

**India**

Bangkok, 30 April 2021

SITUATION

India's total number of COVID-19 cases has dramatically risen to over 18 million as of 29 April, with more than 300,000 cases reported for seven straight days and with no immediate signs of slowing down. These have been the highest numbers of reported cases and deaths since the pandemic started, and medical experts believe that the numbers are even higher with many cases not reported from rural areas. The reported national fatality rate is at 1.11%, with medical supplies running out especially oxygen, and that people have been resorting to the black market. Hospitals and crematoriums alike are overwhelmed, and hotels and railway coaches are being converted into critical care facilities to make up for the shortage of hospital beds. It is predicted that after Maharashtra, Uttar Pradesh, the most populous state in India, will emerge as the next COVID-19 hotspot in the country. The state may report over 1.9 million daily cases by the end of April. Maharashtra and Gujarat in the west, Haryana in the north, and Madhya Pradesh in central India are all facing an oxygen shortage. In the northern state of Uttar Pradesh, some hospitals have put "oxygen out of stock" boards outside, and in the state capital Lucknow, hospitals are asking patients to move elsewhere.

Five states, namely, Maharashtra, Kerala, Karnataka, Tamil Nadu, and Andhra Pradesh are contributing almost 55% of total cases. In the past week 1,631,636 cases reported in country with Maharashtra reporting highest number of cases (439,266) followed by Uttar Pradesh (174,212) and Delhi (140,458). Cases are increasing every day in Tamil Nadu, Karnataka, Andhra Pradesh, and Telangana. In Karnataka (total cases 1,339,201; active cases 262,181; deaths 14,426), in Tamil Nadu (total cases 1,081,988; active cases 105,180; deaths 13,557), in Andhra Pradesh (total cases 1,033,560; active cases 89,732; death 7,685), in Telangana (total cases 401,783; active cases 55,597; death 2,042).

The fear of getting vaccinated still exists, especially in rural areas. Vaccine supply is also insufficient and inaccessible to a lot of people. India has so far administered more than 127 million doses of COVID-19 vaccines, with more than 109 million people receiving their first dose, and over 17 million people fully vaccinated.

NEEDS

Immediate needs are access to health care, medical supplies and medicines, particularly oxygen to address the country's shortage. There is an urgent need to educate people on risk prevention and address vaccine hesitancy. Vaccine reach has not been wide enough to achieve any herd immunity, and the process needs to be fast-tracked.

STAKEHOLDERS

Several countries such as the US, UK, Norway, New Zealand and Russia have signified their support by either providing medical equipment and supplies or have pledged to provide raw materials for vaccine production to fast track the vaccination and achieve some herd immunity.

International NGOs such as Oxfam, Action Against Hunger, and MSF have already started their response addressing infection prevention and control.

ACT Alliance

ACT India Forum has convened and agreed to raise an appeal, and the initial intervention will be to support people that are sick at home or quarantined with cash to buy their medicines and other emergency needs. Implementing members will also focus on communicating to the communities about infection prevention and control including information on vaccines, and they will be working with churches and other faith leaders to this end.

ACT India Forum targeted internal migrant workers who lost their jobs during last year's lockdown in the previous COVID-19 response (ACT201 India Sub-Appeal) by educating them on the risks of COVID-

19 and providing them with food packs and technical training. The new Appeal will update the programme design based on the current context.

A Global Coordination Call is being organized by the ACT Secretariat on Monday, 03 May 2021 to understand the needs and coordinate a timely and efficient ACT response.

Any funding indication or pledge should be communicated to the Head of Humanitarian Affairs, Niall O'Rourke (niall.orourke@actalliance.org) and Director of Finance, Nancy Ette (Nancy.ette@actalliance.org), with copy to the Finance Officer, Marjorie Schmidt (Marjorie.schmidt@actalliance.org)

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