Highlights

- In 2021, Nepal experienced the alarming second wave of the COVID-19 resulting in over 9,700 reported COVID-19 related deaths in 2021. The total national COVID-19 tally reached 828,431 (with 76,942 people under the age of 20) and 11,594 fatalities as of 31 December.
- The overall humanitarian and socioeconomic impacts of COVID-19 and the prolonged monsoon in 2021 was unprecedented, as access to services such as nutrition, education and healthcare were disrupted, exacerbating the situation for the most vulnerable households.
- Over 242 million doses of COVID-19 vaccines have been administered by the government as of 31 December, covering 70 per cent of targeted population (above 18 years of age) with first dose and 52 per cent with two full doses of vaccine. Vaccination of children over 12 years with risk of complications began in November.
- UNICEF reached to 273,463 people including 148,720 returnees with at least one or more WASH services and supplies.
- UNICEF supported 346,886 children (49.4 per cent girls) to access formal or non-formal education, and over 129,910 children (52 per cent girls) with self-learning materials.

Note: The chart shows progress on funding for overall sector whereas the progress of only one high level indicator per sector.

https://bit.ly/3fB9TSa
Funding Overview and Partnerships


Situation Overview & Humanitarian Needs

The overall humanitarian situation in Nepal throughout 2021 was overshadowed by the COVID-19 pandemic and the prolonged monsoon, impacting thousands, including children. Nepal experienced the alarming second surge of the COVID-19 pandemic in April-June, which further exacerbated the existing vulnerabilities of children and families. There was a steep rise in cases from 152 cases/day at the beginning of April, which continued to spike rapidly from mid-April, and reached up to 9,300 cases/day in early May, with case positivity rate as high as 47 per cent. The second surge triggered humanitarian needs and various socio-economic issues, heavily impacting children and the vulnerable. Schools were closed for in-person classes for almost six months, till mid-September, leaving over eight million children (49 per cent girls) out of school. During classroom closures, UNICEF rapid assessment, surveys revealed that half the students did not have access to distance learning. Additionally, more than a half of Nepalis lost their jobs during this period, with the loss of household income impacting children on multiple fronts including learning discontinuation, according to UNICEF Nepal Child and Family Tracker (CFT) Survey from June.

By end of 2021, the reported cumulative number of COVID-19 related deaths since the beginning of the pandemic, reached 11,594 people in Nepal, including 106 children below 19 years. Of this, over 9,700 deaths were reported in 2021. As of 31 December, the total number of COVID-19 cases had reached 828,431 including 76,942 children while the cumulative recovery rate reached at 98 per cent according to the Ministry of Health and Population (MoHP). The global emergence of Omicron variant and the detection of third¹ Omicron cases in Nepal on 22 December and the spike in cases in neighbouring India, came as a major concern towards the end of the year, with government urging people to strictly follow public health protocols, and to get vaccinated as health experts warn of a possible third wave of COVID-19.

The Monsoon seasonal flooding and landslides started the second week of June (and lasted until late October, when there were unseasonal heavy rains) further exacerbated the hardship already caused by COVID-19, affecting almost the whole country, claiming 263² lives (101 females,153 males, 9 gender unknown) and seven provinces. The monsoon caused massive damage to public properties like schools, roads, bridges, government offices and hydropower stations and in the agriculture sector, especially the ready-to harvest paddy crops, while severely limiting access of relief to affected population. Meanwhile a cholera/dysentery outbreak was reported in Krishnanagar municipality of Kapilvastu district in the first week of October, and UNICEF and WHO teams responded.

¹ Despite funding gap some interventions have substantial achievement for various reasons such as in-kind contributions, and resource leverage from partners. Thanks to the donors and partners for their generous support.
² Compared to 30 Dec 2020 death toll data of 1,847 deaths, 11,594 fatality means a total of 9,747 people succumbed to the virus in Nepal in year 2021 alone.
³ https://covid19.mohp.gov.np/
⁵ Moha/DRR Portal (accessed 17 Dec 21) &NDRRMA bulletin (3 Dec 21) monsoon related (floods, landslides, and heavy rain) incidents data only.
The Government of Nepal (GoN) began its COVID-19 vaccination campaign this year in January, and UNICEF provided technical, operational and logistics support to these vaccination efforts. Over 24 million doses of COVID-19 vaccines have been administered by the government as of 31 December. The government’s national COVID-19 vaccination campaign had fully vaccinated over 52 per cent of target population (above 18 years of age), i.e., 10,384,851 people with both doses, with a further around 70 per cent of the target population having received one dose of vaccine, as of 31 December. The GoN is continuing its efforts in the ongoing vaccination campaign and UNICEF continues to provide technical, operational and logistics support to the vaccination efforts. As of late December, over 7.725 million COVID-19 vaccines were delivered through the COVAX facility to the GoN as part of ongoing COVAX partnership. Meanwhile, on 14 November, the government rolled out the Pfizer BioNTech vaccine targeting, for the first time, children aged 12 to 17 years of age, from high co-morbid group. This was administered through 24 selected tertiary level hospitals nationwide. In total, as of 31 December, Nepal has received around 39.20 million doses of various COVID vaccines (VeroCell, AstraZeneca, Moderna, Janssen and Janssen, and Pfizer-BioNTech).

Throughout the year, the national political context continued to evolve with various events of political significance and its impact on governance and somewhat impacted COVID-19 preparedness and response.

Summary Analysis of Programme Response

Health

Needs
The COVID-19 pandemic continued impacting the essential health services (EHS) throughout 2021. The second wave of COVID-19 infection particularly impacted delivery of EHS such as immunization of children and safe motherhood programmes, but it also took a toll on the mental health of all age groups. As the surge of cases was twice what Nepal had seen in 2020, the stretch to system demanded accelerated solutions in the logistic management of COVID-19 immunization, infection prevention and control (IPC) and testing. Along with this, UNICEF was looked upon to for supporting the government on monitoring and ensuring continuation of EHS.

Response
UNICEF consistently monitored and ensured the continuity of EHS, a total of 335 health facilities were monitored though a digital Ona application. This showed almost all health facilities provided EHS service with adequate IPC and personal protective equipment (PPE), 55 per cent health facilities established mechanisms for screening for COVID-19 and triaging of all patients upon

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12 Application brand (https://ona.io/home/)
arrival and 78 per cent had hand washing stations in their health facilities. UNICEF trained 4,428 health workers and 6,834 female community health volunteers (FCHVs) on IPC, COVID-19 case management and continuity of EHS through both virtual and face-to-face trainings.

In the beginning of the second wave of COVID-19 surge in May 2021, the government called for support from external development partners. UNICEF responded to the call and supported the government with lifesaving commodities including: 1,050 Oxygen concentrators, 20 BiPap machine, 50 high-flow nasal oxygen delivery devices, 50 oxygen analysers and 35,000 nasal prongs, 600 flow splitter, 5,800 (50 litres) oxygen cylinders, 100,000 Dexamethasone Injections and 400,000 Dexamethasone tablets. UNICEF also supplied, 11 million auto-disable (AD) syringes; 30,250 health kits, 15 hospital laundry machines, 18 autoclaves, 78,750 Antigen-rapid diagnostic test (RTD) kits, 1,200 pulse oximeter, 118,000 Real-Time polymerase chain reaction (RT-PCR) kits, 163,900 surgical cap, 910,400 surgical masks, 25,000 N-95 marks, 2,922,500 surgical gloves, 22,900 biohazard bags, 2,000 body bags and 39,200 face shields.

Similarly, UNICEF supported refilling 1,138 oxygen cylinders including transportation in Karnali and Sudurpaschim provinces. Since oxygen equipment require regular maintenance and repair, UNICEF supported the existing government capacity on repair and maintenance of the oxygen-related biomedical equipment. UNICEF partnered with Biomedical Engineering Foundation Nepal (BEFON) to support maintenance of the biomedical equipment in COVID-19 hospitals and conducted the rapid assessment in 16 designated COVID hospitals. A total of 98 health professionals, including 12 doctors and 86 nurses, received training on basic application and user training and 18 biomedical technicians received basic technical training on, medical safety and calibration of different medical devices. Similarly, BEFON carried out maintenance of the equipment in these 16 hospitals. BEFON also established a helpdesk in Kathmandu where the COVID-19 hospitals could directly call for services.

UNICEF partnering with Nepal Red Society (NRCS) reached 262,352 people through vulnerability assessment (VA), 571,807 people in contact tracing and 974,400 people during COVID-19 vaccination campaign and 48,000 in ambulance referral services in 15 district’s 32 municipalities.

UNICEF extended technical assistance to the government in deploying and installing cold chain equipment (CCE) procured through cold chain expansion and optimization plan (CCEOP), COVAX, and bilateral donors. UNICEF completed the installation and commissioning of 252 CCEs out of the 336 and the rest are being installed. UNICEF supplied four ultra-low temperature cold chain equipment units to store Pfizer-BioNTech vaccines, supported by the COVAX Facility; total of 19 walk-in-refrigerators of 40m³, two ferry/cold container with 68.3m³ capacity, 36 ice-line refrigerators and 38 units of solar-direct drive refrigerators, over 1,100 vaccine carriers through COVAX, Government of Japan and UNICEF/World Food Programme grants.

Additionally, UNICEF provided logistics, transportation, and technical and financial support to the government to rollout COVID-19 vaccinations. UNICEF supported the procurement, shipment, and inland transportation of a total of 35.4 million doses of COVID-19 vaccines and injection devices, which funding source from the GoN, COVAX facility and bilateral donors. In addition, UNICEF supported the government to monitor the stock of child health service tracer commodities, i.e., zinc and oral rehydration solution, and maintained no-stockout status throughout the year.

UNICEF supported children and adolescents, parents and caregivers, frontline health workers and COVID-19 patients in isolation centres and COVID-19 designated hospitals, with mental health support to cope with the mental health challenges which were brought by the pandemic. UNICEF reached total of 56,485 people with mental health sessions; of whom 16,283 were parents and caregivers, 5,659 children (below 10 years, male 2,946 and female 2,713), 32,945 adolescents aged 10-19 years (17,221 males, 15,273 females, and 451 others), as well as 1,598 frontline health workers and COVID 19 patients. A total of 137 mental health workers were trained and mobilised for this purpose. Linkages to referral at health facility were also strengthened by the community psychosocial workers and teacher trained in mental health and psychosocial support (as below).

Due to cholera outbreak in Kapilvastu district of Lumbini province in October-November, UNICEF supported the government with procurement and deployment process of oral cholera vaccines. UNICEF provided technical support for vaccine management including in monitoring and transporting of the vaccines. A total of 231,001 (91.54 per cent of targeted population above one-year old were immunized during the vaccination against cholera as of December 2021. Furthermore, during the time of mass vaccination against cholera, UNICEF provided significant support to planning, monitoring, cold chain management, risk communication and health education materials development and its distribution, in addition to WASH supplies and service provision affected population (as below).

**Gaps and constraints**

The system was still facing bureaucracies and decisions were pending which delayed the mobilisation of response commodities, supported by UNICEF and others. One of the lessons learnt were that a blanket duty clearance and import permit for all response commodities and related commodities during humanitarian time should be advocated at the outset which would have resulted timely delivery of the response.
WASH

Needs
The major focus of WASH programme in 2021 remained on responding to COVID-19 pandemic in various setting such as points of entry, health care facilities (HCF), schools and communities. The increased number of COVID-19 cases during the second wave stretched the existing WASH services and creating huge demand for increased access to WASH services and critical supplies including hygiene kits, soaps, sanitizers, and water purifiers. Monsoon-induced floods and landslides, diarrhea and cholera outbreaks and other emergencies such as fire incidents created additional demands for critical WASH services including supplies and risk communication and community engagement (RCCE) activities. Due to limited capacity and resources in terms of limited number of partners working on COVID-19 response and less financial resources, the WASH cluster faced difficulty in meeting the huge demand on the ground. This also created additional pressure on UNICEF as provider of last resort.

Response
In 2021, UNICEF reached out to 273,463 people including 148,720 migrant workers mainly from India since January 2021 with at least one or more WASH services and supplies (hygiene kits, soap, sanitizers, drinking water etc.) and 586,667 people through risk communication messages. In addition, WASH provided proactive response to diarrhea/cholera outbreak in Kapilvastu district of Lumbini Province from the day it was reported in first week of October. The response included disinfection of drinking water sources in the affected area, door-to-door hygiene promotion campaign targeting critical behaviours such use of safe water, handwashing with soap, and safe disposal of human faeces. As a result of UNICEF direct response to this outbreak, 50,673 people benefitted from at least one or more WASH services including critical supplies (e.g., water purification tablets, aqua tab, soaps, hygiene kit and other items). About 93,900 people (350 in December) benefitted from the installation of hand washing stations in various settings such as communities, HCF, isolation centres, schools and points of entries. Further 48,660 people (15,790 in December) benefitted from provision of sanitation facilities in points of entry, schools and HCF. In addition, around 3,321 (376 in December) health workers were trained on WASH/IPC. A total of 106 HCFs are supported with WASH facilities. Moreover, UNICEF provided response under various other emergencies such as localized fire, earthquake, cholera/diarrhoea outbreak and monsoon flood/landslides reaching to about 72,643 people from eight districts. The responses included both WASH supplies and service provision to people affected/displaced due to these events.

Being the cluster Co-lead, UNICEF also facilitated the process of joint monitoring visits in all the seven provinces with the objectives of assessing the quality of response made by WASH cluster members in various settings, learning of coordination at provincial and local level along with areas of sustainability of the interventions and areas of improvements.

Gaps and constraints
Availability of adequate, flexible, and relatively long-term funding for emergency response remained a major gap in 2021. As a result of funding constraints, not all targeted population were reached. In addition, support for healthcare waste management proved to be a critical challenge both in terms of capacity and procurement of supplies such as auto claves and laundry machines. Effective coordination and collaboration amongst different ministries, as well as amongst the three tiers of governments (i.e., federal, provincial, and local governments), remained an area for further development. UNICEF has exhausted most of its available funds in 2021 and thus leaving a minimal fund for future response in 2022. Significant additional resources are needed to meet anticipated needs in the context of a third COVID-19 wave, driven by the Omicron variant, which was detected in Nepal in early December 2021.

Nutrition

Needs
The general trend throughout the year was that fewer caregivers of children aged under five attended local health facilities with their children for the treatment of acute malnutrition, growth monitoring and promotion as well as micro-nutrient supplements. The roles of Female Community Health Volunteers (FCHV) also diminished due to COVID-19. Therefore, the most important nutrition intervention needs remained almost consistent in 2021 including need to: (i) assist local governments to strengthen and expand outpatient therapeutic centres (OTCs) to the local health facilities and via FCHVs for the management of an estimated annual caseload of 20,000 cases of severe acute malnutrition (SAM); (ii) support refresher training of 52,000 FCHVs to provide community-based health and nutrition programmes, including screening and detection of wasted children, supporting pregnant women with maternal nutrition counselling and supporting women to maintain breastfeeding and counselling of caregivers about complementary feeding and healthy diets for children; and (iii) support family to build capacity of caregivers for early detection acute malnutrition and self-referral to the local health facilities of severe and moderate acute malnutrition (MAM).

Response
From January-December 2021, 13,323 children aged 6-59 months with SAM have been treated in 863 OTCs across the country. Total of 447,743 caregivers of children under-two years of age were counselled on breastfeeding and complementary feeding, 240,771 children aged 6-23 months received multiple micronutrient powder, 263,214 pregnant women received full course of iron
and folic acid tablets. Additionally, around 2.3 million children aged 6-59 months received Vitamin A capsules in October during the two-day national Vitamin A campaign and around 2.1 million children aged 12-59 months received deworming tablets in the same national campaign. For early detection of severe and moderate acute malnutrition and their treatment through self-referral to the health facilities for treatment, UNICEF has been supporting MoHP to initiate family mid-upper arm circumference (MUAC) pilot programme in 4 out of 77 districts of Nepal. Similarly, with UNICEF’s technical assistance, MoHP has started treatment of services for MAM cases for the prevention of SAM. UNICEF advocated for the revision to the integrated management of acute malnutrition protocol, reflecting what is globally referred to as a simplified approach to child wasting. The treatment for both MAM and SAM children has been ongoing by using ready-to-use therapeutic food (RUTF). UNICEF also supports the continuity of infant and young child feeding information dissemination and counselling services via telephone, radio, TV, and other social media communication channels. To assess the nutrition situation, UNICEF supported MoHP to conduct standardized monitoring and assessment in relief and transition nutrition survey in Saptari district. Initial results suggested an alarmingly high rate of child wasting. Apart from the above-mentioned achievements, UNICEF has been supporting MoHP for nutrition cluster coordination as national nutrition cluster co-lead. Through the cluster coordination mechanism, UNICEF has been providing technical assistance and coordination support to nutrition in emergency preparedness and response through mobilizing nutrition cluster’s six technical working groups, and provincial nutrition clusters of seven provinces.

Gaps and constraints

Due to the long period of COVID-19 lockdown and social distancing requirements, it has been difficult to identify children with SAM and MAM and treat them at the OTCs. Therefore, UNICEF has been supporting MoHP to initiate a family MUAC approach in 4 out of 77 districts of Nepal. Family MUAC is an approach to train/capacitate mothers/caregivers to assess the nutrition status of their children aged 6-59 months using MUAC tapes with further instruction for treatment. Similarly, with UNICEF’s technical assistance, MoHP has started simplified approach for the treatment of both MAM and SAM of 6-59 months children by using RUTF.

Child Protection

Needs

The socio-economic impact due to lockdown during the COVID-19 second wave in 2021 increased vulnerabilities of children and further exposed them to violence, abuse, and exploitation. The restriction on movement continued to hamper children’s access to services including health, education, and nutrition. UNICEF monitored the situation of children through the CFT survey and the protection monitoring and incident reporting (PMIR) system. Reports of anxiety, aggressive behaviours, maladaptive behaviours among children and increasing substance abuse by adolescent boys and girls have been r of concern. The stigma associated with mental health issues is creating a barrier on help-seeking behaviours, particularly among the isolated and excluded people. The deterioration of socio-economic conditions combined with school closures fed into drivers of negative coping mechanisms including family separation, child marriage, child labour. Household capacity to care for their children were constrained by the depleted social networks, increased psychological strains, deteriorating economic resources. Adequate care for children was therefore an issue of concern throughout the year, despite a 25 per cent decrease in children in institutional care. Children’s care was threatened by caretakers’ (and youth) mobility, COVID-related isolation and death of caregivers. While under-reported, one-third of care needs concerned COVID-related deaths of caregivers.13 Gender-based violence (GBV) is also one of the main protection risks. The police data indicates that 62 per cent of GBV survivors are girls, under 18 years of age. During the second wave, COVID-19 related deaths increased, several children lost one or both parents which resulted in the need for appropriate alternative care arrangements for children on a short term (isolation of caregivers) and/or longer-term (death or migration of main caregivers) basis. 5,321 incidents across the country were reported through the PMIR system in 2021; among the reported incident, 19 per cent was related to domestic violence, 18 per cent to discontinued parental care including children without parental care, 9 per cent on child marriage and 8 per cent related to child labour. Continuity of protection services including vulnerability assessment, psychosocial support, helplines/hotlines, one-stop crisis management centres (OCMCs) with focus to children, alternative care arrangements/support was critical for prevention, identification of children at risks and timely and effective response.

Response

In 2021, UNICEF and its partners supported 70,192 people (29,353 males and 40,839 females) from communities including those staying in home isolation and vulnerable children and families affected by floods and landslides with psychosocial support through deployment of community based psychosocial workers, counsellors and helplines, including support to 249 children from child correction homes in Province Two, Bagmati and Lumbini provinces. Community-based psycho-social supported provided an entry point to identify people in need of specialised care and attention (see also Health response above): 44 per cent of persons reached were referred to health services, and 2 per cent to specialised mental health care. A total of 2,419 frontline service providers (1,161 males and 1,258 females) in communities including counsellors and community psychosocial workers were trained on dealing with psychosocial issues and effective and timely response. Out of these service providers, 367 teachers were trained on


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mandatory reporting of incidents related to violence against children including GBV, psychosocial support and referrals of students experiencing distress from Dhanusa, Parsa, Mahottari and Rautahat districts.

UNICEF expanded the scope of GBV programming focusing on addressing the needs of child and adolescent survivors. A total of 18,969 people (2,041 males and 16,928 females) were reached with GBV response services and 25,034 people (10,842 males and 14,192 females) were sensitized on GBV prevention. Sensitization activities for community people, adolescents, parents, and government officials were conducted and a total of 2,825 frontline service providers (1,357 males and 1,468 females) were also oriented on providing survivor sensitive GBV services, in Province Two, Lumbini, Karnali and Sudurpaschim provinces. UNICEF programming reached 50 per cent of the country’s OCMCs with capacity-building on child-sensitive GBV programming.

Child helplines and emergency intervention services including appropriate care arrangements and emergency assistance, reached 7,740 (3,535 boys and 4,205 girls); out of which 670 cases (220 boys and 450 girls) were referred to different services such as health, security, justice, etc. 770 volunteers from 14 organizations were trained on the PMIR. As a result, 10,830 key informant interviews (4,189 females, 6,592 males and 49 others) were conducted in 42 districts and 5,321 incidents were reported from 46 districts. During the reporting period, a total of 10,377 front-line workers, including case workers, (5,092 males, 5,285 females) were virtually trained or oriented to identify and respond to unaccompanied, separated, or other vulnerable children.

A total of 2,108 migrant returnees (672 females, 1,123 males, 151 boys, 116 girls, four persons with disabilities and 42 elderly persons) were provided with transportation service to reach the isolation centres (including home isolation) in Province Two, Lumbini and Sudhurpachim provinces.

UNICEF strengthened its partnership with municipalities to strengthen early identification of children at risk of family separation, violence and abuse and prevent negative coping mechanisms including child labour and child marriage. Joint vulnerability assessments led by municipalities and civil society organizations reached more than 14,000 households, 20 per cent of them with people with disabilities. 28 per cent of families assessed received support in the form of cash assistance provided by local authorities and complementary interventions including counselling, assistance to access other services and referrals.

**Gaps and constraints**

In 2021, the lockdown during the COVID-19 second wave, social economic impact, restricted mobility compounded by monsoon floods and landslides limited the continuity of access to services like GBV, psychosocial support, care arrangement for children. Front line and community-based actors were reluctant to be mobilized because of the fear of being infected by COVID-19 particularly during the second wave. More efforts are needed to strengthen and expand the reach of services and their capacity to reach the most vulnerable and marginalised children. Civil society organisations have played an important role to fill the gap in social welfare officers. Progress in appointing, retaining and resourcing child welfare functions are critical to the sustainability of child protection initiatives. Challenge in reintegrating GBV survivors of which 62 per cent are children with their families due to stigmatization. Sexual abuse of children remains under-reported due to stigma, social norms and the fact that many children are abused by people from their own communities and families. Furthermore, lack of long-term services like shelter home facilities and livelihood opportunities in communities has further increased the reintegration challenge. Additionally, the loss of income and increasing inflation rate has heightened stress and anxiety among people. Linkages between socio-economic support programs and child protection services need to be strengthened to address socio-economic drivers of neglect, abuse, violence and exploitation.

**Education**

**Needs**

The COVID-19 pandemic's second surge in April-May 2021 caused closure of all schools for more than four months and delayed the new academic session of 2021/2022 for two months, resulting in a substantial loss of learning amongst almost 8.3 million school-aged children. Following the second surge, and later with steady decline in daily cases, schools started reopening gradually for in-person classes in mid-September 2021 following the ‘Smart Lockdown’ guidance issued by the GoN/COVID-19 Crisis Management Coordination Centre (CCMCC). With Delta variant still present in the country and arrival of Omicron variant in December, Nepal is likely to face a third surge in infection rates. Despite the roll out of alternative education modalities, school-age children especially those in the early years and from poorer households were most likely to be severely affected. Therefore, it is essential to map risk zones and keep schools open as long as possible, adhering to the safe school reopening protocol issued by the Ministry of Education, Science and Technology (MoEST) and to follow CCMCC’s ‘Smart Lockdowns’ guidance by enforcing the use of masks, physical distancing and shift systems where appropriate. It is also essential to provide psychosocial support to students and teachers to address their well-being and encourage teaching and learning. Community mobilization is essential to bring all children back to their classes with a special focus on most vulnerable including children with disabilities.

**Response**

UNICEF continued to support MoEST to ensure continuity of learning through safe and inclusive school operations. Since January 2021, 346,886 children (49.4 per cent girls) accessed formal or non-formal education from different alternate mechanisms,
including early learning and 129,910 pre-school and primary level children (52 per cent girls) accessed self-learning materials in Province Two, Lumbini, Karnali and Sudurpaschim provinces. UNICEF and partners also provided psychosocial support orientation to 3,278 teachers (1,194 females), school management committee members and local level education officers, to help overcome their anxiety, so that they can provide small group teaching in communities and other alternative means of education. Similarly, 537 teachers (24 percent Female) have been trained on alternative learning approaches including tole shiksha (community learning circles) and safe reopening of schools and provided supplementary learning support to students to recover their learning loss. As a part of the learning continuity campaign, UNICEF and its partners facilitated through telephone calls received from diverse groups, by informing on alternate teaching methods, illustrated information about learning continuity campaign, informed about the role of the school in mobilizing the parents group, provided information about subsidized rate telecommunication service under corporate user group SIM cards and its utilization for smooth running of online classes and also supported to use learning portal from Nepal’s Center for Education and Human Resource Development website, etc which supported teachers and students to access resources for contingency of learning. Additionally, following UNICEF’s advocacy, teachers and school staff were prioritized for COVID-19 full vaccination, ending their concern to return to the classroom. UNICEF supported safe-school reopening checklist, that continued to be implemented and operationalized as the country experienced second wave of COVID-19 in 2021. UNICEF also supported in 533 schools for the implementation of safe school interventions with infrared thermometer and safety kits, including teachers training on safe school reopening.

Gaps and constraints
While schools across the country were gradually returning to in-person learning since September, the emergence of the Omicron variant in December imposed further challenges for schools and municipalities to implement school safety protocols. The lack of a system to measure children’s academic progress while at home has made it impossible to assess the relative effectiveness of the educational resources produced to enable them to continue learning. There is a lack of guidelines for accessing learning levels and identify recovery learning needs. While UNICEF continues support to strengthen information management system during emergencies, challenges remain to set up effective monitoring and assessment for safe school reopening.

Social Protection – Addressing livelihood loss and strengthening coping mechanisms for vulnerable families

Needs
In 2021, the second year of the COVID-19 pandemic, Nepal fared better than 2020 though for some families the hardship deepened and continued. The percentage of respondents in the UNICEF’s nationally representative survey, the Child and Family Tracker (CFT), reporting job or livelihood losses declined from 61 per cent at its peak in July 2020, to 11 per cent in the November 2021 CFT. Overall earnings were low as people were either getting reduced salaries or none.

Impact on poverty remained a major concern as it induced multiple deprivations. In the November 2021 CFT survey, around 33 per cent of respondents reported earnings below NPR (Nepalese Rupee) 10,000 per month, a figure far higher than 11 per cent of early 2020. Many families and children living on such earnings, are still facing income insecurity. A significant share of respondents also reported requiring food as an immediate top three need in their families. Furthermore, in November 2021 survey, 21 per cent reported struggling for food, compared to 28 per cent in early 2021.

Changes in coping strategies could also be observed through the two COVID-19 waves, Nepal faced, as per CFT surveys. While reducing expenditures were the dominant form of coping in the first wave of 2020, in the May 2020 survey (59 per cent), while in the other rounds of CFT, respondents resorted more to increasing debt and depleting savings. By early 2021, nearly half the respondents reported having to resort to debt while a similar percent reported depleting savings. In addition, an increasing percentage of respondents reported selling assets from May 2020 to Jan 2021. It is also important to note that in all the rounds of survey, reducing children’s diets were within the top four coping strategies employed by households.

Response
On the back of evidence gathered through real time assessment of CFT, analysis of the national budgets and strengthened partnership with social sectors, UNICEF’s social policy contributed to the national efforts to combat the secondary impact of COVID-19 and assist child-friendly recovery. UNICEF produced and disseminated (almost real time) regular, periodic nationally representative survey of families with children in the form of CFT, which further strengthened its advocacy for cash-based emergency support and expansion of the regular/developmental social protection system. Interviews with women/mothers/caregivers played a key role in understanding the protection (behaviour, mental health) challenges faced by children-especially young adults. A survey with 2,000 plus mayors/chefs of the municipal wards was conducted, enhancing national understanding of the challenges in delivery of basic social services. This evidence was used to power a well sustained advocacy effort consisting of four national conferences/dissemination events in 2021. This and joint advocacy with World Bank, Foreign, Commonwealth Development Office (FCDO) and the EU contributed to the Government of Nepal’s planned response and decision to provide cash-based emergency support to 500,000 vulnerable families. UNICEF also contributed to the national relief and learning through its ‘Cash Plus’ intervention, implemented, through the government system. UNICEF implemented shock-responsive social protection (SRSP) based COVID-19 response supporting 15,000 households, (including 39,000 women/girls, 26,500 children, and over 1,000 persons with disabilities). This included the earlier effort of cash distribution through CFT
architecture. The CFT’s data was used to design a digital cash transfer project that only had one condition for families to have children below the age of 18. Covering up to two children in each family and with the maximum of NPR 4,000, this evidence-based cash transfer project aided more than 6,000 families and more than 10,000 children in 2021.

Along with the emergency response, in 2021, UNICEF supported the expansion of the child grants in 11 districts, reaching an additional 370,000 children (almost 50 per cent girls and 2 per cent children with disability). It strengthened social protection system through supporting online civil registration and vital statistics (CRVS) and registration of the social protection programmes in 100 local municipal wards. This also built upon the earlier efforts on Shock Responsive/Adaptive Social Protection with the National Disaster Risk Reduction and Management Authority (NDRRMA). In April 2021, UNICEF partnered with NDRRMA to organize a national policy workshop on SRSP with a twin objective of advancing the policy formulation of SRSP as well as strengthen national understanding of SRSP. NDRRMA committed to finalizing the policy.

Gaps and constraints
The continuously evolving political context constrained policy consistency and national capacity to design and implement nationally scaled-up responses. The government’s response for COVID-19 very much remained dominated by the health response. Though there was a 33 per cent increase in the social protection budget for 2021-22 fiscal year, which is indeed commendable, given there were increases in the regular social protection system, there were no specific measures implemented to help the poorest families till late into the year. With the change of the government in mid-July, through a budget amendment the new government announced a decision to support 500,000 vulnerable families with cash; however, this is still to be implemented. One of the key reasons behind this delay is limited correspondence between design of the response and the available ground reality. The policy insistence that the cash transfers should happen only through banks transfers, though conducive to promoting financial inclusion and minimising misappropriation, is, hard to meet when the financial inclusion among the poorest families is less than 30 per cent. UNICEF is in discussion with government exploring possible technical assistance and design refinements. Evidence of the long-term impacts of the COVID social and economic impacts remain a further gap to address.

Communication for development (C4D), Risk Communication and Community Engagement (RCCE) and Accountability to the affected population (AAP)

Needs
More robust, coordinated social listening is needed to pinpoint the reasons and factors affecting people’s decision to get vaccinated so that these reasons can be addressed encouraging everyone to get vaccinated. Reaching out to the population at large with evidence based, timely, accurate and localised messages/content on COVID-19 prevention and protection, vaccination and sustaining the public health safety practices through engagement of wide range of stakeholders including political leaders were major needs in 2021 to stop the chain of transmission.

More innovative tactics and channels need to be employed such as use of technology (e.g., drones) and edutainment approaches to overcome current fatigue and apathy towards the COVID-19 variants and protective measures.

Response
In 2021, UNICEF continued to co-lead the risk communication and community engagement (RCCE) working group with the UN Resident Coordinator’s Office, focusing on coordinated RCCE COVID-19 responses of more than 50 organizations nationwide. This enabled more strategic focus on support to the government on key RCCE priorities and promoted COVID-19 safety behaviours and helped overcome vaccine hesitancy.

Informing the RCCE strategic approach and tactics throughout the year has been a concerted social listening process. Accordingly, interventions and content were adjusted based on behavioural insights generated through four rounds of telephone surveys with more than 6,500 respondents, crowdsourcing real time mask use monitoring data, 240 rounds of focus group discussions with affected populations, news and social media monitoring and community-based reporting from the 66 radio journalists. The insights from different sources were categorised, analysed and shared with the relevant government and local authorities for timely response. Rumours and misinformation related to the mask, COVID-19 testing, and vaccination were addressed through the radio, television, social media contents and community volunteers.

UNICEF-initiated and co-led the Crisis Media Hub at the MoHP and has since developed more than 500 multi-media assets throughout 2021. The content was shared across government and RCCE member channels, enabling a fast response to changing scenarios and quick response to concerns/queries arising from robust daily social listening. The content was based on the monthly COVID-19 insight brief that used multiple sources of information and mechanisms to collect the feedback, questions and concerns from the communities. The content produced by the hub was also resource materials for TV/radio media and RCCE members used the content for community orientation. Extending the reach to communities has also been achieved through the UNICEF supported 180 episodes of a radio programme on COVID-19 and its secondary impact in the "capsule" format, reaching more than 7 million people across the country. Furthermore, UNICEF’s social media content on various topics including COVID-
19, flood and cholera responses in 2021 reached over 22.7 million individual users, gathering over 1.1 billion impressions and 125 million engagements.

Beyond addressing day to day needs, UNICEF led the design and organization of two national campaigns - mask week (August) and mental health campaign (October) along with the government to promote mask wearing behaviour in Nepal as well as spotlight the issue of mental health of children and young people amidst COVID-19. The mask campaign helped galvanize provincial and municipal-level government leaders to champion mask wearing. Real time crowd sourcing and quarterly telephone survey was conducted to assess the mask use practices among public. Increased use of masks was observed/reported during higher case load period, strict measures reinforcement or reminder from administration, volunteers and security personnel and lower practices observed in the absence of constant reinforcement from different levels. As part of the mental health campaign, UNICEF organized the first-ever takeover of MoHP digital channels by children and young people during World Children’s Day wherein content created by the children were featured in the digital channels reaching at least 700,000 people nationwide. More than 557,087 people engaged in reaching out more than 1.2 million people and 46,337 returning migrants at point of entry to protect them and families with COVID-19 infection including addressing vaccine hesitancy in certain population. As per the child and family tracker survey conducted in November, 84 per cent people reported wearing mask and 71 per cent washing hands to protect themselves from COVID-19 during the festival season and 71 per cent receiving the vaccine.

With schools gradually starting to reopen for in-person classes since mid-September, UNICEF’s communication efforts focused on the safe reopening of schools, together with the impact of COVID-19 on education as well as learning continuity of children. The campaign reached 5.8 million people, gathered 28.2 million impressions and 3.5 million engagements online throughout October on UNICEF Nepal social media platforms.

UNICEF’s engagement and partnerships with organizations - such as the Nepal Red Cross Society, Nepal Scouts volunteers, security personnel, radio journalists, social and political leaders including provincial and local governments involved in promoting public health safety measures especially mask use at the public places and point of entry – have been instrumental. UNICEF also worked with private sector to promote emergency helpline numbers at more than 18 outlets including in the areas close to border with India reaching 6,000 customers per day and shared information on proper mask usage reaching 1.5 million satellite television customers across Nepal.

In addition to youth-based entities such as the Scouts, UNICEF continued to work with more than 1,200 volunteers on rumours and misinformation, mental health amidst COVID-19, mask usage, etc. Additionally, UNICEF focused on giving children and youth the agency to co-create and conceive of products and initiatives with the UNICEF. A unique range of Viber stickers on mental health were conceptualized together with 12 young people - the sticker pack has since been downloaded around 5,000 times. 20 children and young writers between 10 to 19 years of age were engaged in the creation of two illustrated short story anthologies on the themes of gender equality and mental health. Five U-Report surveys were launched to gather insights from young people. Over 14 volunteers from all seven provinces serve as “advisors” on UNICEF’s work on mental health.

UNICEF Nepal’s media pitching and accompanying high quality, emotive footage showcasing equitable access to COVAX vaccines drove global attention to Nepal during the second surge in April-June 2021 (AFP, Reuters, BBC News, The Guardian, CNN, NY Times, Aljazeera TV, Bloomberg etc.) during a time when the focus was predominately on India. Increased awareness of UNICEF’s role during the pandemic through increase of media mentions by 38 per cent compared to 2020.

**Gaps and constraints**

Sustaining mask usage, vaccine-seeking behaviour, etc. during the dip in COVID-19 positive cases is challenging as the risk perception also decreases. Festivals, wedding seasons and political rallies also pose a great threat to the sustained COVID-19 safety behaviour especially maintaining social distancing and avoiding crowds. Mask usage is generally low in areas outside Kathmandu Valley. Also, there is a general message fatigue among general population as the pandemic enters third year.

Frequent changes in government policies, guidelines and decisions related to the covid-19 testing and treatment services, vaccination priority groups and sites were major constraints in providing timely and accurate messages to the public. Limited capacity and organizational mandate to engage with political leaders at all three levels was a major gap in engaging the political and elected members for role modelling positive behaviours.

**Humanitarian Leadership, Coordination and Strategy**

Throughout 2021, as a part of the UN Crisis Management Team, Humanitarian Country Team and Inter Cluster Coordination, UNICEF Nepal continued to support the Government of Nepal at federal, provincial and local levels in the preparedness and response to COVID-19 pandemic as well as to floods/landslides, as part of annual monsoon emergency response and preparedness especially given the prolonged monsoon and post-monsoon seen in 2021. UNICEF supported 50 local governments to update and implement 50 COVID-19 preparedness and response plans and establish coordination and information management (IM) systems for timely and effective humanitarian response.

10
With government agencies as leads, UNICEF co-leads the four humanitarian clusters: WASH, Education, Protection and Nutrition clusters, as well as the RCCE working group and is an active member of the Health cluster and the Cash Coordination Group at national and provincial levels. UNICEF continued to effectively contribute through its leadership role as co-lead throughout 2021. UNICEF is part of the technical working group under the leadership of the MoHP. UNICEF actively contributed to health and health supply coordination as current chair of the development partner health coordination group, in coordination with the sub-group on health supply chain management, and as an active member of the health cluster. UNICEF also co-chaired the Community of Practices on forecast-based financing and Shock-responsive Social Protection (SRSP) along with Danish Red Cross.

Human Interest Stories and External Media
UNICEF Nepal Country Office human interest stories:


External media:
- https://pahilopost.com/content/20211228123501.html
- https://radiokantipur.com/national/2021/12/20/1640068722
- https://www.nepalitimes.com/latest/the-other-pandemic-mental-health/
- https://shilapatra.com/detail/68747
- https://risingnepaldaily.com/nation/eu-unicef-provide-800-oxygen-concentrators
- https://mashable.com/video/nepal
- https://risingnepaldaily.com/nation/eu-unicef-provide-800-oxygen-concentrators
- https://www.nepalitimes.com/latest/the-other-pandemic-mental-health/
- https://www.unicef.org/nepal/stories/keeping-vaccines-cold
- https://www.unicef.org/nepal/stories/no-cold-chain-no-immunization
- https://www.unicef.org/nepal/stories/return-unicef-support-points-entry
- https://www.unicef.org/nepal/stories/we-need-assume-less-and-listen-more
- https://www.unicef.org/nepal/stories/focus-young-minds-amidst-disaster
- https://www.unicef.org/nepal/stories/vaccines-most-vulnerable
- https://www.unicef.org/nepal/stories/hopes-community-her-back
- https://www.unicef.org/nepal/stories/janakpur-breathing-easier
- https://www.unicef.org/nepal/stories/path-full-immunization
- https://www.unicef.org/nepal/stories/keeping-vaccines-cold

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Mobile: +977 9802039592
### Summary of Programme Results

#### Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Total needs</th>
<th>2021 target</th>
<th>Total results</th>
<th>Change* ▲▼</th>
<th>2021 target</th>
<th>Total results</th>
<th>Change* ▲▼</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children and women accessing primary health care in UNICEF-supported facilities</td>
<td>1,000,000</td>
<td>450,000</td>
<td>1,011,843</td>
<td>▲284,172</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of health care facility staff and community health workers trained on infection prevention and control</td>
<td>Total</td>
<td>12,000</td>
<td>11,262</td>
<td>▲10,556</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>2,214</td>
<td>▲1,886</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>9,048</td>
<td>▲8,724</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Nutrition

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Total needs</th>
<th>2021 target</th>
<th>Total results</th>
<th>Change* ▲▼</th>
<th>2021 target</th>
<th>Total results</th>
<th>Change* ▲▼</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children aged 6 to 59 months with severe acute malnutrition admitted for treatment.</td>
<td>Total</td>
<td>20,000</td>
<td>13,323</td>
<td>▲3,523</td>
<td>20,000</td>
<td>13,323</td>
<td>▲3,523</td>
</tr>
<tr>
<td>Number of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling</td>
<td>135,000</td>
<td>135,000</td>
<td>447,743</td>
<td>▲161,552</td>
<td>135,000</td>
<td>447,743</td>
<td>▲161,552</td>
</tr>
<tr>
<td>Number of children aged 6 to 59 months receiving multiple micronutrient powders</td>
<td>115,000</td>
<td>240,771</td>
<td>▲29,797</td>
<td>115,000</td>
<td>240,771</td>
<td>▲29,797</td>
<td></td>
</tr>
</tbody>
</table>

#### Child Protection, GBV, PSEA

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Total needs</th>
<th>2021 target</th>
<th>Total results</th>
<th>Change* ▲▼</th>
<th>2021 target</th>
<th>Total results</th>
<th>Change* ▲▼</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children and caregivers accessing mental health and psychosocial support</td>
<td>Total Person</td>
<td>630,000</td>
<td>59,000</td>
<td>70,192</td>
<td>▲19,672</td>
<td>126,000</td>
<td>126,762</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>29,353</td>
<td>▲8,022</td>
<td>53,251</td>
<td>▲19,702</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>40,839</td>
<td>▲11,650</td>
<td>73,511</td>
<td>▲29,201</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions.</td>
<td>Total</td>
<td>132,900</td>
<td>42,000</td>
<td>44,003</td>
<td>▲14,528</td>
<td>132,900</td>
<td>162,904</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>12,883</td>
<td>▲5,296</td>
<td>68,353</td>
<td>▲43,060</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>31,120</td>
<td>▲9,232</td>
<td>94,551</td>
<td>▲48,289</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

14 Health Sector’s results and overachievement is largely linked to immunization services for children and also women. As less restriction to accessing primary health care was seen in 2021, compared to 2020’s experience of lockdown.
<table>
<thead>
<tr>
<th>Sector</th>
<th>Indicator</th>
<th>Disaggregation</th>
<th>UNICEF and IPs Response</th>
<th>Cluster/Sector Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Total needs</td>
<td>2021 target</td>
</tr>
<tr>
<td>Number of unaccompanied, separated and other vulnerable children accessing appropriate care arrangements and other child protection services</td>
<td>Total children</td>
<td>15,000</td>
<td>7,500</td>
<td>7,740 ▲ 3,153</td>
</tr>
<tr>
<td></td>
<td>Girls</td>
<td>4,205</td>
<td>▲ 1,480</td>
<td>5,041 ▲ 1,835</td>
</tr>
<tr>
<td></td>
<td>Boys</td>
<td>3,535</td>
<td>▲ 1,673</td>
<td>3,855 ▲ 1,570</td>
</tr>
<tr>
<td>Education</td>
<td>Number of children accessing formal or non-formal education, including early learning</td>
<td>Total children</td>
<td>1,310,090</td>
<td>200,000</td>
</tr>
<tr>
<td></td>
<td>Girls</td>
<td>98,000</td>
<td>171,635</td>
<td>▲ 0</td>
</tr>
<tr>
<td></td>
<td>Boys</td>
<td>102,000</td>
<td>175,251</td>
<td>▲ 0</td>
</tr>
<tr>
<td></td>
<td>Children with disability</td>
<td>1,540</td>
<td>2,286</td>
<td>▲ 0</td>
</tr>
<tr>
<td>Number of children receiving individual learning materials</td>
<td>50,000</td>
<td>129,910 ▲ 22,333</td>
<td>50,000</td>
<td>309,749 ▲ 22,333</td>
</tr>
<tr>
<td>Number of schools implementing safe school protocols (infection prevention and control)</td>
<td>200</td>
<td>130</td>
<td>▲ 0</td>
<td>1,500</td>
</tr>
<tr>
<td>WASH</td>
<td>Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene</td>
<td>Total</td>
<td>1,360,000</td>
<td>372,000</td>
</tr>
<tr>
<td></td>
<td>Number of people reached with handwashing behaviour change programmes</td>
<td>1,360,000</td>
<td>372,000</td>
<td>586,667 ▲ 369,635</td>
</tr>
<tr>
<td></td>
<td>Number of people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services</td>
<td>1,360,000</td>
<td>372,000</td>
<td>273,463 ▲ 42,535</td>
</tr>
<tr>
<td>Social Protection and cash transfers</td>
<td>Number of households reached with humanitarian cash transfers across sectors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HHS with children under 5 years or having person/child with disability</td>
<td>13,221</td>
<td>▲ 7,283</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HH having person/child with disability</td>
<td>2,618</td>
<td>▲ 1,510</td>
<td></td>
</tr>
</tbody>
</table>

15 As a continued program 161, 646 children continued from the year 2020 and added in 2021 achievement.

16 Distribution of printed self-learning material is a continuing program since 2020 and is still ongoing. Therefore, initial target of 35,977 is included in this figure.
<table>
<thead>
<tr>
<th>Sector</th>
<th>Indicator</th>
<th>Disaggregation</th>
<th>UNICEF and IPs Response</th>
<th>Cluster/Sector Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Total needs</td>
<td>2021 target</td>
</tr>
<tr>
<td>C4D, RCCE &amp; AAP</td>
<td>Number of people reached with messages on access to services</td>
<td>Total</td>
<td>26 million</td>
<td>15 million</td>
</tr>
<tr>
<td></td>
<td>Other: Male</td>
<td>13.26 million</td>
<td>7.35 million</td>
<td>6,720,000</td>
</tr>
<tr>
<td></td>
<td>Other: Female</td>
<td>12.74 million</td>
<td>7.65 million</td>
<td>7,280,000</td>
</tr>
<tr>
<td></td>
<td>Social media</td>
<td>13 million</td>
<td>13 million</td>
<td>10.8 million</td>
</tr>
<tr>
<td></td>
<td>Number of people participating in engagement actions for social and</td>
<td>People</td>
<td>NA</td>
<td>436,800</td>
</tr>
<tr>
<td></td>
<td>behavioural change</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of people who shared their concerns and asked</td>
<td>Number</td>
<td>NA</td>
<td>111,000</td>
</tr>
<tr>
<td></td>
<td>asked questions/ clarifications to address their needs through</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>established feedback mechanisms</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** In addition to COVID 19 specific funds, UNICEF has also re-programmed some regular funds which have also significantly contributed to the achievement of results.
## Funding Status

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Humanitarian resources received in 2021</th>
<th>Resources available from 2020 (Carry-over)</th>
<th>US$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>5,300,000.00</td>
<td>2,984,807.50</td>
<td>914,673</td>
<td>1,400,519.76</td>
<td>26%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>3,275,000.00</td>
<td>318,246.87</td>
<td>210,119</td>
<td>2,746,633.68</td>
<td>84%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>2,700,000.00</td>
<td>993,194.20</td>
<td>454,079</td>
<td>1,252,726.67</td>
<td>46%</td>
</tr>
<tr>
<td>Education</td>
<td>2,965,000.00</td>
<td>3,671,789.81</td>
<td>389,695</td>
<td>(1,096,485.02)</td>
<td>(-37%)</td>
</tr>
<tr>
<td>WASH</td>
<td>5,580,000.00</td>
<td>874,657.40</td>
<td>636,661</td>
<td>4,068,682.08</td>
<td>73%</td>
</tr>
<tr>
<td>Social Protection</td>
<td>2,600,000.00</td>
<td>872,045.76</td>
<td>28,959</td>
<td>1,698,995.24</td>
<td>65%</td>
</tr>
<tr>
<td>C4D, Community Engagement and AAP</td>
<td>3,110,000.00</td>
<td>734,347.53</td>
<td>549,366</td>
<td>1,826,286.29</td>
<td>59%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>25,530,000.00</strong></td>
<td><strong>10,449,089.06</strong></td>
<td><strong>3,183,552</strong></td>
<td><strong>11,897,358.70</strong></td>
<td><strong>47%</strong></td>
</tr>
</tbody>
</table>