Update on the context and situation of children

COVID-19 continued to negatively impact the lives of children throughout 2021. Infection rates reached a daily high of 9,317 on 11 May 2021 with a 50 per cent positivity rate. The second wave overwhelmed the health system and renewed lockdown measures brought the country to a standstill. The pandemic and related containment measures resulted in a significant contraction in economic activity and job losses impacting particularly the poorest segments of the population. While containment measures included extended school closures and limited access to essential health, water sanitation and hygiene and basic nutrition services, the mitigation measures Nepal adopted contributed to restoring or establishing alternative services.

The contested political situation, a reminder of Nepal’s fragile governance context, related frequent changes in government leadership and pending legislation to define roles at the three governance levels in Nepal’s transition to federalism hampered social and other service delivery including the prioritization of the COVID-19 response. At the same time, the pandemic reality and increased climate change concerns also created new urgency and opportunities for innovation and more sustained development.

Following relaxation of lockdown measures in July and a combination of fiscal (tax exemptions, subsidies) and targeted government relief measures as well as higher overseas remittances contributing to alleviation of distress, there were signs of economic resilience during the last quarter, with 11 per cent of surveyed households reporting income loss compared to nearly 50 per cent in January 2021. However, as income recovery lagged behind employment recovery, 33 per cent of households remaining at risk of renewed poverty. Importantly, following persistent advocacy by UNICEF and partners, the government announced cash relief for the most affected families in November and budget provisions for social protection benefits were expanded by 33 per cent.

The detrimental second COVID-19 wave continued to negatively impact all aspects of essential health services, including child immunization and maternal and child health provisions while further escalating previously high mental health concerns. BCG vaccine coverage stood at 86 per cent nationally, and fully immunized children coverage, dropped to 65 per cent in 2020, then increased to 78 per cent in 2021, recognizing that full immunization remains challenging. COVID-19 vaccination rates accelerated such that by the end of 2021, Nepal had fully vaccinated more than 51 per cent of the over 18 target population.

The pandemic also continued to impact the take up of essential nutrition services. Households experiencing job and livelihood losses are the same households reporting food as an immediate need, changes in children’s dietary intake with lower amounts of food and fewer meals consumed per day, reduced dietary diversity, and concern that children are becoming too thin. Two of the seven provinces, namely Karnali and Madhesh continued to show the highest levels of deprivation. Child wasting remained a challenge as it stands at 12 per cent (NMICS 2019), which was 11 per cent in 2001 (Nepal Demographic Health Survey).
Poor water quality continued to be a major health and nutrition risk for children as 75 per cent of drinking water sources, and 85 per cent of household water are contaminated with bacteria. Availability of safely managed drinking water remained inequitable, between rural (13 per cent) and urban (22 per cent), and the poorest (4 per cent) and richest (29 per cent). Five per cent of households still defecate in the open, highlighting sustainability issues, as did the cholera outbreak which was contained through concerted WASH cluster interventions.

All 35,000 schools across the country remained closed for more than six months of the academic year. Despite the roll out of alternative education modalities, this resulted in substantial loss of learning amongst the 8.3 million school-aged children, with children in the early years and those from poorer households most affected. While the finalization of the School Education Sector Plan, 2022-2030 will drive education recovery, delays in passing the Federal Education Act and related uncertainty over the roles and responsibilities of the federal, provincial and municipal levels of government presents a major challenge to the 753 municipalities to enact their mandate, as they require capacity to plan, budget, and monitor education so that children can access quality education in a safe environment, while recovering the learning lost over the past two years. This is a common challenge affecting the social and other sectors and civil service decentralization overall.

Income loss and increased livelihood concerns resulted in an increase in early marriage, child labour and other forms of economic exploitation of children as families were forced to resort to negative coping mechanisms when confronted with socio-economic shocks. Family separation remains a major concern as per community-based protection monitoring findings. Despite a 25 per cent decrease in the number of children in institutional care driven by the successive pandemic-induced lockdowns, the compound effect of caregivers/children mobility and deaths of caregivers in the pandemic context poses a threat to nurturing and protective care exacerbating risks of violence and exploitation.

Concerns about the impact of climate change on Nepal increased after a severe dry season resulted in nationwide wildfires and related unprecedented air pollution levels (261 US AQI) during the first quarter followed by a prolonged monsoon season mid-year triggering severe flooding and landslides claiming 263 lives (101 females, 153 males, 9 gender unknown) and affecting over 1,374 households across the country. The frequency and increased intensity of natural disasters combined with earthquake and disease outbreak risks and the detrimental impact of COVID-19 have further exacerbated the vulnerability of children and their families, particularly the most marginalized.

[1] 8th round of Child and Family Tracker Survey, October 2021
Major contributions and drivers of results

Health
UNICEF’s support in policy, guidelines and monitoring essential services contributed to improvement of maternal and newborn health indicators. Antenatal care (ANC) first visits increased to 69 per cent, and 3-postnatal visits as per protocol increased from 19 per cent from 2020 to 25 per cent in 2021. With special focus on the 20 most deprived municipalities, UNICEF consistently monitored essential health services (EHS) in 335 health facilities, by leveraging the use of a digital ONA application in tracking service utilization data and feedback from local health facilities. Almost all health facilities monitored provided EHS with adequate infection-prevention-control and PPE equipment, while 55 per cent of health facilities established mechanisms for screening COVID-19 and triaging all clients upon arrival. UNICEF also trained 4,428 health workers and 6,834 Female Community Health Volunteers (FCHVs) on case management and continuity of EHS.

With UNICEF’s strategic, technical and financial support, Nepal’s routine immunization service has returned to the pre-pandemic level with BCG coverage of 86 per cent and full immunization increased to 78 per cent as compared to 65 per cent in 2020, while reaching over 50 per cent of the targeted population with COVID vaccines despite challenges. UNICEF further supported the procurement, shipment, and inland transportation of 39 million doses of COVID-19 vaccines and provided 20 million syringes in addition procurement services to MOHP. In 2021, over 24 million doses of COVID-19 vaccine have been administered. Of these, 65 per cent have received primary dose and 52 per cent have received full dose vaccine against the target population, person over 18 years of age. In addition, UNICEF partnered with Nepal Red Cross Society (NRCS) to support vulnerability assessments, contact tracing, event-based reporting, support at border points and during vaccination campaigns, improving case control at point-of-entry, contact follow up of the positive cases and vaccination campaign quality.

Building on its pre-pandemic work, UNICEF continued support to mainstreaming children and adolescents' mental health in primary health care services in collaboration with civil society partners. UNICEF also supported the Ministry of Health and Population in preparing a pool of national trainers on Child and Adolescent Mental Health (CAMH). This approach was implemented in collaboration with local level psychosocial workers, female community health volunteers and teachers, for more synergistic results. As part of the COVID-19 response, UNICEF reached 56,485 people (including 32,945 adolescents) with mental health sessions to cope with increased mental health challenges caused by the pandemic.

UNICEF delivered in total 1000 oxygen concentrators and 5800 50L-oxygen-cylinders for the preparedness and response to COVID-19 waves and overall improvement of oxygen therapy in Nepal. With UNICEF support, 16 COVID-designated hospitals increased capacities to repair and maintain the biomedical oxygen equipment. This support better positions Nepal to scale-up capacity in oxygen therapy and quality improvement of maternal-newborn-child health care in primary and secondary level.

Nutrition
UNICEF provided technical assistance to the Ministry of Health and Population (MoHP) to adapt and revise national guidelines, strategies and protocols, which contributed to improved treatment coverage for severely wasted children. With UNICEF support, the number of new admissions of children for treatment of severe wasting returned to the pre-COVID (2019)
level and whilst this remains below five percent of the estimated wasting cases, nevertheless an achievement considering the ongoing pandemic constraints. UNICEF rallied other partners to join advocacy efforts for the introduction and adoption of simplified approaches to wasting management and as a result, the MoHP approved expansion of treatment services for children moderately wasted. There has also been an increase in the number of Nutrition Rehabilitation Homes (from 22 to 25) and an additional 56 Outpatient Therapeutic Centres established, which means 61 districts out of 77 now have capacity to provide treatment services for child wasting in Nepal. The Family MUAC pilot in four districts where the burden of child wasting is high, was approved by MoHP with UNICEF taking the technical lead for implementing it and for documenting outcomes that will be used to inform the decision to scale up to other districts and potentially long-term positive increase in coverage.

Nepal again achieved 85 percent coverage of two doses of vitamin A supplementation for children 6-59 months despite the disruptions caused by COVID-19. UNICEF as chair of the Micronutrient Technical Working Group led the support to the MoHP for the two campaign rounds.

To offset the impacts of COVID-19 on infant and young child feeding practices, UNICEF in partnership with civil society organizations and NGOs supported dissemination of messages promoting healthy diets, breastfeeding, demand creation for nutrition services broadcast through social media, radio, and SMS channels. 700,000 households received remote messaging on nutrition and 8500 health workers increased skills and knowledge.

**Education**

Responding to the needs of more than 8 million out of school children, UNICEF continued supporting alternative learning approaches for use during school closures, such as home and community-based teaching modalities and the learning continuity campaign. UNICEF provided both direct and indirect support to children experiencing the largest loss of learning, particularly in Madhesh, Lumbini, Karnali and Sudurpaschim provinces. This included providing 3,500 young children in the most disadvantaged areas with early childhood tele-teaching and benefitted 48,000 parents through a parenting education radio series. In addition, UNICEF distributed 110,000 self-learning materials, trained 3,200 teachers on psychosocial support, and provided individual student kits to 5,800 adolescent girls under the Girls’ Access to Education programme.

Despite lockdowns, UNICEF supported municipalities to increase their capacity on planning, budgeting, monitoring, and implementation, including for response activities. As a result, 14 of 753 municipalities developed integrated early childhood development plans, 21 developed education sector plans and 62 developed Equity Strategy Implementation Plans. At the federal level, UNICEF played an important role in the completion of the education sector analysis, as well as providing crucial support to the development of the School Education Sector Plan (SESP), which will run to 2030. As co-lead of the education cluster, UNICEF helped update the contingency plan on responding to the pandemic and supported the training of 2,100 stakeholders on Comprehensive School Safety and Disaster Risk Reduction measures, as well as training teachers in more than 500 schools on safe school re-opening. UNICEF also continued to support the modelling of inclusive-education within 327 schools to provide a credible and context-appropriate concept that can be scaled up across the country. This included cross-sectoral collaboration to establish WASH facilities that meet the needs of children with disabilities.
**Child Protection**

UNICEF focused its support on preventing negative coping mechanisms and reaching the most vulnerable children. UNICEF supported the scale up of alert and early action systems, doubling the coverage of the Protection Monitoring system as a main ‘surveillance mechanisms’ to detect emerging risks and negative coping mechanisms. 2021 saw major breakthroughs government investment in helplines (18 in total – 38% supported by UNICEF) as well as initiating the launch and contextualization of the Primero platform as a main case management system.

Scaled up monitoring and early alert mechanisms enabled the deployment of targeted interventions reaching 6,850 children (56% girls), five survivors of violence and exploitation including gender-based violence and child labour.

In addition, UNICEF supported local governments and civil society organizations in vulnerability assessments to identify children at risk of neglect, abuse, and violence with a strong focus on prevention and reduction of vulnerability. The enhanced partnerships between civil society organizations (CSOs) and government at federal and sub-national levels have resulted in an increase in cases reported through both community based and formal networks, enhanced equity focus (18% children reached are from families with a disability and 60% from marginalised communities) and increased sensitivity to the age-gender nexus: 50% of GBV one-stop centres were reached with support to care for children survivors of gender-based violence and 35 municipalities invested resources in adolescent girls empowerment programs. As the number of municipalities investing in child welfare functions has multiplied, from 12 in 2020 to 72 in 2021, this partnership model to supports local service delivery of child protections services and better local regulatory and standard-setting.

UNICEF continued to support the scale up of psycho-social programs increasing the reach of programs by 47 per cent with 60,224 persons reached (43 per cent children and 60 per cent women and girls) with psycho-social interventions through deployment of community-based counsellors and the operation of phone counselling and psycho-social services.

UNICEF supported the federal and local governments to implement child protection policies and enhance the allocation of resources to essential child protection services resulting in more than 30 municipalities allocating resources to child protection services including child welfare functions, counselling, Cash+Care services to vulnerable families, child labour prevention and supporting the adolescent girls life skills program and the adaption of the Primero platform to be rolled out as a national Child Protection Information Management System.

**WASH**

As WASH Cluster co-lead, UNICEF continued to support the government to coordinate the COVID-19 response of over 65 cluster members across all seven provinces. UNICEF direct response reached 273,463 people, affected by COVID mostly migrant workers, and health care providers, with WASH services and supplies. Further, UNICEF also responded to smaller-scale localized, disasters such as fire, cholera/ diarrhea outbreak and flood/landslides reaching approximately 72,643 people.

UNICEF supported local governments to develop 27 climate resilient and SDG aligned costed WASH Plans at local level, digitized WASH sector Management Information System
(NWASH), water quality monitoring mechanism, and localize SDG 6.1 under the Water Safe Initiative. Cumulatively, 364 of the 753 urban and rural municipalities have developed WASH plan with UNICEF direct (47) and indirect (317) support. Programme interventions during 2021 expanded access for 43,048 additional people to safe drinking water and additional 38,768 people to basic sanitation services. 100,938 children in 215 schools benefited from improved WASH services.

With direct support from UNICEF, government concluded the development of a national costed roadmap on Hand Hygiene for All (HH4A) engaging all relevant stakeholders and target groups including children, women, people with disability and marginalized groups. In addition, UNICEF also supported the development of standard operating procedures (SOP) for Healthcare Waste Management and standards for WASH in Health Facilities.

Social policy
UNICEF’s social policy contribution to national efforts to combat the secondary impact of COVID-19 and assist child-friendly recovery was anchored on near real time assessments via a periodic nationally representative telephone survey of families with children, the “Child and Family Tracker” (CFT). Dissemination of the results strengthened advocacy across all sectors including cash-based emergency support and expansion of the social protection system. As a result, UNICEF supported the roll-out of a Cash PLUS emergency COVID relief through the government system, reaching 9000 COVID-19 affected marginalized families. UNICEF worked to strengthen shock responsive social protection (SRSP). In partnership with the National Disaster Risk Reduction and Management Authority (NDRRMA) UNICEF advocated to advance inter-ministerial understanding on SRSP and to move the SRSP policy formulation forward. Beyond the emergency cash response, UNICEF supported the expansion of the Child Grant Scheme in 11 new districts, reaching an additional 370,000 children and their families. UNICEF strengthened the social protection system through support to online civil registration and vital statistics (CRVS) and registration of social protection programmes in 100 wards with MOHA and SCF and co-leading the process of the UN Common Cash Framework in partnership with UN agencies and CashCAP.

The evidence production was complemented by eight studies including four budget briefs covering the social sector. Evidence was used to strategically inform a well sustained advocacy effort consisting of four national conferences/dissemination events.

UNICEF streamlined and emphasized Local Child Friendly Governance in collaboration with the Ministry of Federal Affairs and General Administration (MOFAGA) aiming to mainstream child friendly local governance within the provincial and local governance support programme (PLGSP) and thus making federalization sensitive and responsive to children and their families.

Climate Mitigation, Disaster Risk Reduction, and Emergency Response:
Combined, UNICEF emergency support reached 727,671 people (including 371,112 female and 304,000 children (155,040 girls) in collaboration with Governments and partners. UNICEF increased government’s capacity to prepare for and respond to natural disasters through support to 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 response.
27,787 people (female 14,171) including 11,000 children (5,511 girls) were reached through life-saving humanitarian response, in over 35 municipalities, following small scale localized disasters such as floods and landslides.

UNICEF continued to provide technical support to 15 municipalities to develop and implement disaster preparedness and response plans (DPRPs), with focus on flood preparedness in five highly flood-prone municipalities, aiming to mitigate or better prepare for continuing risks posed by natural disasters. UNICEF supported the development of child sensitive local disaster and climate resilient plans (LDCRPs) in 19 municipalities to mainstream multi-hazard disaster risk into local government annual plans addressing risk and strengthening disaster preparedness and response efforts. In addition, UNICEF supported 50 municipalities to strengthen their crisis-management information system (C-MIS), developed by MoFAGA which contributed for the improved disaster risk governance.

UNICEF provided technical inputs to the government on WASH, DRR, health and gender in the development of the Climate Change National Adaptation Plan of Nepal.

Risk Communication, Community Engagement
UNICEF continued to co-lead the risk communication and community engagement (RCCE) efforts to promote COVID-19 safety behaviours. 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 were analysed and shared with the relevant government authorities for timely response. Rumours and misinformation related to mask, testing and vaccination were addressed through radio, television, social media contents and community volunteers. UNICEF-initiated and co-led the Crisis Media Hub at the MoHP and developed more than 500 multi-media assets, shared across government and RCCE member channels, enabling a fast response to changing scenarios and quick response to concerns 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. 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. More than 557,087 people engaged in reaching out more than 1.2 million people and 46,337 returning migrants at point of entry.

UN Collaboration and Other Partnerships
UNICEF convenes development partners in several sectors, including Health, WASH, Education, while co-convening and participating in government, UN and partner-led coordination mechanisms for cross-cutting themes, including nutrition, early childhood,

UNICEF partnered with NRCS, BEFON, GAVI, WHO, DFID, WB, ADB, NHSSP, SSBH, SCF in the development and revision of policies, strategies, and guidelines on MNCAH, strengthening routine immunization and COVID-19 response. As COVAX implementing partner, UNICEF delivered the majority of 40 million COVID-19 vaccines. UNICEF’s partnership with CWIN and its mental health network resulted in wide reach of mental health interventions for children and adolescents. As co-chair of the Education Development Partner Group, including bilateral, IFIs, UN agencies, and CSOs, UNICEF leads coordination between MoEST and development partners. Similarly, UNICEF, World Bank and WHO-led consortium supported the implementation of the Early Childhood Development Strategy 2020 -2030.

UNICEF collaborated with Government, UN Agencies, humanitarian organizations at federal, provincial, and local level for the development and implementation of COVID-19 Preparedness and Response Planning. UNICEF expanded partnership with Ministry of Forests and Environment, NDRRMA and Alternative Energy Promotion Center at the federal and Ministry of Internal Affairs and Law at provincial level.

UNICEF co-led the formulation on the UN Common Emergency Cash Framework in partnership with concerned UN agencies and FCDO. UNICEF serves on the steering committee of an ECHO funded Forecast Based Financing project.

During 2021, UNICEF Nepal established a formal strategic partnership with the (Urban) Municipal Association and National Rural Municipalities to enhance the Behaviour change and WASH Governance. A collaboration with WASH Development Partners Group supported government on the WASH sector reform agenda.

UNICEF further developed strategic partnerships with youth and women CSOs to enhance access to the most vulnerable youth and leverage skills and networks of women’s organizations to address gender-based violence and its inter-generational impact on children and adolescents.

Private sector partnerships were initiated to expand helplines use and other protection services using QR Codes displayed at leading retail outlet, border points, invoices, and ATM screens. UNICEF continued its End Child Marriage Programme partnership with UNFPA, expanded partnerships with ILO to support the government’s Masterplan on the Elimination of Child Labour contributing to 10 municipalities adopting child labour prevention and response plans.

In partnership with Population Media Center, community and commercial radio networks and Viamo, a radio drama series and other content promoting better parenting and involvement of fathers were distributed via a total of 321 radio and mobile platforms. A new and unique partnership created with the Armed Police Force has contributed to making points of entry at the border with India safe and respectful for more than 15,000 returnees, who benefited from COVID-19 prevention counselling, information and other services.
Lessons Learned and Innovations

During the fourth year of the Country Programme, we generated significant new evidence and related learning about the situation of child rights in Nepal and applied these to strategic advocacy for high-level decision-making and allocation of resources. This was complemented by operational innovations to ensure the three levels of government are supported with adequate technical assistance and partners to fulfil their roles and responsibilities.

Learning and Evidence

The UNICEF Nepal Child and Family Tracker (CFT) remained an important source of timely data on the status of children and families in terms of the secondary impact of COVID-19. UNICEF Nepal applied data findings and learning to all our interventions and anticipates to incorporate real time learning in the next Country Programme to be developed in 2022. The CFT effort is complemented by additional, new streams of data, started due to the severity of the COVID-19 impact and the urgency to track the situation of children. This includes scale-up of the Protection Monitoring and Incident Reporting (PMIR) system with input from multiple partners. These data have been a major lever in stimulating federal and local action and investment in support of the most marginalized children. Further support to the police and justice sector in consolidating and analyzing data on gender-based violence and suicide has led to enhanced recognition of children’s and adolescent mental health needs and the impact of sexual abuse of children among policy makers and service providers.

Other digital tools were brought into place including, a real-time monitoring tool (ONA) to monitor and visualize mask use in public spaces throughout the country; U-Report/RapidPro as a platform to engage volunteers with 2-way communication, to allow stimulation, recognition, motivation of those whom we ask to contribute their time, and a collaboration with local radio journalists to collect real time perceptions and voices of communities in most hard-to-reach areas. Consistently, these engagements, enrich UNICEF, policymakers and partners alike with concrete community feedback and evidence on needs and priorities. In the case of the local radio journalists, a new Nepali format of community open-mike radio programme emerged, amplifying the voices of disadvantaged communities, women, persons with disability and others at a local and wider scale.

Strategic Influencing

UNICEF Nepal is employing new data and evidence as a powerful tool in strategic influencing. The CFT, for example, was used at multiple levels from sector-specific reviews to orientation of media to briefings with senior government and development partners. The evidence generated on the long-term economic impact of COVID-19 is one piece believed to contribute to the late, but important decision to allocate funds for cash support to the 500,00 most deprived households in Nepal. This was further emphasized with operational efforts of post-distribution monitoring of UNICEF’s own “Cash PLUS” (cash plus additional low-cost sectoral interventions to maximize impact) as well as the need-based analysis effort to target the most deprived by key indicators of vulnerability.

One of the exciting areas of scale was the adoption by local, and provincial authorities of the UNICEF sponsored initiative for local WASH plans. A digital planning tool, NWASH, helps local government plan and cost needs and set priorities. Initially supported in seven municipalities, UNICEF estimates a further US$ 300,000 was contributed from government to scale the programme to a total of 102 municipalities in Lumbini province. An acknowledged confidence as well as potential path to replicate with wider integration of
Child-friendly Local Governance to sub-national planning efforts.

Noting the low coverage of current management of acute malnutrition programme, UNICEF Nepal anticipates 2021, with the newly approved Family MUAC and simplified approaches for treatment of child wasting, may be the break-through moment for an innovation suitable to improve early detection of child wasting and increasing treatment coverage. Driven by the dire COVID-19 situation, the MOHP-agreed pilot in four districts will bring robust evidence and a recommended path to better address this long-standing challenge in Nepal.

**Operational Innovations**
At operational level, UNICEF Nepal continued to learn and expand its approaches to providing technical assistance to service solutions to 753 municipal and seven provincial governments to close critical capacity and service gaps. One of UNICEF’s largest partnerships, with the Nepal Red Cross Society, resulted in massive benefits for children across multiple sectors organized as a single agreement to bring greater coherence, impact, cost-efficiency. The partnership brought significant on the ground capacity to complement local government efforts. In bringing skills and capacities together at local level, several lessons and innovations stand-out:

- community-based volunteer networks with women and youth organizations have strengthened early identification and response capacity within the PMIR system.
- partnerships with the Simulation Society Nepal (SSN) and BEFON to strengthen the training quality of maternal and neonatal health care services and fill gaps in maintenance and repair of biomedical equipment;
- a commercial agreement for HR services ensured a steady, rapid, quality, dedicated human resource pool to technically assist line ministries for the implementation of the Multi-sectoral Nutrition Programme (MSNP) and rapidly scale up from 308 to 720 municipalities by filling capacity gaps in nutrition sensitive and specific planning, budgeting, and reporting.

UNICEF Nepal contributed to an innovative flood anticipatory action program to deliver multi-sectoral, humanitarian assistance to at-risk populations before the predicted flood occurs based on the early warning system. Using a geographically defined readiness trigger, UNICEF and partners pre-identified potential flood impact households for the eventual response in case the disaster hits. While this uncovered important lessons about the suitability of triggers before a crisis, it flagged the ability of local partners to map out vulnerabilities and shorten the timeframe between crisis and support received.

UNICEF and partners gained important insights for alternative learning modalities. Noting that television, internet connectivity, and/or computers remain largely inaccessible to the vast majority of children in Nepal, given the low affordability of these technologies, particularly in poorer communities, UNICEF innovated solutions using SMS/phone-based solutions to support teachers and families. While far humbler compared to other global digital innovations, for Nepal targeting the hardest to reach communities with remote, tele-teaching solutions is an important innovation.