Trade Forum-India, Save the Children SHGs (UNDP)
18	Mentor youth, women, home-returnees and other affected vulnerable groups on alternate livelihood through re-skilling and entrepreneurship skill development in select states	Training	ILO	Tamil Nadu and Uttar Pradesh	State Government, Workers organization, Tirupur Exporters Association, AEPC, EHC
19	Map hyperlocal demand across 12 districts in 4 states and skill building of women to integrate them in these supply chains.	Analysis	UNWOMEN	Bihar, Maharashtra, Odisha and Rajasthan	PRADAN (working with a consortium of 8 other NGOs), Private sector companies, PMKVY and DDU GKY Partners.
20	Explore job-tech platform for hyper local solutions for career guidance and jobs including entrepreneurship to prevent migration and create local opportunities	Analysis	UNICEF	National with a focus in Maharashtra Gujarat & Karnataka	NSDC, Job-tech platforms, NGOs, Private sector
B 2	Revitalization of MSMEs and other industries⁵⁰				
1	Training and capacity building for MSME sector, including MSME Units and their cluster and sector associations, particularly manufacturing and associated segments, to restart, recover and revitalize business post lock down	Training, capacity development and MSME advisory services	UNIDO	national	DPIIT, DHI, MSME, BEE
2	Guidance and facilitation support to workers organisations, and other partners in select states on livelihood recovery post-COVID 19, including through entrepreneurship trainings	Training and Advisory support	ILO	AP, UP, WB, Bihar	State governments

⁵⁰ UN's PAGE (Partnership for Action on Green Economy), a strategic, action-oriented partnership amongst five UN agencies (UNIDO, ILO, UNEP, UNDP and UNITAR), will also be mobilized to this end. PAGE has re-purposed its workplan for 2020 to respond to COVID recovery challenges. UNIDO-ILO's joint workplan under PAGE on MSME sector will include assessment of COVID 19 on the key sectors, will focus on upgrading of the sector in terms of its ability to restart, recover and revitalize business and will include mapping of potential opportunities for promotion of local green enterprises.

3	Support coaching and counselling for the businesses and industry association / employers' organisations, with particular focus on, MSMEs, home-based enterprises and informal economic units on business recovery, safe return to work and revival of supply chain	Training and Advisory support	ILO	UP, Tamil Nadu	State governments
4	Bipartite dialogues and engagement with MNEs on responsible practises in supply chains	Consultations	ILO	National	
5	Assessment of stimulus packages on their gender responsiveness towards women owned SMEs	Analysis	UNWOMEN	National	FICCI/ Entrepreneurs networks/GCN
6	Advisory support on migrant workers-related issues for businesses operating in India	Business guidance note	IOM	National	Businesses/Industries, Labour Forums/Unions Business Association and NGOs
7	Development of pre-departure and post-arrival orientation methodology and materials, especially for use in the garment industry in India	Guidance material	IOM	National	Businesses/Industries, Migrant Workers and NGOs
8	Develop and disseminate information materials on ethical recruitment and safe migration for recruiting agencies	Information material	IOM	National	Recruiting agencies, Labour Forums/Union Business Association
9	Reach NGOs and volunteers by organizing e-training to enhance their understanding on safe migration and build their capacity to contribute in efforts of local administration for addressing issues of COVID-19	Guidance material	IOM	National	NGO and advocacy platforms
10	Awareness generation on safe migration including COVID related implications and necessary precautions	Guidance	ILO	National	Workers and employers organisation

11	Undertake scoping study on the economic Impact of COVID on beneficiaries of DISHA Project: (Creating Employment and Entrepreneurship Opportunities for Women in India)	Study Report	UNDP	Maharashtra Haryana, Telangana Karnataka	
12	Undertake study on MSME skilled workforce requirements and revival plans	Study reports	UNDP	North East, Karnataka, Madhya Pradesh	
13	Technical support to selected MSMEs for enhancing access to government welfare packages, creation of online market linkages, improving the business at times of crisis and creation of innovative and dynamic business models.	Report	UNDP	Assam & Manipur	Export Import Bank of India
14	Technical support to State Governments, industry associations and chambers of commerce on developing appropriate skilling and employment responses and ensuring safe resumption of MSME operations	Report	UNDP	Karnataka, Maharashtra Telangana & Madhya Pradesh	State Governments and private sector and industry associations
B 3	Urban Development				
1	Implement people-centric interventions in slums and trained sanitation workers and slum dwellers under Socially Smart City Initiatives in collaboration with Municipal Corporations in Bhubaneswar (Odisha) and Patna (Bihar)	Demonstration pilot	UNFPA	Bhubaneswar (Odisha) & Patna (Bihar)	State Governments, NGO Partners and Municipal Corporations
2	Technical support to MoHUA, selected states, cities and municipal corporations to support inclusive and sustainable city planning and operations – in support of affordable housing, (public) mobility, WASH, employment creation and building of inclusive and self-reliant communities.	Advisory, engagement and planning services; investment support for high impact pilot projects	UNIDO. UNHabitat,	Jaipur, Bhopal, Mysuru, Guntur, Vijayawada	MoHUA, Municipal Corporations

3	Support rapid appraisal and development of recovery and rehabilitation plans for urban settlements, in particular informal settlements	Development of recovery and rehabilitation plans	UNHABITAT	Jaipur, Bhopal, Mysuru, Guntur, Vijayawada (UNHABITAT) Tamil Nadu (UNICEF)	MoHUA, Municipal Corporations, Local academic institutes
4	Support formulation of urban redevelopment plans in strategic locations within the city to improve local economies and child responsive inclusive planning	Advisory Support	UNHABITAT, UNICEF	Jaipur, Bhopal, Mysuru, Guntur, Vijayawada, Tamil Nadu (UNICEF)	MoHUA, Municipal Corporations
5	Technical support on updating and developing master plans, bye-laws on buildings and waste management.	Advisory support	UNHABITAT	Jaipur, Bhopal, Mysuru, Guntur, Vijayawada	MoHUA, Municipal Corporations
6	Build coalition with community-level organizations and municipalities on municipal waste management including plastic waste	Coalition building	UNHABITAT	Jaipur, Bhopal, Mysuru, Guntur, Vijayawada	MoHUA, Municipal Corporations, Grassroots organizations
7	Support State Governments on multisectoral planning and coordination, including coordination of immediate relief and rehabilitation measures, data/analytics support, and developing strategies, platforms, coalitions and roadmaps for building back livelihoods and reviving state and local economies.	Early, medium and long-term strategies integrating health, inclusive growth, poverty reduction, climate change and economic recovery.	UNDP	Assam, Haryana, Madhya Pradesh, Odisha, Karnataka, Uttar	State Governments

				Pradesh and Uttarakhand	
8	Provide policy advisory and technical assistance services to sub-national (2 states) government partners to advocate for and facilitate gender responsive city planning and perspective of women's safety in work, public and cyber spaces.	Advisory and technical input support	UN Women	Select Cities in Madhya Pradesh and Rajasthan	State Governments, NGO Partners and Municipal Corporations
B 4	Agriculture				
1	Provide policy recommendations to the Government of India Ministry of Agriculture through weekly monitoring and situation analysis of the food supply chains.	Policy notes	FAO, IFAD and WFP	National	Empowered Group 5 under Ministry of Home Affairs
2	Develop sub-sectoral advisories/guidance notes (floriculture, dairy-milk, poultry, farm operations, fisheries, minor forest produce, nature conservation, etc.)	Sub-sectoral advisories	FAO		Group 5 under Ministry of Home Affairs and Ministry of Agriculture and Farmers Welfare
3	Support farmers to shift from the value chain for fresh cut flowers to dried flowers with industrial applications	Training to about 50 farmers and benefits to 5000 floriculture farmers.	IFAD	Uttarakhand	Department of Rural Development, Govt of Uttarakhand Village Story
4	Support producer groups to incorporate phytosanitary measures and COVID safe measures in supply chains	No of Producer Groups adopting (LCs and CMRCs totalling 530)	IFAD	Uttarakhand Maharashtra	Department of Rural Development, Govt of Uttarakhand and Women Dev Corporation of Maharashtra

5	Develop an electronic platform for citizens and farmers to enable citizens order essential commodities and get them home delivered during the lockdown and for farmers to register and sell their produce at the procurement centres, while maintaining social distancing	Electronic platform/Mobile App	WFP	Uttarakhand	Government of Uttarakhand
6	Develop farmers advisory on farm operations for the Kharif crop in the wake of COVID 19 in the UP Project	Farmers advisory (handouts)	FAO	Uttar Pradesh	Department of Agriculture, Uttar Pradesh
7	Develop a handout on overall do's and don'ts for the farmers during COVID-19 with an aim to guide the project beneficiary farmers as well as the entire farming community in the project states on the precautionary and safety measures to be taken while working in the field.	Farmers advisory (handouts)	FAO	Nagaland & Mizoram	Department of Agriculture Govt. of Nagaland and Govt. of Mizoram
8	Develop dedicated guidelines for the safety measures in the food supply chain, focusing on COVID-proofing our farms, mandis and other food markets, wet markets, Agri/food processing units, eating out as well as on workers safety and consumers safety. These will also be translated into Hindi for wider circulation.	Safety booklet/Leaflets	FAO	India	Ministry of Agriculture and Farmers Welfare

C	SOCIAL SECTOR- IMMEDIATE RESPONSE				
	Interventions	Concrete Deliverables	Agencies	Geographical Coverage	Partners
C 1	Social Protection				
I. Social protection for the marginalised					
1	Advocate for and monitor the implementation of existing social protection schemes and safety nets for continuity and expansion of social protection for children, adolescent, women and vulnerable families to enhance access to banking services, effective coverage, financing and local level actions by PRIs, including Government programmes such as PMMVY, the National Rural Employment Guarantee Scheme and other Cash Transfer Schemes	Policy notes and technical notes	UNICEF	National and 16 states	
2	Support to strengthen delivery of welfare schemes and relief packages to marginalized populations, including by leveraging technological solutions like the GIS Enabled Entitlement Tracking (GEET) tool to track delivery of benefits	Enhanced delivery of services	UNDP	Chhattisgarh, Jharkhand, Maharashtra, Odisha	Ministry of Tribal Affairs and State Governments
3	Technical support to government on development of health financing options for covering informal sector and other vulnerable groups	Facilitated policy dialogue Policy notes and advisories	WHO	National Assam and Chhattisgarh	World Bank
4	Technical support to select state governments to strengthen governance for delivery of welfare schemes and relief packages to the affected	Advisory support	UNAIDS	Gujarat and Maharashtra	CSOs

	households; with a focus on PLHIV and Key populations in Gujarat and Maharashtra				
5	Advocate for shelter homes for gender-based violence survivors and other street-based key populations, including Transgenders, Female Sex Workers, People who Inject Drugs (TG, FSW, PWID)	Advocacy support and collaboration with civil society	UNAIDS UN Women,	National	Ministry of Social Justice and Empowerment and Civil Society
6	Booklet for parents and caregivers of children with disabilities, entitled Life in the Times of COVID-19: A Guide for Parents of Children with Disabilities.	Booklet	UNESCO	Pan India	UNESCO Chair in Community Management of Disabilities (University of Calicut)
7	Ensure asylum seekers and refugees registered with UNHCR in India have valid UNHCR issued documents	Electronic distribution of UNHCR documents	UNHCR	Delhi, Telangana, Uttar Pradesh, Rajasthan, Maharashtra, Jammu and Kashmir, Haryana, Tamil Nadu	SLIC, SCI, Action Aid, GNMS
8	Support remote registration and refugee status determination (RSD) process	Registration and RSD conducted	UNHCR	On case by case basis	SLIC, SCI, Action Aid, GNMS
9	Remote interviewing of refugees for the purpose of finding durable solutions	Enabling solutions	UNHCR	National	CSOs, Resettlement countries
10	Provide protective equipment and supplies to Safai Sathis (waste collectors) including distribution of around 100,000 food packets and 1,000 relief and hygiene kits, and facilitating access to rations and links to public distribution systems and community kitchens for vulnerable groups	Distribution of food packets, relief kits and hygiene kits	UNDP	35 cities in States of Maharashtra, Telangana, Andhra Pradesh, Delhi NCR, Gujarat, Madhya Pradesh, West Bengal, Tamil Nadu, Karnataka, Uttarakhand, Goa, Bihar, Jammu, Jharkhand,	Municipal Corporations, Hindustan Coca Cola Beverages, HDFC Bank and Coca Cola India Foundation.

				Odisha, Rajasthan, Uttar Pradesh, Haryana	
11	Support CSO-partners in organising community kitchens	Facilitation support to CSOs	UNWOMEN	Rajasthan	Manjari Foundation
12	Support to Old Age Homes, Elderly Self-Help Groups and Elderly people for social protection services	Essential commodity provision to elderly people in Old Age Homes	UNFPA	Delhi, Madhya Pradesh, Bihar, Jharkhand, Chhattisgarh, Jharkhand, Telangana	HelpAge India
II. Support for mental health					
13	Technical support for provision of mental health and psychosocial Support for the most vulnerable population groups - FSW, MSM TG, PWID, PLHIV affected by COVID-19	Online Training Programmes/Advocacy Support	UNAIDS	National	CSOs
14	Develop psychosocial care tools and build capacity of community groups to provide psychosocial support	Training manuals developed and trainings conducted	UNDP	National	National Institute of Mental Health and Neuro-Sciences
15	Remote psychosocial support to refugees and asylum seekers. Regular engagement with refugee communities through leadership and other existing structures to create awareness on COVID-19; limited financial support to extremely vulnerable refugees.	Emergency assistance	UNHCR	Primarily in NCR, Hyderabad, Jammu, Mewat, Aligarh, Mathura, and Jaipur Primarily in NCR, Hyderabad, Jammu, Mewat, Aligarh, Mathura, and Jaipur	BOSCO, SLIC, SCI, Action Aid , DAJI

	Interventions	Concrete Deliverables	Agencies	Geographical Coverage	Partners
C 2	Food Security and Nutrition				
I. Policy recommendations and monitoring support					
1	Provide policy recommendations to the Ministry of Consumer Affairs, Food and Public Distribution to adapt the Targeted Public Distribution for ensuring food security during the COVID-19 pandemic and to the Department of School Education and Literacy, Ministry of Human Resource Development on MDM following school re-opening	Advisory Notes	WFP	National and State	Department of Food and Public Distribution, Gol Department of School Education and Literacy, Gol
2	Develop periodic situation updates and policy briefs on food supply chains for the Empowered Group V	Policy notes	WFP, IFAD, FAO		Empowered Group 5 under Ministry of Home Affairs
3	Strengthen Remote Surveillance System for monitoring impact of COVID-19 on food and nutrition security in states of Kerala, Uttar Pradesh and Odisha Periodic monitoring, analysis and reporting on the movement and distribution of food grains to the state governments of Odisha and Uttar Pradesh under TPDS, PMGKAY and state schemes. Tracking the implementation of the MDM and ICDS schemes during school closures and lockdowns	Surveillance System; Analytical Reports	WFP	Kerala, Uttar Pradesh and Odisha All states and UTs	State Governments and NGO Networks

4	Guidance on gender and protection considerations in planning and implementing food distribution operations, including food distribution for the most vulnerable	Guidance notes and technical inputs through experts and specialists	WFP	National	
5	Guidance on development of State specific food baskets for distribution to communities in need	Guidance notes and technical inputs through experts and specialists	WFP	State level	SPHERE Network/State IAGs and state Governments
6	Technical advice on appropriate infant and young child feeding practices and ensuring safety of food being distributed through food safety net programs and donations by private sector and NGOs.	Technical assistance	WHO, UNICEF, WFP		Ministry of Health and Family Welfare, Indian Council of Medical Research, Food safety and Standards Authority of India and professional bodies such as FOGSI
7	Building resilience through: (i) expansion of grain and pulse banks in tribal areas; (ii) establishment of vulnerability reduction fund to tide over HH consumption; (iii) set up of rural business incubators on pilot basis	% Food secure HH > 85%	IFAD	Uttarakhand Meghalaya Odisha Jharkhand Tamil Nadu Maharashtra	Depts of Rural Development, ST&SC Dev, Welfare; and Women Dev Corporation of Maharashtra

II. Support implementation of essential nutrition services					
8	Distribution of food packets containing Rice/wheat flour, pulses, cooking oil and condiments to men, women, boys and girls in urban areas of Uttar Pradesh, not reached by Government food safety nets	In-kind food distribution to 120,000 vulnerable people	WFP	Uttar Pradesh	CSO and Government of Uttar Pradesh
9	Building capacities of NGOs on setting up community kitchens, maintaining kitchen hygiene safety, undertaking food distribution and monitoring	Training videos, awareness material, guidance notes and training sessions	WFP	CSO networks	SPHERE, SAMARTH
10	Distribution of food package to refugees, asylum seekers, and host communities living side by side with refugees and in similar condition	Distribution of food packets, lin partnership with NGO partners,	UNHCR	Jammu, Hyderabad, Nuh, Jaipur, Delhi, and UP.	SCI, BOSCO, ActionAid and DAJI
11	Provide alternative mechanisms for grain storage and reduction of storage losses through 3 Mobile Storage Units, with a total capacity of 1,500 MTs, established in hilly area with difficult in access and will serve TPDS men, women, boys and girls.	3 Mobile Storage units	WFP	Uttarakhand, UP and other hilly states	State Governments
12	Technical guidance to different line ministries and state departments on continuity of essential nutrition services including VHSND, nutrition rehabilitation centers, community management of acute malnutrition, vitamin A and deworming and iron/folate supplementation to reduce maternal and child anaemia	Guidance notes and technical assistance	UNICEF, WHO, WFP		MOHFW, MWCD, State Governments and line ministries
13	Develop and update POSHAN COVID Resources <u>online repository</u> of COVID-19 related global, India and state guidelines, tools and SBCC materials on COVID-19 and Nutrition, Food Security, Agriculture and Early Childhood Development	Online compendium with all Nutrition & COVID Resources from India national and state level and global on one place	UNICEF, WHO, WFP	National	Poshan Abhiyaan

14	Develop and update POSHAN COVID – Monitoring Tool. An online compendium with available data on food and nutrition security and access to services at state level during COVID. https://unicef-my.sharepoint.com/:w:/g/personal/rojohnston_unicef_org1/Ed33rvldgrtPqeKI_tLH3W0BC4zXYr8NfyHsa3s_pFFtCw?e=NPnRgd	Online repository of state and national data	UNICEF, WHO, WFP	National level and 14 States	Various development partners
15	Undertake the fortification of the TPDS food grains	Fortified rice available for distribution	WFP	Uttar Pradesh	Government of Uttar Pradesh
16	Setting up of production unit for fortified nutritious supplementary foods, serving girls, adolescent girls, and pregnant and lactating women	Fortified and nutritious take home ration available for distribution	WFP	Odisha	Government of Odisha
III. Capacity development of frontline workers					
17	Capacity building sessions for frontline civil society workers for ensuring food and nutrition security during COVID 19	Sessions delivered to NGO frontline workers	WFP	Multiple States	SPHERE, NDMA
18	Develop guidance, Social Behavioural Change Communication (SBCC) materials including posters, radio messages and videos for frontline workers on health nutrition in the context of COVID for different population groups	SBCC strategy and resource materials	UNICEF	National level and 14 States	MOHFW, MWCD, NRLH, NITI and state departments
19	Support orientation of frontline workers on delivery of essential nutrition services while containing the spread of COVID. Focus is on promotion of breastfeeding and complementary feeding; identification and management of SAM; adolescents and maternal nutrition, including reduction of anemia through IFA supplementation; and promotion of health diets and eating	Strategies; tools; orientations	UNICEF	National level and 14 States	MOHFW, MWCD, NRLH, NITI and state departments

20	Develop guidelines for frontline health workers and interpersonal communication material targeted towards mothers to promote appropriate infant and young child feeding.	Communication aids	WHO, UNICEF	National and 14 states	MOHFW, state departments
21	develop awareness materials for ensuring food security for migrants through One Nation One Ration Card (national portability) and Pradhan Mantri Garib Kalyan Ann Yojna (PMGKY)	IEC materials	WFP	National	Department of Food and Public Distribution
22	Develop and disseminate IEC material to inform men, women, boys and girls of their rights and entitlements under the various food-based safety nets	Awareness materials (Radio spots, newspaper ads, posters)	WFP	Pan India, Uttarakhand, Uttar Pradesh	Department of Food and Public Distribution, Govt. of Uttarakhand and Govt. of Uttar Pradesh
23	Creation of a platform for information sharing and delivery of food supplies to the most vulnerable population groups (in collaboration with NGO networks)	Platform available for use of information	WFP	Five priority states	SPHERE and State DMAs
24	Develop and disseminate videos on maintaining health and nutrition during COVID-19 as well	Short videos	WFP	Odisha Kerala Hindi speaking States	State governments

	Interventions	Concrete Deliverables	Agencies	Geographical Coverage	Partners
C 3	Education				
I. Support continuity of educational services					
1	Technical Support to the National Council of Education, Training and Research (NCERT), other relevant government ministries and state departments on continuity of education services which include state-specific appropriate strategies for the access to and use of flexible and remote/ home-based learning; Support to the planning of schools reopening and back to school readiness.	Strategy notes, development of learning contents and tools content,	UNICEF, UNESCO, UNHCR, UNFPA, WFP	National and states	MHRD, NCERT, MWCD, MTA, state education dept., CSOs, state governments and other stakeholders
2	Training and Capacity Building of teachers, administrative staff, School Management Committee Members on continuity of education, personal safety, risk prevention and psychosocial support.	Training programmes, IEC materials and other training resources	UNICEF, UNFPA and UNHCR	National and states	
3	Support MHRD and state education departments on development of state specific Education Sector Response Plans	State Specific Education Sector Response Plans Including the Yuwaah work on digital solutions to 21 st century skills, mentoring and	UNICEF	National and states	

		entrepreneurial mindset thinking ⁵¹			
4	Supporting Education Communities: An Online Learning Resources Guide'	Online platform The guide is available in four local languages (Hindi, Marathi, Gujarati and Kannada) and English.	UNESCO	National and States	Facebook
5	Development of guidelines for management of COVID-19 and other health emergencies at school & other educational institutions level in collaboration with MoHFW, MoHRD and other stakeholders	Guidelines	WHO	National and State Level	
II. Awareness generation through digital technology					
6	Generate awareness on the promotion of equitable and inclusive digital education	Webpage platform	UNESCO	National and States	MHRD
7	Development of opensource national platform (UNiLearn) for learning and information sharing, that hosts dynamic self-learning education course content from different states in India for teachers, teacher	Digital learning management system	UNICEF, UNOICT	National and state level	

⁵¹ UNICEF launched 'YuWaah' Generation Unlimited in India on 1.11.2019. According to UNICEF, Generation Unlimited, called YuWaah in India, is a multi-stakeholder alliance which aims to facilitate youth to gain relevant skills for productive lives and the future of work. The target age group of YuWaah includes adolescent girls and boys and its key mission is to promote access to foundational, transferable and 21st century skills for youth inside and outside formal education systems, which includes defining foundational skills, life skills and flexible learning and identifying and scaling impactful delivery models. YuWaah in tends to create platforms to guide youth to market opportunities (career guidance, mentorship, internships, apprenticeships) and facilitate integration of career guidance in school education.

	educators, students, administrators and parents/community				
8	Advocacy for child rights, development of IEC materials, animation video, training tools for teachers and students, against cyber bullying, to retain girls in school and overall take forward health and wellbeing school program. This program includes HIV and COVID 19 themes.	IEC materials Animation videos training tools for teachers and students	UNESCO	National	National Council of Education, Training and Research (NCETR) NCPDR (National Commission of Child Protection and Child Rights)
9	Awareness raising and capacity building of students and educators through the provision of digital modules on Pandemics and Social and Emotional Learning (SEL), including for marginalised children in migrant camps.	Provision of digital devices; Localized digital modules	UNESCO - MGIEP	National and state level State level (UP and Rajasthan)	Lenovo, NGOs
10	High-quality educational content on environmental topics for students, parents and teachers who are currently at home	In partnership with TED-Ed, UNEP has curated the Earth School which features videos, reading materials and activities — (translated into at least 2 Indian languages). The content is available for free on TED-Ed's website. UNEP is working with MoEFCC and MHRD to integrate this initiative into the EcoClubs and Diksha platform.	UNEP	Pan-India	TED-ED, MoEFCC, MHRD
11	Online remedial classes for school going refugees and asylum seekers learners	Online Platforms	UNHCR	Delhi NCR, UP, Hyderabad	BOSCO, SCI, Action Aid

12	Making available career portals, career guidance and counselling webinars for students and out of school	State career portals	UNICEF	State level	National and state education, dept., Dept of women and child, skills; CSOs, state government and other stakeholders
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	Interventions	Concrete Deliverables	Agencies	Geographical Coverage	Partners
C 4	Water, Sanitation and Hygiene				
I.	Supporting continuity of WASH services				
1	Technical Support to the Ministry of Jal Shakti on issuing advisories and key communication messages on safety precautions for Government field level WASH functionaries	Advisories and key communication messages	UNICEF	National	Ministry of Jal Shakti
2	Technical Support to the National and state governments in mapping the requirement for critical supplies (hand sanitizers, soaps, masks, handwashing stations for high risk zones and facilitate procurement and supply through mobilization of resources from Corporate partners.	Technical assistance in procurement planning and resource mobilisation	UNICEF	National and states	Ministry of Jal Shakti, Ministry of Health and Family Welfare and relevant departments in the states
3	Technical support for continuity of WASH services and access to supplies in high risk rural and urban communities, to ensure COVID-19 prevention and control through availability of safe water for drinking, personal and household hygiene, access to functional latrines and safe management of	Technical assistance through human resource support	UNICEF	States	Relevant departments in the states

	solid and liquid waste, and handwashing facilities				
4	Technical support to the Ministry of Jal Shakti for data collection and analysis and knowledge management to inform WASH service deliveries in support to most affected communities, including real time monitoring	Generation of data; analytical reports	UNICEF	National	Ministry of Jal Shakti
5	Technical support to strengthen COVID-19 prevention and control in schools and pre-schools, and ensure schools are safe, through implementation of safe school protocols (assessment, planning, capacity development, handholding and monitoring support)	Training of teachers, development of safe school protocols and safe school plans (with WASH improvement plan)	UNICEF	15 states	MHRD, State Department of Education, Department of Women and Child Development
6	Capacity building and orientation of state/district workforce including WASH personnel, (Swachhagrahis, sanitation workers, Gram Panchayats, teachers, other WASH workers) on COVID-19 prevention and control in communities and schools, including use of personal protective equipment and continuation of services.	Training Programmes	UNICEF	15 States	
7	Technical advice to Ministry of Health and Family Welfare on WASH facilities in designated COVID-19 hospitals	Advisory services	WHO	National	Ministry of Health and Family Welfare
8	Technical Support to the urban local bodies on pandemic preparedness and developing community-driven WASH response in informal settlements and slums	Technical Assistance and advisory Support	UNHABITAT	Jaipur, Bhopal, Mysore, Guntur, Vijayawada	Ministry of Housing and Urban Affairs; State Urban Development departments

9	Situational analysis of WASH and IPC in Care Facilities	Analytical Report	WHO	National	Ministry of Health and Family Welfare
10	Delivery of hygiene supplies to refugees/asylum seekers and immediate hosting communities living in similar situation	Delivery of supplies (soap, masks and sanitizers)	UNHCR	In Refugee Settlements and the areas adjacent to it.	SCI, Action Aid , DAJI, BOSCO, FTF-I
11	Leverage Garima project (women dignity), in all schools in Jharkhand to educate and aware girls on Menstrual Hygiene Management (MHM) during COVID-19	Support Garima project (MHH in Schools) in Jharkhand for the advocacy in all schools in Jharkhand	UNOPS-WSSCC	Jharkhand	IDS, Dehradun
12	Delivery of contactless hand wash station to Government of Delhi	Technical inputs, installation	WHO/UNHCR	Points of high foot fall and slum areas	District Authorities
13	Development of IEC materials on hand hygiene and personal hygiene	Technical inputs	WHO		WaterAid
14	Delivery of hygiene kits to people living with HIV and Key populations through their networks and in collaboration with the private sectors.		UNAIDS	Community level	Private sectors and PLHIV networks

	Interventions	Concrete Deliverables	Agencies	Geographical Coverage	Partners
C 5	Gender Based Violence and protection of children from violence and abuse				
I.	Addressing Gender Based Violence (GBV)				
1	Technical Assistance for the Ministry of Health and Family Welfare and Ministry of Women and Child Development through: development of resource kits, compiling relevant guidelines and protocols for responding to GBV for women and girls subject to violence, for service and health providers in one stop centers	Development of resource kits, guidelines	UNFPA, UN Women, WHO, UNAIDS	National	MWCD
2	Training functionaries from One Stop Centers (OSCs), family Counseling centers and Special cells for women on responding to violence against women and girls	Online training programmes	Joint Initiative by UNFPA, UN Women, WHO	Madhya Pradesh, Maharashtra, Odisha & Rajasthan	Collaboration with the Tata Institute of Social Sciences (TISS) and the State Departments of Women and Child Development
3	Training for youth volunteers and CSOs on addressing GBV, Stigma and discrimination Training on child protection and psychosocial support during COVID-19, including NSS and NYKS Training on addressing violence against women and girls, and countering stigma and discrimination, during COVID-19 for National Social Service (NSS) programme officers	Training Programmes	Joint Initiative by UNFPA & UN Women with UNICEF UNFPA	National UNICEF -17 States Rajasthan and Odisha	SPHERE India Ministry of Women and Child Development Ministry of Youth Affairs State NSS Departments
4	Scoping review for functionality and preparedness of OSCs	Developing a checklist and sharing with OSCs	WHO	National	Ministry of Women and child Development

5	Capacity building on addressing violence against women and girls during COVID-19 for faculty from Nursing schools and Nursing students and students in medical colleges	Online training programmes	UNFPA	National	Indian Nursing Council and PGIMER, Chandigarh
7	Capacity building on preventing and addressing violence against women and girls, promoting value of women and girls and countering stigma and discrimination during COVID-19 for Panchayat representatives	Online training programmes and pilot demonstrations	UNFPA	Madhya Pradesh	CSO, State Institute of Rural Development, Department of Panchayati Raj Institutions
8	Response to GBV integrated in all online training of Child Protection with Government, CSOs and Childline	Online training modules	UNICEF	National and State Governments	Child line & CSOs
9	Design comprehensive and contextualized communication packages for addressing stigma and gender-based violence through community outreach and awareness raising, including through social media	Communication Packages	UNDP	National	Ministry of Health and Family Welfare, UN media, civil society and private sector partners.
10	Develop guidelines for health professionals to recognize signs and symptoms of violence, National adaptation of Global guidelines on Health sector response to GBV during the pandemic	Guidelines	WHO	National and states	MoHFW and Relevant Health Departments in the states
11	Incorporation of key messages on addressing stigma, discrimination and GBV in the trainings for Police personnel in the context of COVID-19	Online training modules	UNFPA	Odisha	Home Department, Government of Odisha
12	Helpline for psychosocial support of health professionals	Helpline facility	UNFPA	National	Tata Institute of Social Sciences

13	Develop a WhatsApp based Chatbot in collaboration with the National Commission for Women to enable ease of reporting of domestic and other forms of violence, and strengthening access to resources and tools to address GBV	WhatsApp Chatbot	UNWOMEN	National	
14	Training of rural women on addressing and combating Gender Based Violence (EVAW) in the backdrop on COVID-19	Training programmes	UNWOMEN	Udalguri District, Assam	Bangla Natak
15	Training of workers in MSMEs and home-based enterprises on GBV	Online training sessions for MSMEs, home-workers, workers and employers organisations	ILO		
16	Develop a WhatsApp messages to raise awareness on unacceptable behaviours on violence and harassment at home for the workers, through the Labour Department and Central Trade Unions.	Awareness creating messages	ILO	Telangana	Labour Department and Trade Unions, Telangana
17	A video for addressing Gender Based Violence during COVID 19 crisis	Intended for general public	WFP	Odisha, Kerala and Uttar Pradesh	State Governments
II. Developing capacities for child protection					
18	Training of Child Protection Service Providers (from Child Protection Society, CHILDLINE, CSOs) on GBV, Stigma and CP issue.	Training and guidelines for CP service providers	UNICEF	17 States	Government, CSOs, Childline, NDMA COVID Academy
19	Capacity building and assistance for the development of guidelines on Police on protection of children during COVID-19	Training and support to police	UNICEF	17 States	National Police Academy

20	Support the provision of community-based PSS and specialized MHPSS in partnership with CHILDLINE and NIMHAS	Content development, capacity building, guidelines, evidence generation	UNICEF	17 States	CHILDLINE, NIMHAS, NDMA, CSOs
21	Strengthening modalities of alternative care for children in need of State Care and Protection (through foster and institution based systems), and interventions of gatekeeping to prevent family separation	Capacity building, technical support, guidelines and orders, monitoring	UNICEF	17 States	Supreme Court, MWCD and departments, CPS
22	Support Child Protection Societies (including CHILDLINE, Social Welfare Departments, District Child Protection Units), for the provision of child protection services to children on the move, children rescued from or at risk of child labour, specially unaccompanied children	Capacity building, support to assesments, guidelines,	UNICEF	17 States	MWCD and departments, Labour Departments
23	Support State and district authorities for the prevention of child marriage in the COVID context, through support to adolescent development & participation initiatives and development and implementation of gender responsive and COVID sensitive State and district plans	District and state plans and models for adolescent development & participation and ending child marriage	UNICEF	12 States, 112 districts	MWCD and departments, CSOs
24	Develop/adapt SBCC resource package including digital kits for key stakeholders such as government functionaries, parents, community members and adolescents/youths on GBV, VAC, PSS, Stigma, Parenting in the context of COVID for different population groups	SBCC resource package and tools	UNICEF	17 States	MWCD and relevant departments at state level, CSO

25	Orientation of Community Radio Stations (CRS) on COVID sensitive Risk Communication and Community Engagement (RCCE) to engage key stakeholders such as parents, community members, adolescents and youths to address GBV, VAC, PSS and Stigma during COVID19 Outbreak	Training and support to CRS	UNICEF	20 States including 27 Tribal CRS	Moi&B, TRIFED and Community Radio Association
26	Support awareness programmes on keeping children safe online during COVID-19 including issuance of Joint advisory along with National Commission for Protection of Child Rights.	Awareness programmes for children/families on online safety Support to law enforcement, CHILDLINE and protection structures on prevention and response to online child exploitation cases	UNICEF	17 States	National Commission for the Protection of Child Rights, National Crime Records Bureau, National Police Academy, Arpan
27	Capacity building on addressing violence against women and girls and preventing child marriage during COVID-19 for Child Development Project Officers (CDPOs)and supervisors in Madhya Pradesh	Online training programmes	UNFPA	Madhya Pradesh	Department of Women and child Development (Madhya Pradesh)
28	Awareness raising on prevention on SGBV and Child Protection, remote response services, activation of hotlines, remote case management and Protection from Sexual Exploitation and Abuse (PSEA)	Persons in distress especially women and girls reached	UNHCR	Delhi, Jaipur, UP, Hyderabad, Jammu	BOSCO, DAJI, SAVE, Action Aid, SLIC

D. ENVIRONMENT

D	ENVIRONMENT				
	Interventions	Concrete Deliverables	Agencies	Geographical Coverage	Partners
1	Technical Support to the Ministry of Health and Family Welfare in assessing vulnerability of health centers in dealing with public health emergencies including increase in communicable disease outbreaks due to climate change	Assessment of health centers	WHO		State Health Department
2	Technical Support to the Municipal Bodies and Health Care Facilities on efficient management of biomedical waste and municipal waste	Training Programmes Guidelines	WHO, UNICEF, UNDP, UNIDO UNHABITAT and UNEP		
3	Technical Support to the Ministry of Environment, Forest and Climate Change and Ministry of Health and Family Welfare in understanding the link between biodiversity and human health, and developing a long term strategy for high risk pathogens, with focus on conservation/restoration of biodiversity and habitat, and addressing climate change	Advisory support	UNEP	National	MOEFCC
4	Technical support to address zoonotic diseases and loss of ecosystems, including assessments of ecosystems health to contribute to Govt. of India One Health programme ⁵²	datapoints on wet markets in the Wildlife Crime Database campaign to sensitize public on biodiversity conservation	UNDP	national	MH&FW MOEFCC

⁵² One Health Initiative - an intersectoral approach to tackling the most urgent health threats in India as well as in low and middle income countries across South and South East Asia and Sub-Saharan Africa.

5	Technical support on environmentally sensitive economic recovery including climate proofing of rural infrastructure and enhancing energy access to recover better from COVID impacts	Advisory support	UNDP	National	
6	Generate awareness and capacity building through CBIC (Central Board of Indirect Taxes and Customs), Ministry of Finance, and Wildlife Crime Control Bureau (WCCB) of MoEFCC for controlling illegal trade in wildlife.	Awareness, Capacity Building Programmes	UNEP	National	Ministry of Finance
7	Procurement and supply of disinfectants, sanitizers, color coded bags and PPEs to the personnel involved in handling of infectious wastes in the Common Bio-medical Waste Treatment and Disposal Facilities	Procurement of PPEs, disinfectants, hand hygiene kits and color-coded bags for collection of infectious waste	UNIDO	Gujarat, Maharashtra, Odisha and Punjab and Health Department in Karnataka.	MOEFCC FICCI
8	Technical support to the implementation of the Jal Shakti program on water conservation, and the Swachh Bharat mission on environmental sanitation with a focus on Covid situation	Capacity building; SBCC	UNICEF	National	Ministry of Jal Shakti
9	Technical support to government and partners at national, state and district levels on planning, capacity building, communication, handholding, monitoring and knowledge management to ensure WASH continuity under Jal Jeevan Mission and Jal Shakti Abhiyan in the rural areas during the Covid times.	Planning, capacity building, communication, handholding, monitoring and knowledge management	UNICEF	National and 15 states	Ministry of Jal Shakti, Ministry of Rural development, State government of 15 states, district administrations, CSO/NGOs/PRI

10	<p>Awareness generation through a national TV-Series on biosphere reserves as “Pockets of Hope”; national webinar for World Environment Day</p> <p>Biodiversity our future – actions to highlight the importance of biodiversity for human resilience.</p>	Outreach	UNESCO	National	MoEFCC, National BD Authority, Surabhi Foundation, WWF, TERI
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E	CROSS SECTORAL SUPPORT				
	Interventions	Concrete Deliverables	Agencies	Geographical Coverage	Partners
E 1	Situation Analysis and Impact Assessment				
1	<p>Undertake socio-economic situation analysis/ Monitoring report on impact of COVID-on specific vulnerable groups (Sanitation workers, Waste Pickers, women, children, lactating mother, health adolescents/young people, workers, PWDs, farmers labourers, refugees and asylum seekers Slum, dwellers, Elderly, prisoners, PLHIVs and FSW, MSM, TG, PWID Home based workers; prison inmates)</p> <p>Detailed Sector Wise Impact Assessment in collaboration with the National and State Government</p>	Report	UNDP UNICEF WHO UNFPA UNOPS UNHCR UNODC UNESCO FAO UNESCAP UNAIDS ILO WFP UNWOMEN	COVID-19 Affected states districts	NGOs, Food chain players, Universities, concerned line ministries Network of people living with HIV, FSW, MSM, TG, PWID
2	Undertake situation analysis on impact of COVID-19 related market disruptions on MSMEs employers and workers (formal and informal economy)	Situation Analysis	ILO	2 States	
3	Undertake situation analysis on impact of COVID19 and associated policy measures on manufacturing sector, particularly MSME segment	Situation Analysis	UNIDO		
4	Conduct studies on the impact of COVID-19 pandemic on agriculture and food security in India based on Village status assessment and	Situation assessment report	FAO	India	Ministry of Agriculture and Farmers Welfare

	updates on the situation in the villages from 30 different villages in different parts of India .				
5	Support rapid surveys and opinion polls using various technology platforms on impact of COVID-19 epidemic and lockdown on lives of adolescents and their families	Survey results and reports available and shared with Govt.	UNICEF, UNV and UNFPA	National and State	NGO's, Adolescent and Youth networks , Frontline health and nutrition functionaries. Youth Ki Aawaz (YKA), MOYAS and other partners
6	Support computation of Multi-dimensional Poverty Index (MPI) at the State level	Sub-national index	UNDP		NITI Aayog
	Interventions	Concrete Deliverables	Agencies	Geographical Coverage	Partners
E 2	Stigmatisation				
1	Support to the GoI in designing and rolling out of a nationwide strategy and campaign to prevent stigmatization	National Strategy and nationwide campaign	UNICEF, UNDP, WHO, UNFPA	National and states	MoHFW, other development partners
2	Counter misinformation, disinformation and stigmatization through local language radio broadcasts, Community Radio Stations and online/social media support.	Audio video messages; Communication messages	UNESCO UNHCR UNRCO UNDP UNICEF UNFPA WHO WFP UNAIDS	National	Line Ministries, CSOs and other partners

			UNODC		
3	Train help-line staff to address issues of stigma and discrimination and support in development of psychosocial action plan which addresses stigma	Training Psychosocial action plan	WHO	National	MoHFW
4	Generate awareness on COVID-19 prevention and addressing stigma and discrimination through social media and UNVs in outreach districts	Key messages	UNDP	National and States	Ministry of Youth Affairs and Sports (UNV), Airports Authority
5	Develop employer guidelines for safeguarding rights of labourers engaged in businesses and its supply chain with the focus on the garment sector	Guidelines	IOM	Pan India	Businesses/Industries, Labour Forums/Unions, Business Association and NGOs
6	Develop guidelines for recruiters for promoting fair and ethical practices in recruitment to avoid wave of stigma, discrimination, racism and xenophobia against workers during recruitment process	Guidelines	IOM	Pan India	Recruiting Agencies, Labour Forums/Unions, Business Association
7	Develop awareness generation and communication materials to sensitize people towards the rights of labourers and their family members	Awareness programmes and IEC materials	IOM	Pan India	Workers, labour forums/unions, NGOs
8	Develop radio shows, social media outreach, orientation and inclusion of S&D messaging in ongoing trainings and advocacy with different groups such as youth volunteers, peer educators, programme officers from National Social Service programme, sanitation workers, health providers, Police, officials of Department of Women and Child	Communications, Trainings and awareness programmes	UNFPA	National and states	Government departments, other platforms and organizations

	Development and Panchayati Raj institutions, interfaith leaders				
9	Develop awareness raising video on countering stigmatization and promoting understanding/ solidarity	Video message	UNHCR / ICRC	National	NITI Aayog

E 3 Youth and Adolescents					
	Interventions	Concrete Deliverables	Agencies	Geographical Coverage	Partners
1	Build networks and alliances with CSOs and organizations working with adolescents youthsto inform, engage, take action and amplify positive stories of change for spreading information and increasing youth participation in COVID-19 response.	<p>Youth alliances and networks created</p> <p>established 'Platform to Partner with Youth' to engage young people as change makers and building a shared responsibility for action with them to contribute to the COVID response</p> <p>U report engagement Advocacy briefs for policy makers Adaptation of packages Social media campaign package Advocacy toolkit Adolescent Resource toolkit</p>	UNFPA, UNICEF, UNV and UNDP	National and State	Ministry of Youth Affairs & Sports (MoYAS), MoHFW .MoHRD, MyGov, Youth Ki Awaaz, Community Radios, Youth ki Awaaz, REAP BENEFIT, Design in Change, ComMutiny Youth Collective, Pravah, YuWaah, NCCDC

2	Build partnerships with government departments at national and state level working with adolescents and youths to promote youth volunteers	Agreements signed with relevant ministries	UNFPA, UNICEF, UNV	National and State	Ministry of Health and Family Welfare (RKSK Division), Ministry of Women and Child Development (Scheme for Adolescent Girls), Ministry of Human Resource Development, Ministry of Youth Affairs (MoYAS)
3	Training and capacity building of adolescents, teachers, wardens, youth leaders and other key stakeholders (NSS, NYKS) on COVID-19 and prevention measures and role to be played by these adolescents and youths, to representing vulnerable populations.	Number of stakeholders trained and training reports available	UNFPA & UNICEF	Bihar, Odisha, Madhya Pradesh (UNFPA) UNICEF – 17 states	Ministry of Youth Affairs, MWCD, CSOs Dept. of Education , Dept. of Women & Child Development, Dept. Of Tribal Welfare, State Madarsa Board
4	Use technology platforms and channels to engage adolescents and youths	Number of adolescent and youths reached through technology platforms	UNICEF, UNFPA, UNV and UNDP	National and States	NGO's, Adolescent and Youth networks, Reap Benefit
5	Capacity building of counsellors, relevant stakeholders and use technology-based solutions for providing psycho-social support and counselling services	Capacity building of counsellors and use technology-based solutions for providing psycho-social support and counselling services to adolescents and	UNFPA	Madhya Pradesh, Rajasthan	National Health Mission, NGO's and TISS

		<p>youths to manage stress during lockdown and COVID-19 epidemic.</p> <p>Training and capacity building of counsellors and other relevant stakeholders and community members on how to address and prevent Gender-Based Violence and violence against children</p>			
6	Engage with young people and educators at the primary and secondary levels on COVID-19 and its impact on peace, justice and the rule of law, vulnerable groups and emerging risks. This is being through The Lockdown Learners series of interactive focused dialogues.	<p>Interactive Online Programmes</p> <p>Interactive sessions through WhatsApp</p> <p>A range of creative awareness material and ideas shared by students.</p>	UNODC	National (so far, the series has been conducted in Karnataka, Delhi, Uttar Pradesh, Punjab, Haryana, and Maharashtra)	Public and private educational institutions Students and Educators Educational Institutions
7	Enhance economic resilience of young entrepreneurs in light of COVID-19 through a social media series of young entrepreneurs talking about their experiences and learnings, with webinars and trainings with thematic focus.	Creation of a stakeholder platform with private sector players to engage with young entrepreneurs.	UNDP	All India	ATAL Innovation Mission (NITI Aayog) and START UP INDIA Platform

8	Engage with refugee and asylum seeker youth in creating awareness in their communities on COVID-19 prevention and response, Sexual and Gender Based Violence, Child Protection (child marriage, child labor), Right use of Social Media, living together in peace through inclusion	Facebook, Instagram, WhatsApp	UNHCR	Delhi, NCR	BOSCO
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E 4 Communication					
	Interventions	Concrete Deliverables	Agencies	Geographical Coverage	Partners
1	Risk Communication and Community Engagement to inform decision making related to personal risk, to mitigate rumours and misinformation, to share information and advice between experts, communities and officials, and to effectively involve communities in the response to control the outbreak	<p>Support to develop the national pre-caller tune on “social distancing” which reached some 500 million by phone across all telecommunications networks across India.</p> <p>Over one million, some 85 percent of women frontline functionaries reached to increase knowledge on prevention and containment measures through online training</p> <p>Over 10 million people have been reached with targeted messages through a community</p>	UNICEF	National	MoHFW

		<p>engagement approach involving folk media, community radio and faith-based organizations</p> <p>A national-level public advocacy campaign being developed to address prevailing stigma and discrimination</p> <p>Mobilization youth networks, civil society organizations, private agencies, community influencers, media agencies and faith-based organizations</p>			
2	Develop/adapt IEC material – including print, fully accessible audio/video and digital assets - for COVID-19 awareness generation, advocacy and outreach (messaging on prevention, access to services, countering rumours and misinformation and addressing stigmatization) and sharing of care giving roles)	Targeted IEC material for different population groups, including women (including pregnant and lactating mothers), men and boys, children, frontline workers, youth (including from marginalised groups), elderly, refugees and asylum seekers survivors of violence, domestic helps and workers at home, migrants and other vulnerable and marginalised communities in Hindi, English and over 10 regional languages 9 languages spoken by refugees	UNICEF, UNFPA, UNDP, UN Women, ILO, UNAIDS, IOM, UNHCR, WHO, UNESCO, UNOPS-WSSCC	National	MoHFW, MWCD, NACO Networks of PLHIV, SACS, FSW, MSM, TG, PWID, Global Interfaith Wash Alliance, CSOs and other partners

		Thematic IEC material, including awareness generation, addressing fake news and stigma, gender-based violence, sharing of care-giving roles, fundamental and principal rights at work, occupational safety and health, rights of labourers, fair and ethical practices in recruitment, menstrual health and hygiene.			
3	Develop modules, guidelines and training materials to support strategic capacity building activities, particularly for vulnerable populations and youth	<p>Orientation modules for counsellors (under RKSK) to provide psycho-social support to adolescents and youth</p> <p>Webinar series for youth leaders and counsellors to provide psycho-social support to adolescents and youth</p> <p>Building capacity of youth volunteers, district youth coordinators, mentors, counsellors and teachers on COVID-19 response</p> <p>Webinars for community radio nodal focal points on content generation and fact-checking</p>	<p>WHO</p> <p>WHO</p> <p>UNFPA</p> <p>UNESCO</p>	<p>National</p> <p>National</p> <p>Rajasthan, MP, Bihar</p>	<p>MoHFW</p> <p>MoHFW</p> <p>SMART and MARA</p>

		<p>COVID Academy Online Awareness Programme for volunteers and outreach workers</p> <p>Developing employer guidelines for safeguarding rights of labourers engaged in businesses and its supply chain with the focus on garment segment</p>	<p>UNICEF, WHO, NDMA</p> <p>IOM</p>	National	<p>Businesses, policy makers, government, workers, agencies working on labour issues</p> <p>National Health Mission, State Madarsa Board</p>
4	<p>Conduct outreach and advocacy campaigns through media engagement and digital outreach, including social media and other online activations</p>	<p>Generating awareness on COVID-19 prevention and addressing stigma and discrimination through social media and UNVs in outreach districts</p> <p>Advocacy campaigns for marginalized communities, including refugees and asylum seekers; PLHIV and key populations (FSW-MSM_TG_PWID)</p> <p>Reaching NGOs and volunteers to enhance their understanding on migration and planning for strategic approach to protect rights of returnee labourers</p>	<p>UNDP</p> <p>UNHCR, UNAIDS</p> <p>IOM</p>	<p>National</p> <p>Select states</p> <p>National. So far, the series has been conducted in Karnataka, Delhi, Uttar Pradesh, Punjab,</p>	<p>Ministry of Youth Affairs and Sports (UNV), Airports Authority</p> <p>NGOs, NACO Networks of PLHIV, FSW, MSM, TG, PWID</p> <p>Public and private educational institutions</p> <p>Students and Educators</p>

		<p>Advocacy with the national and state governments to put in place systems to ensure uninterrupted services to vulnerable communities and ensure timely risk communication</p> <p>Launched the #HeForShe campaign- calling on men and boys to share the care work during lockdown and after. The campaign was launched on TikTok was launched on 13th May and has been viewed by over 450 million TikTok users.</p> <p>Infographics on Social Media channels highlighting how COVID-19 affects women and girls. Additionally, highlighted the increase in Domestic violence during the lockdown and help spread National Helpline numbers through our media channels.</p> <p>Documenting and compiling regional partners on ground initiatives to combat COVID -19 Digital Campaign #EveryOneCounts to promote</p>	<p>UNFPA</p> <p>UN Women</p> <p>UN Women</p> <p>UNHCR</p>	<p>Haryana, Maharashtra and</p> <p>National</p> <p>National</p> <p>National</p> <p>National</p>	<p>Youth Organisations, UN Volunteers, TikTok audience</p>
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		<p>the message of everyone counts in the fights against corona virus pandemic.</p> <p>Campaign “Give As You Take This Time” to promote solidity and message that “we are all in this together”. Free distribution of homemade face mask (stitched by refugees) to marginalized communities including host communities.</p>	UNHCR	Delhi NCR	Regional Partners in Odisha, Rajasthan and Maharashtra
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Annex 2

Kerala and COVID-19: The importance of state actions

The state government of Kerala has done exceptionally well in tackling the COVID-19 pandemic by prioritising both lives and livelihoods from the very beginning. Four features make the efforts of the state government stand out.

- 1) On the health front: As on May 17, 2020, 497 out of the 601 confirmed COVID-19 cases had recovered. There were 101 active cases and only three deaths so far. Credit for the containment of the virus goes to a pro-active state government and a robust public health system that has been the hallmark of Kerala's development. Immediately after Kerala reported the country's first COVID-19 confirmed case involving a returnee from Wuhan, China on January 30, 2020, Kerala went into a detection-and-prevention mode. The state government put into place a system of effective surveillance for COVID-19 case detection, contact tracing, isolation, containment and treatment.⁵³ Free access to medical and health care facilities was extended to everyone through the network of well-functioning government Family Health Centres and medical establishments throughout the state.
- 2) On the welfare front: The Government of Kerala prioritised distribution of food, essential supplies, income support measures, and provision of shelter for the poor and those whose livelihoods were affected by the lockdown. Measures introduced by the state government included (i) ensuring that households had access to the public distribution system and had received the free ration of 15 kg rice per household; (ii) operating a functioning community kitchen within the village panchayat building from where cooked food was being distributed to eligible households; (iii) distributing grocery kits containing 17 essential items to households; (iv) direct cash transfers to a wide cross-section of the poor and payment of welfare pensions for two months in advance to family members; and (v) guaranteeing an assured price for rice which was higher than the Centrally-announced minimum support price (MSP) of Rs.18.15 a kg. All migrant workers and others who had no place to stay were provided shelter by the state government in schools and other public buildings.
- 3) On the implementation front: Kerala capitalized on the strength of its Local Self Government institutions and community-based organisations. LSGs were assigned various roles and responsibilities. These include: (i) running awareness programs, such as, 'Break the Chain' initiative, (ii) conducting sanitation and cleanliness drives, (iii) regular outreach to home isolated and quarantined persons, (iv) activating committee system to manage responsibilities, (v) ensuring availability of essential commodities, (vi) categorising and ensuring available response mechanisms, such as material resources, volunteers, and medical resources; and (vii) ensuring special attention to vulnerable populations, such as senior citizens, and persons with co-morbidities or undergoing special treatments.

Kudumbashree, through its state-wide network contributed, is implementing the Chief Minister's 'Sahayastham' (Helping Hands) loan scheme. Kudumbashree members have prepared grocery kits, made and sold cotton masks, sanitizers, face shields, and even umbrellas.

Close to 360 community counsellors of Kudumbashree have been offering counselling services to those in need to counteract COVID-19 and lockdown related mental issues faced by people.

⁵³ For details of the health measures initially introduced by Kerala, see [Anoop Ramakrishnan](https://www.prsindia.org/theprsblog/kerala-government%E2%80%99s-response-covid-19-january-30-2020-april-22-2020), "Kerala Government's Response to COVID-19 (January 30, 2020 - April 22, 2020)" April 22, 2020, PRS Legislative Services accessed at <https://www.prsindia.org/theprsblog/kerala-government%E2%80%99s-response-covid-19-january-30-2020-april-22-2020>

- 4) On the information dissemination front: An important aspect of tackling the COVID-19 pandemic is to instil public confidence by dispelling false information and rumours, reducing fear in the minds of people, and re-assuring the poor and vulnerable that the state assumes responsibility for their well-being. Three initiatives are noteworthy.
- The Government of Kerala COVID-19 Battle dashboard provides detailed, accurate and up-to-date daily information on confirmed and active cases, recovery and deaths, quarantine results, test results, details of hotpots, community kitchens, destitute rehabilitation, social volunteer forces, and psychosocial support provided to people.
 - Kudumbashree has used 190,000 WhatsApp groups with 2.2 million neighbourhood group members that have been formed to educate them about Government instructions regarding COVID-19-19 during lockdown.
 - Kerala chief minister Pinarayi Vijayan's widely popular press conferences held daily enables him to (i) reassure people by communicating directly with them about developments surrounding COVID-19; and (ii) gives journalists an open platform and opportunity to question the government on gaps in information provided by the state as well as highlight situations that need state intervention.